Patient Identity, Social Disparities and Harm Reduction: 
Towards an Intersectional Approach to Ethical Health Service Delivery

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Overview
Identities
Social Contexts
Harm
Intersectionality
and Justice

Introduction
- Discrimination:
  - Many forms –
  - Conscious and unconscious interactions between patient and staff.
  - Institutional practices that disproportionately affect particular individuals.
  - “Any practice, judgment, and action that creates and maintains oppressive relations or conditions that marginalize, exclude, and/or restrain the lives of those encountering discrimination.”
Introduction...
- Documented accounts of perceived discrimination (subtle, systemic or overt):
  - Insensitive and unfriendly treatment by health providers.
  - Racial slurs.
  - Stereotyping.
  - Inferior care.

The Data...
Immigrants
- "Evidence of racial inequities in Canada is substantial."

The Data
Immigrants...
- Race based health inequities/poor health outcomes linked to several factors:
  - Social contexts:
    - Language barriers
    - Cultural barriers
  - Health provider bias/bias in the clinical context:
    - Health and service provider and staff
    - Unconscious racial barriers
- Nestel (2012)
- Pollock et al (2012)
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The Data

Immigrants...

- Language and Cultural Barriers:
  - "They became friendlier when they knew of my educational qualifications."
  - "Mannerism and communication was rushed."
  - "As if they had no time to listen."
  - "I felt like I was a burden."
  - "Doctor seemed scared because of FGM. Caesarean operation was unnecessary."
  - "Failure to develop a relationship through understanding of the context of the patient."


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The Data

Immigrants...

- Policy-based/Systemic Barriers:
  - IFHP (Interim Federal Health Program) for Refugees:
    - Difficulties with payment.
    - Bureaucracy, delays and pre-approval processes.
    - Rejection of patients.
  - Systemic: Inaccessible/Culturally Inappropriate Services.
  - Long Wait-times:
    - Inadequate communication about procedures.
    - Patient isolation.
    - Patient perceptions: Disrespectful and discriminatory.


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The Data

Immigrants...

- Patient Responses to Incidences of Discrimination:
  - Patients felt incidents were serious enough to file a complaint.
  - One third of participants reported to "higher authority", inclusive of formal complaint.
  - Some respondents were confused about whether to label it as discrimination or systemic flaws.
  - Training?
  - Education?
  - Time constraints.

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The Data
Immigrants...

- Outcomes?
- Impact on health-seeking behavior:
  - Intimidation: Avoiding healthcare/healthcare settings.
  - Fear of being asked about immigration status.
- Preference for emergency care.
- Poor use of preventive services.

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The Data
Aboriginals

- “Evidence of racial inequities in Canada is substantial.”

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The Data
Aboriginals

- Michelle Labrecque, Aboriginal, dependent on a wheelchair.
- Suffered increasing pain. Made 3 trips to Victoria’s Royal Jubilee Hospital:
  - Eventual Diagnosis: Fractured pelvis.
  - Left in the ER room, unable to return.
The Data
Aboriginals

- 2008: Sought medication for severe stomach pain.
  - Discussed pain with doctor, struggles with alcohol & homelessness.
  - Doctor wrote her a prescription.
  - Prescription: Crude drawing of beer bottle circled with a slash across.

- Duncan McCue (2015).

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The Data
Aboriginals...

- Carol McFadden: 53-year old, Aboriginal in Victoria.
- Wary of hospitals because of brother’s experiences in the system.
- Noticed lump in breast, once diagnosed as plugged milk duct.
- Doctor’s statement: She need not have come to him – she could check out mammography on her own.
- 2015: McFadden learns she has stage 4 breast cancer.
- Cancer spread to her liver.

- Duncan McCue, CBC (2015).

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The Data
Aboriginals...

- Carol McFadden:
  - "When you’re sick, you’re at your most vulnerable. You need somebody there to help you stave off those horrible comments, those horrible looks."

- McCue, CBC (2015).
Aboriginal Women...

- Psychosocial barriers to accessing health services:
  - Institutional discrimination, etc.

- 2015 Study/TBC:
  - "Aboriginal people experience severe forms of institutional racism from health-care workers. In some cases, this trauma begins with patients seeking care in emergency departments, or worse, assuming a worst-case scenario."

Legal and Policy Context

- Unacceptable health outcomes:
  - Conflict with Canada Health Act & Canada's obligation under several international covenants and treaties.
    - UN Covenant on Economic, Social and Cultural Rights – ICESCR (Highest attainable standard of physical & mental health).

- Canada's human rights commitment:
  - Human rights are human rights.
  - Human rights instruments (including the ICESCR).

- Differences in outcomes as between racialized groups and non-racialized groups, based on contexts.

Legal and Policy Contexts...

- Canada Health Act:
  - Federal government "establishes criteria and conditions" for provincial health services that must be met before funding is provided.
  - "Primary objective of the Act:"
    - "To protect, promote and restore the physical and mental wellbeing of residents of Canada and to facilitate reasonable access to health services without financial or other barriers." CHA

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Legal and Policy Contexts...

- Underlying purpose of CHA is to:
  - "Create a system of equitable access to healthcare".
  - Sethna and Doull (2013).

