

# Inequalities and multiple discrimination in access to and quality of healthcare

*Article 21 of the Charter of Fundamental Rights of the European Union recognises the right to be free from discrimination, including on the grounds of sex, racial or ethnic origin, and religion or belief. Article 35 guarantees the right of access to preventive healthcare and the right to benefit from medical treatment under the conditions established by national laws and practices.*

## Policy context

The European Union has laws prohibiting discrimination on six grounds, namely: sex, age, disability, religion or belief, race or ethnic origin, and sexual orientation. All too often, however, people are discriminated against on more than one ground; this is called 'multiple' discrimination. An elderly woman belonging to a minority ethnic group, for example, may be treated unequally because she is old, a woman and belongs to an ethnic minority. A younger male member of that ethnic minority or an elderly woman of a different ethnic group may not face similar treatment.

From a legal perspective, two difficulties exist in addressing multiple discrimination when accessing healthcare:

- EU law protects against discrimination only on grounds of sex and racial or ethnic origin when accessing healthcare.
- EU law and the law of most EU Member States do not specifically recognise or make provisions for dealing with multiple discrimination.

As a result, victims of multiple discrimination may have difficulties in bringing successful claims before a court or any other complaints body. Furthermore, policy makers are not obliged to take multiple discrimination into account when formulating policies to improve equal access to healthcare.

## FRA research

The FRA report *Inequalities and multiple discrimination in access to and quality of healthcare* examines experiences of

unequal treatment on more than one ground in healthcare, providing evidence of discrimination or unfair treatment. The report supplements a 2011 FRA report, *EU-MIDIS Data in Focus 5: Multiple Discrimination*, which focuses on multiple discrimination experiences by respondents of ethnic or immigrant origin, compared with the general population.

This latest FRA report analyses barriers and individual experiences of multiple discrimination in healthcare and how they can prevent access to healthcare services. It aims to contribute to discussions on the adoption of the proposed EU Horizontal Directive legislation which would extend equal protection against discrimination on age, disability, religion or belief and sexual orientation to all fields, including healthcare. The work also aims to improve understanding of how policy makers and complaints procedures deal with multiple discrimination.

## Methodology

This report is based on legal desk research and social fieldwork conducted in: Austria, the Czech Republic, Italy, Sweden and the United Kingdom. In the fieldwork, more than 170 health users at risk of multiple discrimination due to the interplay of their age, sex, ethnicity and disability as well as 140 health professionals, representatives of equality bodies, health complaint bodies and non-governmental organisations (NGOs) were interviewed. The evidence collected through the fieldwork is analysed against existing legal instruments addressing multiple discrimination in healthcare at the national, European and international levels. The report looks at three particular groups at risk of multiple discrimination in access to healthcare:

- women with a migrant/ethnic minority background, including women with disabilities, trying to access reproductive healthcare;
- older people with a migrant/ethnic minority background, including those with disabilities;
- migrant/ethnic minority young people aged 18 to 25 years, with intellectual disabilities.

## Key issues

The FRA research findings show that healthcare systems may create barriers in access to healthcare or provide healthcare of a different quality to people who share more than one protected trait, such as sex, disability and ethnicity. Communication and language barriers, for example, affect many groups specifically protected by anti-discrimination law, but individuals who share more than one protected characteristic face additional complex challenges. The report's findings also show that such health users might experience a lack of dignity and respect when meeting, communicating and interacting with healthcare staff.

## Evidence-based advice

Given the evidence gathered by the FRA, the EU and its Member States could take several steps to improve the situation as regards multiple discrimination.

### European Union law

The EU could:

- provide equal protection against discrimination on all grounds protected by EU law in areas beyond employment – as envisaged in the European Commission's proposed 'Horizontal Directive';
- introduce stronger measures to prevent, and combat multiple discrimination, ensuring that sex discrimination is also protected.

### Institutionalising multi-dimensional equality in the healthcare system

EU Member States could:

- consider more dissuasive and proportionate compensation for discrimination cases in healthcare;
- increase free language assistance in healthcare settings and when providing health information – including translation and mediation services for those who do not speak or understand the language. This includes 'sign' language and other forms of support for people with sensory or intellectual impairments;
- encourage more positive actions for those facing a risk of intersectional discrimination: for example, by accommodating the needs of women belonging to

ethnic minorities who want to be treated by female healthcare professionals; by funding community-based mobile outreach programmes targeting different ethnic communities and equality groups among them; by allocating more time for medical consultations for people belonging to these groups;

- consider providing training for healthcare professionals on discrimination and multiple discrimination, cultural competence and understanding disabilities;
- collect systematically health statistics that can provide a full picture of the intersection of different grounds, including data on ethnicity (recording both migrant status and ethnicity, where legal) and disability (taking into account the human rights framing of disability enshrined in the United Nations Convention on the Rights of Persons with Disability (CRPD), the so-called social model of disability).

### Access to justice

The EU and its Member States could:

- increase healthcare users' awareness of the existence and functioning of available complaint mechanisms, both for healthcare and discrimination issues;
- consider creating one equality body that covers a number of discrimination grounds so that 'multiple' discrimination can be tackled more effectively. Furthermore, referral mechanisms between equality bodies and health complaint bodies, and awareness of anti-discrimination legislation among health complaint bodies, should be enhanced.

### Further information:

The FRA report on *Inequalities and multiple discrimination in access to and quality of healthcare* is available at: <http://fra.europa.eu/en/publication/2013/inequalities-discrimination-healthcare>

For an overview of FRA's work on multiple discrimination, see: <http://fra.europa.eu/en/project/2011/multiple-discrimination-healthcare>