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 major grounds, namely: sex, age, disability, religion or belief, race or ethnic origin, and sexual orientation. However, all too often people are discriminated against on more than one ground; this is called ‘multiple discrimination’, a phenomenon that has received little attention to date, particularly as regards healthcare. To fill this gap and explore the complex interplay of factors that may pose barriers to the equal access to healthcare, the FRA investigated the situation through fieldwork research.

The research looks at cases of ‘multiple discrimination’ in healthcare experienced, for instance, by older people with an ethnic or minority background. Its results will inform the debate on how best to address multiple discrimination, contributing also to the discussions on the ‘horizontal directive’ proposed by the European Commission. Such a directive would extend protection against discrimination to grounds beyond employment.

Legal framework in the EU

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. The proposed ‘horizontal directive’, which would also provide protection against discrimination on all the other grounds, namely religion or belief, disability, age and sexual orientation, is still under negotiation.
- EU law and the law of most EU Member States do not specifically recognise or make provision 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.

Multiple discrimination

Multiple discrimination describes a situation in which someone is discriminated against on the basis of more than one ground. It can be characterised as either:

- additive, when the specific effect of different grounds can be distinguished. For instance, an elderly woman may be discriminated in the workplace because of her sex and in accessing healthcare because of her age;
- intersectional, when discrimination is based on the combination of two or more characteristics. For example, when giving birth in a hospital a Romani woman may experience discrimination, not only because she is a woman, as not all women face such discrimination, and not only as Roma, as not all Roma, for example men or older women, face such a situation. She may then face discrimination because of the combination of two characteristics: being Roma and being a woman giving birth.

FRA’s multiple discrimination project

Healthcare is important for everyone. Some people may experience discrimination in accessing healthcare for different and often complex reasons. Therefore, there is a need to understand better the vulnerabilities of those who may experience discrimination because of the interplay of many factors, such as age and/or gender, and/or ethnic origin and/or disability. In this context, the FRA carries out a project designed specifically to:

- identify barriers and experiences of discrimination that prevent access to healthcare services. In other words, the project aims to assess the ease with which healthcare can be obtained by people at higher risk of exclusion due to an interplay of factors, such as age and/or gender, and/or ethnic origin and/or disability;
map policies in EU Member States designed to improve health services and quality of health for such people; determine ways through which health professionals address the needs of such people.

Methodology
The FRA looks at three particularly illustrative groups facing 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.

The methodology of the data collection consists of:

Interviews with 180 health-service users focusing on these three vulnerable groups and with 125 health professionals, such as doctors, nurses and other care givers, as well as advocacy groups and policy makers.

Desk-based research analysing existing literature and statistical evidence of inequalities in access to healthcare, including the legal context and a ‘mapping’ exercise of EU and national policy initiatives in five EU Member States: Austria (Vienna and Graz); Czech Republic (Prague and Central Bohemia); Italy (Bologna and Naples); Sweden (Stockholm and Malmö); and the United Kingdom (London and Leicester).

Key issues

Multiple discrimination
The FRA published in 2011, as part of its European Union Minorities and Discrimination Survey (EU-MIDIS) results, a Data in Focus Report 5 relating to multiple discrimination among ethnic minorities across the EU. The report found that people of ethnic minority background are on average almost five times more likely to experience multiple discrimination than people from the majority population.

Inequalities in access to healthcare
Existing evidence shows that factors such as social and economic standing, ethnicity, age, sex, disability and migration status impacts on an individual’s level of health and ability to access healthcare.

Elderly people from minority ethnic backgrounds, and women and children with disabilities are examples of vulnerable groups who are particularly susceptible to unequal treatment in access to healthcare; in other words these groups may face multiple or intersectional discrimination.

The role of health professionals
The role of health professionals is crucial in guaranteeing access to quality healthcare. They are often responsible for determining who can access medical treatment and what types of treatments may be offered.

Evidence-based advice
Based on the data collected, the FRA will advise on how to best tackle multiple discrimination in accessing healthcare in the European Union.

The research will contribute to discussions on the adoption of the proposed EU ‘horizontal directive’, as well as on how multiple discrimination is addressed in policy making and through complaints procedures. This will ensure that evidence gained from the interviews with healthcare users belonging to vulnerable groups will be at the forefront of decision making.

The results will be presented in a comparative report.

Further information:
An overview of FRA activities on multiple discrimination is available on the FRA website at:
fra.europa.eu/fraWebsite/research/projects/ proj_multiplediscriminationhealthcare_en.htm

The EU-MIDIS Data in Focus Report 5: ‘Multiple discrimination’ is available at: