

Challenging bioethicists' agenda: The example of immigration, health care and ethics

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When thinking about «immigration, health care and ethics», several topics come to our minds:

Public health ethics raises questions regarding the ethical management of infectious diseases and screening of immigrants. Governmental restrictions on health care for undocumented and asylum seekers deserve careful ethical scrutiny as regards to health equity.

Access to health care can be difficult not only for refugees and undocumented persons, but also for other immigrants: What about health care for an immigrant with full citizenship who does not speak the language of the host country? Is it in any way acceptable that some immigrants have no easy access to psychiatric clinics because of the structural difficulties of involving a translator? What about other barriers to health care, like prejudices, different concepts of patient-physician relationship, prevention strategies that overlook some immigrants' needs? Which are the related moral obligations of health care systems and health care professionals?

The area of *clinical research* on immigrants raises dilemmas related to informed consent: How can a truly informed consent be secured regarding people who speak different languages and might have different concepts of body, health and disease? How can we balance a justified examination of differences with the necessary duty of non-discrimination? What are the appropriate tools for research on ethnic minorities? The involvement of asylum seekers in clinical research can also be problematic, given that they clearly are in a vulnerable and dependent situation. Which impact does this fact have on their voluntariness to participate in studies?

Teaching of «health care, ethics and immigration» brings about the difficult question as to whether it is necessary or even required to teach about cultural differences or whether this in fact leads to reinforcing stereotypes.

Regarding the *skills* that are required from health care professionals, it is important to clarify what is meant by the much promoted «cultural competency» they are supposed to have. Does this mean that cultural wishes should be met by any means? Or rather that there are some limits?

Physicians might also be involved in *immigration policy*. They might for example be asked to assess the age of young refugees. This may lead them to undergo conflicting double roles: Should interventions like radiography be used without any medical purpose? Physi-

cians might also experience a conflict between ethical and legal requirements when involved in the treatment of undocumented patients.

Some thoughts on the scientific literature

There is a contrast between, on the one hand, the large number of scientific papers on these topics that adopt a public health perspective, and on the other hand, the relatively scarce literature focusing on the bioethical aspects of immigration and health care. The lack of bioethics papers is even more striking in the case of topics with a strong political connotation (for example as regards health care for asylum seekers). Let us examine one specific example: health care for asylum seekers in Germany. The problems are manifold: the German asylum law (*Asylbewerberleistungsgesetz*) restricts access to health care for asylum seekers. Only acute diseases, painful conditions, and pregnancy / childbirth are covered. Further, asylum seekers usually need special permission from the welfare office for a medical appointment. It can take up to several months until asylum seekers get permission to see a doctor. Meanwhile it is not clear whether they will get this permission at all. Living conditions in the camps where many asylum seekers are bound to stay during the process (up to several years) present an additional impairment to health. Let me quote findings of a study undertaken by a political scientist and psychologist [1], who interviewed asylum seekers living in such camps. Here are some of their responses¹:

Our souls are never satisfied. For that we would have to be able to work, love, be in contact with others, that is food for our soul. Without this food the soul gets ill. And here we are not allowed to work because then we would get money and then we would feel better.

The camp is like a graveyard (...) Look, that person doesn't even get a tube ticket from the welfare office. He is allowed to go to ALDI [a discount supermarket chain] twice a week and that's it. You live almost like an animal. The welfare office is like a drug. When you have gone there for some time you are addicted and you don't believe in your own strength anymore. You just slowly fall

¹ The translation from German is mine.

apart. Ask him why he has such a long beard and long hair. Not because he is religious. For whom should he do that, he always says, he just doesn't bother. This is slow suicide.

Despite the evident connection between these and other similar observations and health equity issues, I could not find even *one* bioethics paper on the situation of asylum seekers in Germany. In other countries also, this special question is not a standard topic in bioethics (although there are some extremely valuable contributions: [2–5] to name only some). Different reasons might be responsible for the relative silence of bioethicists: For some, this might be a new topic, or maybe there is not enough sensitivity or publicity regarding the problems involved. Maybe the strongest reason is that this topic is just not fashionable today in terms of scientific impact or available funding.

I would, however, like to discuss yet another consideration. Could it be that it is not clear whether the mentioned problems qualify as «academic» bioethical issues? Let me explain. On the one hand, the larger question regarding a state's duties towards asylum seekers surely raises important ethical issues. On the other hand, the actual living conditions of asylum seekers in camps in Germany, which I have described above, seem to be simply inhumane. Is that really interesting for bioethicists? Is there what we could call a bioethical dilemma here?

The core of bioethical work would be to discuss challenging, controversial dilemmas from a neutral, rational, and non-ideological perspective. What about situations that are clearly unjust and therefore less controversial? What about real suffering of human beings which is somehow related to the particular way in which health care services are provided to them, especially when this is connected to certain socio-political circumstances? Those who usually respond to these problems are activists and public health professionals who see themselves as patients' advocates. What about bioethicists? What should they exactly debate about when the problem is not so much a difficult ethical dilemma, but an obvious moral wrong coupled with missing political will or with incompetence in remedying it?

So the question I want to ask is: why is it that a topic like health care for asylum seekers seems to be a neglected one on the bioethicists' agenda?

As I said, one reason might be that it is just not fashionable. But partly it seems as if the political dimension that forces bioethicists to openly take stances that come close to activism evoke uncomfortable feelings in the type of work we do. I can understand why some people would want to avoid these issues. But given that we care about justice and therefore also injustice, it should not

be out of the scope for bioethicists to care about these topics. Like many others I believe that obvious injustice or an obvious moral wrong should be reason enough for bioethicists to engage on an academic level, for example through advocacy ethics or critical ethics [6]. Even for issues where the wrongness is somewhat connected to political or economic motives, empirical bioethics research can help better illustrate what is wrong. Normative evaluation can confirm why it is wrong by referring for example to social justice frameworks [7–9] or to human rights approaches [10, 11]. On this basis, bioethicists are already contributing to develop strategies for improvement.

From my point of view, there is no justifiable reason *not* to engage more in these questions. Quite the contrary: maybe these politically hot issues are exactly the topics bioethicists should give more room to. In many such cases, yes, it will be inevitable to tackle root causes of social injustice and to criticise political systems or industrial powers. Bioethicists, however, are certainly in a privileged and competent position to do so. With their insight in practical problems and their training in analytical thinking, they can come up with more valuable contributions against injustices concerning health and well-being.

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