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Migration and Medicine

VERLAG KARL ALBER

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Migration and Medicine

In the summer of 2015, a strong migration movement towards Europe set in. This led to ethical, legal and societal challenges in the medical care of the refugees. These included cultural conflicts in medical practice and deficits in the institutional handling of cultural diversity. The book analyzes different challenges and offers possible solutions.

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Content

Preface

From 11th to 15th March 2019 the symposium »Migration as a challenge for medicine. A comparison of ethical, legal and social aspects in Germany, Croatia and Austria« took place at the Institute of the History, Philosophy and Ethics of Medicine of Ulm University. The symposium was financed by the German Federal Ministry of Education and Research (BMBF). The aim of this international symposium was to create a scientific platform for presenting and discussing the challenges for healthcare related to migration from an ethical, legal and social point of view. On this basis, the symposium should serve for development of country-specific solutions for medical care.

For this purpose, junior researchers from different fields met in Ulm together with internationally recognized experts. While the contributions of the young scientists were discussed internally, the lectures of the experts were addressed to a broad public. The contributions of the authors published in this volume are based on the revised presentations provided during the symposium. All articles were peer-reviewed.

The organization of the symposium and the publication of this volume would not have been possible without generous support. We thank the Federal Ministry of Education and Research for the approval of the project. We would like to thank the staff of Deutsches Zentrum für Luft- und Raumfahrt e. V. (DLR), who accompanied and supported the work and thus the implementation of the symposium. We thank all participants and experts of the symposium as well as the authors for the provision of their contributions to the volume. We would also like to thank the staff of the Ulm Institute of the History, Philosophy and Ethics of Medicine for their energetic support in this project.

Ulm, October 2019

Florian Steger, Marcin Orzechowski,
Giovanni Rubeis and Maximilian Schochow

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Introduction

International migration is one of the most urgent challenges for public health and healthcare. The number of international migrants worldwide has continued to grow rapidly in recent years, reaching 258 million in 2017, up from 173 million in 2000. That Europe is one of the most important destinations can be supported by current statistical data.[1] According to the Statistical Office of the European Union – Eurostat, a total of 4.4 million people immigrated to one of the member states of the European Union in 2017.[2] Among these, were estimated 2 million citizens of non-EU countries. The number of people residing in an EU Member State with citizenship of a non-member country on 1 January 2018 was 22.3 million, representing 4.4 % of the EU-28 population. Especially since the beginning of the increased migration movement towards the European Union in the summer of 2015, migration constitutes one of the most pressing issues for both transit and destination countries in this region. These issues include several aspects: from humanitarian challenges for provision of appropriate protection and accommodation, through legal questions of asylum and citizenship, to cultural and social questions of integration and cohabitation. Among these topics, medical care for migrants remains one of the most essential concerns. Deprived, in many cases, of adequate healthcare in their countries of origin, susceptible to illness and physical as well as psychological abuse or tor-

[1] United Nations: International Migration Report. https://un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2017_Highlights.pdf (accessed 9/24/2019).

[2] Eurostat: Migration and migrant population statistics. https://ec.europa.eu/eurostat/statistics-explained/index.php/Migration_and_migrant_population_statistics (accessed 9/24/2019).

ment en route, migrants can place substantive challenges on host societies with regard to healthcare.[3]

Such challenges comprise many aspects – clinical, ethical, legal, and societal. Among the most visible are clinical factors such as the frequency of certain infectious diseases. In general, migrants in Europe are susceptible to similar diseases as the host societies. However, due to the difficult living conditions during flight, possibly incomplete vaccination, the sometimes higher prevalence of some diseases in the countries of origin, and the limited space in mass housing, migrants can be particularly vulnerable to infectious diseases.[4] Reports show increased prevalence of tuberculosis, HIV and hepatitis B, respiratory infections and gastroenteritis, chickenpox, measles, mumps, rotavirus and norovirus infections among migrants.[5] Also occurring are cases of tropical diseases such as malaria.[6] Therefore, first and foremost, migrants are often in need of a rapid and adequate medical care. Yet, provision of such care in timely manner can encounter many obstacles of which not least important are financial, cultural, and language barriers.

In general, migrants do not constitute an acute healthcare emergency for the host society.[7] Nevertheless, the healthcare services are required not only for infectious diseases but also for other conditions. Non-infectious diseases, such as diabetes mellitus, cardiovascular diseases, or chronic respiratory diseases create a need for long-term and complex treatment. Also, in many cases, migrants are in dire need of psychotherapeutic or psychosocial support. Numerous migrants and asylum-seeking persons experienced highly traumatizing events before their exodus from countries of origin. They were subjected to atrocities of war, torture or political persecution. In addition, severe conditions during flight leave distinctive marks on their psychic

[3] Julian Bion, Elie Azoulay: The ethics of migration and critical illness. In: Intensive Care Medicine 42 (2016), pp. 256–257.

[4] Sotirios Tsiodras: Irregular migrants: a critical care or a public health emergency. In: Intensive Care Medicine 42 (2015), pp. 252–255.

[5] Tanja Artelt, Martin Kaase, Simone Scheithauer: Infektiologische Herausforderungen nach Migration. Besonderheiten bei der Betreuung weiblicher Flüchtlinge. In: Der Gynäkologe 50 (2017), pp. 134–138.

[6] Jenny Höcker, Florian Fischer, Alexander Krämer, Luise Prüfer-Krämer: Ambulante Versorgung von Geflüchteten durch Tropenmediziner. In: Flugmedizin, Tropenmedizin, Reisemedizin 24 (2017), pp. 181–184.

[7] August Stich: Häufige Infektionskrankheiten bei Migranten. In: Der Internist 57 (2016), pp. 409–415.

health. Narratives of migrant often recount cases of sexual assaults, loss of family, threats to own life or experiences of death or suffering of others. These experiences increase the risk of trauma-related disorders like post-traumatic stress disorder (PTSD), depression, anxiety disorders, or chronic pain.[8]

In addition to clinical challenges, ethical challenges must be considered. One of the primary considerations is the language barrier, which, in many cases, complicates the patient-doctor-conversation.[9] Functioning communication between patient and physician is the essential condition for informed consent and thus highly relevant from the ethical point of view. In addition, different cultural conceptions of self-determination can complicate the treatment situation. Informed consent as a prerequisite for a self-determined decision is often replaced by a model of decision-making called broader consent. Accordingly, the patient does not make the decision to consent to treatment alone but with the help of family members. In addition, practitioners are often confronted with disease concepts that differ from those of Western-focused medicine. Finally, deficits in diversity management, that is the institutional handling of cultural diversity, can be identified in the healthcare systems of many European countries.[10] These deficits often result from structural conditions, such as a lack of interpreters.[11] In addition, it is unclear to what extent practitioners are familiar with the subject of diversity through medical education and whether they acquire intercultural skills. This includes the knowledge of different disease etiologies and a foreign cultural understanding of

[8] Laura Frank, Rahsan Yesil-Jürgens, Oliver Razum, Kayvan Bozorgmehr, Liane Schenk, Andreas Gilsdorf, Alexander Rommel, Thomas Lampert: Gesundheit und gesundheitliche Versorgung von Asylsuchenden und Flüchtlingen in Deutschland. In: Journal of Health Monitoring 2 (2017), pp. 24–47.

[9] Bernd Rechel, Philipa Mladovsky, David Ingleby, Johan P. Mackenbach, Martin McKee: Migration and health in an increasingly diverse Europe. In: The Lancet 381 (2013), pp. 1235–1245.

[10] Thomas Köllen: Diversity Management in the European Health Care Sector: Trends, Challenges, and Opportunities. In: Sebastian Gurtner, Katja Soyez (Eds.): Challenges and Opportunities in Health Care Management. Cham, Heidelberg, New York 2015, pp. 27–45.

[11] Tim Peters, Tatjana Grützmann, Walter Bruchhausen, Michael Coors, Fabian Jacobs, Lukas Kaelin, Michael Knipper, Frank Kressing, Gerald Neitzke: Grundsätze zum Umgang mit Interkulturalität in Einrichtungen des Gesundheitswesens. Positionspapier der Arbeitsgruppe Interkulturalität in der medizinischen Praxis in der Akademie für Ethik in der Medizin. In: Ethik in der Medizin 26 (2014), pp. 65–75.

illness. The confrontation with these cultural challenges very often takes place against the background of different social and legal contexts and requirements. Thus, culturally sensible contact with patients with migration background requires adjusting to specific needs of migrants and foreign patients combined with culturally sensible medical analysis.

From the legal point of view, one of most fundamental barriers for migrants in accessing health services in Europe are inadequate legal entitlements and, where entitlements exist, mechanisms for ensuring their implementation in practice.[12] Numerous international treaties describe access to health services as a basic human right. Already in 1946, the constitution of the World Health Organization proclaimed the right to health.[13] In the following decades, this right has been recognized by several international documents such as the International Covenant on Economic, Social and Cultural Rights (ICESCR) of 1966[14], the Convention on the Rights of the Child of 1989[15] or the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families of 1990.[16] Also on the level of European Institutions, the issue of access to healthcare for migrants receives particular attention. Central European documents, such as the European Convention for the Protection of Human Rights and Fundamental Freedoms recognize the right to physical and mental health.[17] Especially the European Social Charter or the Charter of Fundamental Rights sets out right of everyone to access preventive healthcare and to benefit from medical treatment.

However, within the area of provision of health care for asylum seekers, the protection of international regulations is still not met in practice. In order to improve the situation, the Council of the Eur-

[12] Rechel et al.: Migration and health (Note 8).
[13] World Health Organization: WHO Constitution. Geneva 1946.
[14] International Covenant on Economic, Social and Cultural Rights, adopted and opened for signature, ratification and accession by General Assembly resolution 2200A (XXI) of 16 December 1966, entry into force 3 January 1976.
[15] United Nations: Convention on the Rights of the Child. https://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf (accessed 9/24/2019).
[16] United Nations: International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. https://www.ohchr.org/Documents/ProfessionalInterest/cmw.pdf (accessed 9/24/2019).
[17] European Court of Human Rights, Council of Europe: European Convention on Human Rights. https://www.echr.coe.int/Documents/Convention_ENG.pdf (accessed 9/24/2019).

opean Union outlined in 2003 the minimum standards for the reception of asylum-seekers. These include emergency care, essential treatment of illness, and necessary medical or other assistance for applicants with special needs.[18] Despite this, these minimum standards are still not met in many European Union Member States. Huge differences exist within the European Union when it comes to national asylum policy regimes, with consequences for access to healthcare and other social services.[19]

In Germany, medical care for asylum-seekers is regulated in the Asylum Seekers' Benefit Act (Asylbewerberleistungsgesetz – AsylLG).[20] According to §4, section 1, asylum-seekers have an entitlement to healthcare in case of acute and treatable diseases and pain. Similarly, chronic diseases, which if not treated, can effect a decrease of health, can also be covered. However, such limitations of the entitlement for treatment in case of illness for asylum-seekers by the §4 and 6 of the AsylbLG and their implementation in practice are often criticized.[21] An important point of criticism is that asylum seekers without an electronic health card have to apply for a doctor's visit beforehand to the competent authority, for example the social welfare office, in order to receive a doctor's certificate. An application for treatment is often granted or denied at the discretion of non-specialist personnel.[22] Introduction of an electronic health card, which is issued to all asylum-seekers after 15 months of residence in Germany, should improve the provision of medical care for persons that are affected by a long process of asylum granting. However, even with such a card, asylum-seekers have a limited access to health service. Some benefits that are offered to native population, for example arti-

[18] The Council of the European Union: COUNCIL DIRECTIVE 2003/9/EC of 27 January 2003 laying down minimum standards for the reception of asylum seekers. https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:031:0018:0025:EN:PDF (accessed 9/24/2019).

[19] Rechel et al.: Migration and health (Note 8).

[20] Bundesministerium der Justiz und für Verbraucherschutz: Asylbewerberleistungsgesetz (AsylbLG). https://www.gesetze-im-internet.de/asylblg/BJNR107410993.html (accessed 9/24/2019).