- The CHA:
  - "Reflects Canada's commitment to high-quality health care accessible to all".
  - Access denials based on need, not the ability to pay, is regarded by many to be a defining characteristic of Canada's health system.

- Equal access to healthcare:
  - "Equality before the health-care system is as important to Canadians as is equality before the law."
  - Robert Evans

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Legal and Policy Contexts...

- Interim Federal Health Program for Refugees:
  - Complex
  - Problematic
  - Can reinforce stereotypes

- Questions raised by the data:
  - Are legislative/policy/institutional obligations to Canadians - Aboriginals and Immigrants — and other residents of Canada being met?

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Identities, Contexts and Intersectional Disadvantages

- What factors account for differences in outcomes?
  - Gender
  - Race/Ethnicity
  - Social context
    - Class/Economic status
    - Language
    - Geography

- What specific burdens do these place on subgroups?

- How do they interact to produce the disadvantages experienced by the subgroups?

- In what ways can the identification of this interaction or intersection change outcomes?
INTERSECTIONALITY

Coined in 1989 by American critical race scholar, Kimberlé Williams Crenshaw.

Human beings are shaped by interaction of different identities/factors:

• E.g., Gender, ‘race’/ethnicity, Indigeneity, class, sexuality, geography, age, disability/ability, migration status, religion.

Interactions occur within a web of connected systems and structures of power:

• E.g., laws, policies, state governments and other political and economic unions, religious institutions, media.

These processes create interdependent forms of privilege and oppression shaped by:

• Colonialism, imperialism, racism, homophobia, ableism and patriarchy.


Intersectionality...

• Inequities result from "intersections of different social locations, power relations and experiences".


• Concept addresses:
  - "How socio-culturally constructed categories (gender, ethnicity, class, etc.) intersect and affect one another to produce differentially lived social inequalities among groups."
**Intersectionality**

- **Woman**
  - Gender
    - Reproductive Inequality
  - Ethnicity/Racial Identity
  - Cultural Norms
    - Adverse Gender Norms
    - Adverse Cultural Beliefs/Practices
  - Class Structures
    - Economic Struggles
  - Religious Norms
  - Politics
    - Population Politics

**Identities, Categorizations and Realities**

- Links between "identity constructions" and "lived realities".
- Racialization: Attribution of racial/ethnic labels or identities to groups that would not have labelled themselves in said manner.
- Identity Constructions:
  - Perceptual: Conscious or unconscious
  - Legal and Policy based: Privileges based on differentiations
- Lived Realities:
  - Non-racialized Citizens versus "Refugees/Immigrants" with IFHP insurance coverage.
  - Non-racialized non-Aboriginal population versus Aboriginals with complicated relationships with the health system.
  - Non-racialized Immigrants versus Racialized Immigrants with language and cultural barriers.

**Identities, Categorizations and Realities**

- Identities and how constructed affect the way services are delivered (or not) to those so categorized.
- Impact on the health of those so categorized.
- Recognising the confluence of identities/categorizations and social context is crucial.
  - Evidence shows social context have “far greater influence on health and incidence of illness than conventional biomedicine and self-reported risk factors.”
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Intersectionality... Identities, Categorizations, and Realities

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Intersectionality... Identities, Categorizations, and Realities

- A policy focus on all may not be good for some.

- "... A health care system that knowingly overlooks the expressed health concerns of a particular group ... In the name of treating all patients "the same" is enacting a form of discrimination through refusing to recognize the diverse ways in which health care needs are expressed and met."

- Certain groups of people "bear disproportionately negative health impacts compared with the general population".

  - Pollock et al (2012)

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Intersectionality... Identities, Categorizations, and Realities

- If we aren’t intersectional, some of us, the most vulnerable, are going to fall through the cracks.

  - Kimberlé Crenshaw

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**Justice**

**DISTRIBUTIVE/ALLOCATIVE JUSTICE**
- Focuses on fair (re)distribution of material resources.
  - E.g. How is psychiatric available? (Boyce et al., 2010)
- Adherence to institutional distributive policies for cost saving:
  - Not cost-saving:
    - Decreased access
    - Hospital avoidance
    - Use of emergency services
    - Higher systemic costs

**SOCIAL JUSTICE**
- Focuses on processes shaping distribution:
  - E.g. How are certain groups disadvantaged from accessing psychiatric care? (Varcoe et al., 2011)
- Aligns with human rights (Kelly & Rogers, 2011).
- The question of bias is central to human rights concerns.
- Fairness: Cost-saving.

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**An Intersectional Approach to Ethical Health Service Delivery**

**Intersectionality**
- Identifies links between identities and social contexts.
- "Inherently oriented to fostering social change…grounded in social justice and equity" (Varcoe et al., 2011).
- Bridges relational gaps between provider and patient.

**Medical education:**
- Intersecting contexts of disadvantage.
- Cultural sensitivity.

**Hospital staff training:**
- Language + Culture.

**Interpreter services:**
- Language + Culture.

**Accountability of health providers:**
- Practices falling outside malpractice.
- Complaints processes and bureaucracies.

**Legal and Policy reform:**
- Health insurance for refugees.
- Rigidity of hospital policies and how communicated.

• Need for sensitivity and empathy.

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