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Justice, fairness and
access to care

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Justice, fairness and access

- Ideals of fairness and justice in health care:
 - Equal access regardless of wealth and where you live
 - Being treated according to clinical need
 - Being listened to, respected, treated fairly

Appreciation of equal access to care

□ Equal & free access widely seen as precious!

- *In the UK I don't have to worry that I cannot see the doctor if I don't have money* (Woman, from China)
- *When I had my first daughter, she had really bad jaundice and we were in hospital for three weeks. Obviously, under the NHS, it is free but in India it would have cost a lot of money.* (Woman, from India)
- *Even if you don't have money to pay for medication you just get treatment [in the UK]. In Cameroon where I come from unless you have money you can't be treated.* (Man, from Cameroon)

Experience of payment based systems

□ Individuals/ families must decide what they can afford:

- *In Pakistan, it does become quite difficult for those living in the village, especially the poor. The first thing they think about is whether it is necessary to visit the doctor, and if so, then they have to think about travel and methods of travel. They may have to call a taxi or a rickshaw to take them – this costs money. To visit the doctor costs money, and the medication prescribed also has to be paid for. (Woman, from Pakistan)*

Being a medical ‘customer’:

□ Money may buy access to specialist care:

- *In the village, the doctors that you find there are qualified, but are not as qualified as the doctors that you would find in the city hospitals. ... Different hospitals have different facilities; depending on the specific illness you have, you visit a certain hospital.* (Man, from India)
- *It is very easy [to see the doctor], in my home. Book an appointment at the reception, pay the bills; it is very quick. ... After booking at the reception, you will be allocated to doctors from different medical departments in the hospital.* (Woman, from China)
- *... they would bring exceptionally good specialists to the TV and interview them... Then they would put their phone numbers on the programmes and you could contact them directly.* (Woman, from Iran)

Network based access to healthcare:

- Several migrants talked about access to care through personal networks:
 - *There wasn't any problem for me to access the health service because my aunt is a pharmacist and a nurse. You know in Africa a nurse is almost like a doctor ... so the local health centre, she was in charge of it.* (Man, from Cameroon)
 - *My sister-in-law and others are all doctors in China, my cousins are all doctors, so when I am ill, they will look after me.* (Woman, from China)
 - *We were regularly tested because we were part of a Ministry of Defence family ... Only army personnel could use them [specialist hospitals].* (Woman, from Iran)

Loss of this access on migration!

- ❑ Trade-off between payment and easy access to care/ prioritising on seriousness
- ❑ Migration often means a loss of networks that allow access
- ❑ Long waiting times for appointments
- ❑ No easy way of accessing specialist care, tests, medicines etc. even if willing to pay
- ❑ Waiting times and access to prescription medications are often mentioned as issues in need of improvement for UK healthcare

Why can't I get this here?

□ Bewilderment at being unable to access particular people or interventions:

- *The doctors in Iran said I needed an operation. They [doctors in UK] said I didn't need an operation and I should take these medications...* (Woman, from Iran)
- *[GPs] are the first person to contact when something is wrong, but I'm not sure where to go if I want new glasses or a regular gynaecological check ... I don't know how to access the specialist. I don't know how it works here.* (Woman, from Poland)
- *If I ask them to prescribe antibiotics for instance if I have a cough, or chest pain, they will not give it to you, instead they will say it is not good for your health.* (Woman, from Sudan)

Feeling ‘blocked’ by GP

□ Frustration with the GP as gatekeeper:

- *He [GP] was insisting you shouldn't just take medication for any pain. ... He said exercise will help, because he said I am not active and don't exercise, (laugh) I'm not sure how he established that!* (Man, from Iran)
- *I went to the doctor three times. In the first time, he gave me basic cream and I applied it wasn't good enough; then after two weeks I went back he gave me another one which wasn't all that good. Then the last time he gave me the best one and that stopped that itching from my body. And then I asked the doctor 'why, after three times, you gave me the best one'. He said 'because I want to see how your body reacts'.* (Man, from Iraq)

Being understood/ taken seriously?

- Several instances where participants felt they were not taken seriously esp. with pain:
 - *I was in the detention centre; I tried to explain to them that I was feeling pain all over my body. It was very difficult for them to understand how much pain I was in. They [doctors] did give me paracetamol to reduce the pain.* (Man, from Cameroon)
 - *My knee is terrible at the moment. But when I go to the doctor they don't understand. I mean I am not sure, is it me, my fault that I can't make them understand? ... I have killed myself [a Persian expression to indicate you have done everything you can] to ask for physiotherapy. It has been two months now and no letter or appointment.* (Woman, from Iran)

The role of ‘paracetamol’

□ Many stories about being given/ asked to go and buy Paracetamol, often humorous:

- *I: I can't just buy antibiotics, and many times when I have gone to the GP and he just tells me well you have a cold and that medication every one jokes about been given for every thing here, what is it called Para ...?*
- *R: Oh Paracetamol?*
- *I: (He laughs) yes, yes, Paracetamol that's the one. They give you this for everything. You say my head, leg, stomach or anything is hurting they give you Paracetamol. It has become a joke amongst us. (Man, from Iran)*

Trade-off between fairness and speed of access?

- *I think in a morning to afternoon if you pay in Iran you can arrange a mammography. In a morning to afternoon thy would do an MRI. Here ... [R: But you have to pay there right?] Yes. I am prepared to even pay here so they would do this. (Woman, from Iran)*
- *In the NHS, there are usually long waiting lists. ... If there is something to be done, then you can get it done in India very fast. [I: But you do have to pay for it?] Yes, you have to pay for it. [I: So, which one would you say was better or worse?] I think that it is better here. In India, if you are poor or you do not have enough money, than they can't be treated – so it is better here for that reason. (Woman, from India)*

Is intervention always better?

- Most of the issues around access and fairness come from wanting treatment, a bigger intervention, stronger medication
- Frustration with watch-and-wait, try-and-see, self care approaches
- Many migrants were aware that GPs felt e.g. antibiotics were bad for their health but often felt they were still necessary

Who decides ‘care needs’?

- In ‘customer pays’ systems people themselves must decide what kind of care they need and whether they can afford it
- Interactions with GPs implied that there are struggles over who decides what is needed
- Some migrants said they were willing to pay for speeded up access/ specialists but there were no systems for allowing this