[21] Frank et al.: Gesundheit und gesundheitliche Versorgung (Note 7); Gisela Klinkhammer, Heike Korzilius: Asylleistungen in Deutschland: Flüchtlinge sind Patienten dritter Klasse. In: Deutsches Ärzteblatt 111: A540–A543.

[22] Oliver Razum, Judith Wenner, Kayvan Bozorgmehr: Wenn Zufall über den Zugang zur Gesundheitsversorgung bestimmt: Geflüchtete in Deutschland. In: Das Gesundheitswesen 78 (2016), pp. 711–714.

ficial insemination, are not covered by statutory health insurance. Although the financial benefits of introduction of electronic health card for asylum-seekers in form of economization of administrative processes are visible, such forms of access discrimination lead to further criticism of this procedure. Furthermore, studies show that per capita healthcare spending per year for asylum seekers with limited access was higher than for asylum seekers with full entitlement to benefits.[23] Therefore, further removal of barriers to access to healthcare is to be evaluated positively, not only from the humanitarian but also from the economic point of view.

The questions of access to healthcare in destination countries closely tie together the legal regulations of access to medical services with societal acceptance of migrants. In many European countries, migration is regarded as a problem or even a threat. Increased migration provides nationalist and populist movements with an image of cultural »aliens« that raise claims to medical care. At the center of discussion are issues of providing adequate medical care for migrants. This topic is often critically viewed from the economic perspective. Such a provision of medical care could put a pressure on limited resources available for healthcare, especially in countries that are most susceptible to immigration.[24] Here emerges the question of just allocation of the resources in a society. On the one hand, basic human rights would require that all migrants receive sanctuary and access to protection, including medical health. On the other hand, some argue that only permanent residency or citizenship should provide full social benefits. Inclusion of individuals perceived as ›outsiders‹ that did not yet contribute to the national income in these benefits could lead to implosion of the social system and to limitation of access to healthcare for all. Special challenge in this regard concerns physicians and their responsibility in determining access to healthcare. They are often confronted with the question of the best use of scarce resources. Yet, it is primarily a societal and political task to determine the entitlement to medical care. In a situation of rising numbers of migrants,

[23] Kayvan Bozorgmehr, Oliver Razum: Effect of Restricting Access to Health Care on Health Expenditures among Asylum-Seekers and Refugees: A Quasi-Experimental Study in Germany, 1994–2013. In: PLoS One 10 (2015), doi: 10.1371/journal.pone.0131483.

[24] Garyphallia Poulakou, Matteo Bassetti, Jean-François Timsit: Critically ill migrants with infection: diagnostic considerations for intensive care physicians in Europe. In: Intensive Care Medicine 42 (2016), pp. 245–248.

this question will be more and more imperative and will require a wide societal debate.

Further societal challenges related to migration and health concern the issues of integration and assimilation of migrants with the aim of providing them access to healthcare. Not migration itself but rather causes and circumstances of migration as well as life and working environments can lead to deteriorating health. People with migration background often have a lower socio-economic status, work in health-damaging conditions, are unemployed or live in unfavorable living conditions.[25] Each one of these factors can have a deteriorating result on the healthcare situation but they are especially dangerous if they coincide. Therefore, political and social objectives here should aim at providing strategies to improve the socio-economic position of migrants. Political measures to reduce social inequality can contribute to improvement of migrant's health. Furthermore, marginalization and xenophobia can also directly influence health of migrants.[26] Consequently, integration of newcomers into society and prevention of building of parallel societies can yield positive effects on the health of people with migration background.

The issues of migration pose a challenge for medicine in several contexts: ethical, legal, and societal. Improvement of contemporary strategies in this area requires international and national initiatives that aim at amelioration of current situation and provision of appropriate solutions. Basis for development of such solutions is, above all, a multifaceted consideration of various perspectives that include viewpoints of both migrants and host population. Articles of authors complied in this publication present an impulse for such a debate from ethical, legal and societal point of view. The following passages shortly describe individual contributions to the volume.

