

Summary: Ethics for Lunch, 18 January 2022

Ethics for Lunch: Issues related to immigration status in the delivery of healthcare.

Facilitator: Simone Thompson, LCSW-C

Panelists:

The January Ethics for Lunch focused on patients who are immigrants who enter the United States without legal authorization and their experiences with the nation's healthcare system. The panel considered both an adult and pediatric patient. The first case was an adult woman with multiple health issues including renal failure who has done relatively well with dialysis and access to medical care via the JHH TAP Program. She has recently inquired about the possibility of being listed for kidney transplant. The second patient, an adolescent, recently presented to the ER in active labor and was admitted, giving birth. She has no form of identification, making access to services more difficult. She was previously detained when apprehended at the border. She has few resources and no contact with family. She is concerned about requesting assistance for herself or her baby, as friends have told her the government could take her child.

Initial questions posed by this session included:

- How does immigration status impact an individual's ability to seek medical treatment?
- What is the dynamic interaction between immigration status, family relationships, socio-economic status, and health?
- What agencies and government entities have possible authority or jurisdiction regarding patient's immigration status? And how does this relate to medical care?
- How can medical providers give reassurance to patients while recognizing financial, psychosocial and other stresses?

In addition, some conversation was shared around the challenges immigrants face, particularly navigating complex service and medical bureaucracies when the care and communication is not conducted in their language of origin.

The panelists urged attendees to consider ways that the medical system, in its service delivery, may be biased against non-English speakers or those who are illiterate. In this session, EFL attendees learned about local programs where immigrants may receive support and medical care and a few of the programs available depending on patient age and healthcare needs.

Recommendations

- Medical providers must ALWAYS utilize a qualified medical interpreter. Any communication (verbal or written) should be in the patient's language of origin. If important information is given in print format, providers should also ensure that a patient is literate.
- Medical providers should be aware of programs to support immigrants' access to medical care including Emergency Medical Assistance, The Access Partnership, and Children's Medical Services. Providers must understand that application to these programs is often cumbersome and approval is not guaranteed. Sliding-scale medical clinics are also a critical resource.

- Medical providers should understand what medical interventions will not be available to immigrants due to the lack of access to long-term, coordinated medical care. This generally includes organ transplantation. Differences in access to care may vary depending on the state where medical providers are practicing.
- Medical providers should recognize institutional bias against immigrants and immigrant families. Factors outside the control of the patient or family may be incorrectly attributed to characteristics about them. Immigrant children are more likely to be placed in foster care if there is a Child Protective Services report. This appears to relate more to the system of investigation than to the rate of abuse in immigrant populations.
- Immigration status, generally, should not be recorded in medical documentation, as it is not usually medically relevant. If the patient's citizenship status impacts access to insurance or other services, their access is relevant and should be documented. For instance, record "Patient is not eligible for Medical Assistance" rather than "Patient is ineligible for insurance as she is undocumented."

References:

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3. Kim, G., Sanchez Molina, U., Saadi, A. CASE AND COMMENTARY: PEER-REVIEWED ARTICLE Should Immigration Status Information Be Included in a Patient's Health Record? *AMA Journal of Ethics*. January 2019. 21(1), 8-16.
4. Kuczewski, M., Mejias-Beck, J., Blair, A. POLICY FORUM Good Sanctuary Doctoring for Undocumented Patients *AMA Journal of Ethics*. January 2019. 21(1), E78-85
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6. Sconyers, J, Tate, T. ETHICS CASE How Should Clinicians Treat Patients Who Might Be Undocumented? *AMA Journal of Ethics*. March 2016; 18(3), 229-236