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[25] Oliver Razum, Hajo Zeeb, Uta Meesmann, Liane Schenk, Maren Bredehorst, Patrick Brzoska, Tanja Dercks, Susanne Glodny, Björn Menkhaus, Ramazan Salman, Anke-Christine Saß, Ralf Ulrich: Schwerpunktbericht der Gesundheitsberichterstattung des Bundes: Migration und Gesundheit. Berlin 2008.

[26] Ulrike Igel, Elmar Brähler, Gesine Grande: Der Einfluss von Diskriminierungserfahrungen auf die Gesundheit von MigrantInnen. In: Psychiatrische Praxis 37 (2010), pp. 183–190; Saffron Karlsen, James Y. Nazroo: Relation between Racial Discrimination, Social Class, and Health among Ethnic Minority Groups. In: American Journal of Public Health 92 (2002), pp. 624–631.

In the first section of this book, authors offer their deliberations on challenges for provision of adequate and high-quality healthcare for migrants and refugees. Migrants certainly belong to vulnerable groups within society; yet, the very concept of vulnerability often cannot be precisely defined. In addition, migrants repeatedly encounter barriers in current healthcare systems that lead to exclusion or discontinuation of therapy. In this context, the provision of culturally sensitive healthcare, establishment of appropriate structures, and removal of language barriers are the main recommendations.

The section begins with Giovanni Rubeis' contribution »Mental healthcare in migrants from the perspective of public health ethics: clinical factors, cultural diversity, and access barriers«. In his contribution, Rubeis analyses various factors affecting psychiatric and psychotherapeutic treatment of migrants. According to Rubeis, clinical factors, cultural diversity, and accessibility barriers play here a dominant role. Clinical factors include the high prevalence of mental health and related care needs among refugees, the high prevalence of vulnerable patients such as minors and female refugees, and the often inadequate therapies resulting from a lack of awareness of individual patient needs. The question of cultural diversity concentrates on the cultural competences of the practitioners. In addition, further issues constitute the questions of the different types of access barriers that should be analyzed with regard to healthcare offers. In his analysis, Rubeis considers these factors in the context of existing principles such as self-determination, patient well-being, benevolence, and distributive justice, and provides recommendations for clinical practice.

The examination of the topic of psychiatric and psychotherapeutic care for migrants is continued in Vera Vogel's contribution »Healthcare for refugees suffering from psychiatric disorders: an overview of the current care provision in Germany«. Faced with rising number of migrants arriving in Germany, the public health system is increasingly confronted with the question of provision of effective care in treatment of trauma-related mental disorders. The author aims to provide an analysis of the current supply situation in Germany by providing an overview of existing care services for mentally ill refugees, while also revealing the specific challenges in this area. Particular attention is paid to trauma disorders, among which refugees are more likely to suffer, as well as to the difficulties encountered in diagnosis, therapy, and estimation of the prevalence of these diseases. Vogel describes the current care system using four criteria of

accessibility, availability, affordability, and acceptance, simultaneously pointing out some of the most significant difficulties in the process of diagnosis, therapy, and prevalence rate estimation. Moreover, she provides an overview of the field of transcultural psychiatry, which constitutes the essential basis for the effective treatment of refugees suffering from mental illness.

Issues of informed consent and the principle of self-determination constitute some of the most important challenges in the provision of healthcare for migrants and refugees. Both issues are increasingly subjects of scientific controversy, especially due to the problematic notion of self-determination for patients with a non-Western background. In community-based cultures characterized by different family dynamics and different perceptions of the relationship between physicians and their patients, there are a number of ethical and legal challenges facing contemporary moral philosophers, bioethicists and lawyers within the framework of multicultural societies. Starting with a brief overview of the most influential theoretical foundation of informed consent, Ivana Tucak describes in her essay »Cultural differences and informed consent« the cultural challenges for this principle in today's culturally diverse societies. Especially she examines the justifiability of the recent critique of perception of patient's autonomy. Based on this, Tucak explores the regulation of informed consent in the Republic of Croatia in order to determine whether the Croatian legal system can accommodate cultural challenges resulting from the changing cultural outlook of modern societies.

The question of the physician-patient relationship in culturally diverse setups remains in focus in Pranab Rudra's contribution »Physician-patient relationship models in Bangladesh and Germany«. Beginning with the description of differences in healthcare systems in both countries, Rudra moves to examine various models of information provision and self-determination within the framework of medical contact between patient and physician. In such a situation, several factors can influence the quality of provided medical service. Factors that affect contact with medical professionals for Bangladeshi migrants in Germany are mostly culturally conditioned and include cultural backgrounds relating to sex and gender as well as religious beliefs. Moreover, the paternalistic model of patient-physician relationship that is still dominant in Bangladesh can to a significant degree influence decision making process in a clinical situation. In

order to improve the situation, development of good relationship with the patient and experience in treating patients with culturally different background are of the utmost importance. Here, a four-step model of cross-cultural care can lead to significant betterment of the existing situation.

In her contribution entitled »Understanding vulnerability and deliberations on justice – the case of health care for refugees and asylum seekers in Germany«, Silvia Agbih endeavors to develop an understanding of human vulnerability and its importance, especially in care for refugees. According to Agbih, both the concept of vulnerability and its use carry with them a certain ambiguity. Using the taxonomy of vulnerability of refuges and asylum seekers in Germany, she concludes that that navigating the positive and negative effects of using vulnerability as a guideline for the practical necessity of distributing resources remains a challenging task. Assessing the current situation in Germany as a destination country shows many pathogenic sources of vulnerability. However, a complete forego of this concept could negatively affect the situation of refugees or asylum seekers. The restrictions and derogations of healthcare in Germany for refugees in entitlement, access, and quality of care increase vulnerability to an extent that health and well-being are at stake.

Ivana Zagorac' essay »The power of empathy in the treatment of vulnerable subjects« follows these reflections. Her main question is whether empathy can be re-modelled in order to improve attitudes toward migrants, which would further result in the increased level of the acceptance of migrants. To this end, Zagorac examines the challenges that arise from using empathy as an aid in improving attitudes towards vulnerable groups. One of these challenges is the lack of a clear and generally accepted definition of empathy. In the discussions on vulnerability, often used terms are duties and obligation, but also empathy and compassion. Therefore, both scientific community and policy makers are still unsure about many aspects of the very concept of vulnerability and what it entails. Zagorac reaches the conclusion that the careful implementation of perspective-taking exercises in anti-prejudice and anti-stigmatization programs has a great potential for inducing a positive change in attitudes toward the vulnerable.

Language barriers and the experience of migration pose significant challenge for medicine and communication in clinical situation. In her contribution entitled »Narration without borders. Migration, narrative medicine, and témoignage in the public work of Médecins

Sans Frontières (Doctors Without Borders)«, Katharina Fürholzer argues that language barriers can lead to hierarchical communication structures, where patients are rather talked about than encouraged to find their own voice. The humanitarian NGO Médecins Sans Frontières provides a different approach to this issue. This organization has published a series of reports after missions in regions of crisis to raise public awareness of the hardship their patients face. In her essay, Fürholzer examines several patients' stories and appeals for provision of a platform for migrants to speak out as experts of their own stories. The focus on patients' personal narratives could result in better communication and quality of medical care, and can lead to strengthening patient autonomy.

Ethical reflections are often closely tied to legal questions. Not only personal, cultural or language barriers define the accessibility to healthcare but, in many cases, legal barriers have a decisive effect. Implications of migration influence legislation and jurisprudence, both on the international and national level. Over the past century, international organizations moved the migration and health agenda forward through various instruments. Yet, these guidelines are seldom transferred into the national legislations. Thereby a particular field of tension is visible in this area.

This is the focus point of the second thematic section of this volume. It opens with the contribution from Pedro A. Villarreal »Differential treatment in the international health regulations: towards a nuanced perspective«. In his essay, Villarreal analyzes International Health Regulations (IHR) adopted in 2005 by the World Health Organization (WHO)'s Member States, which aims at the protection against the trans-border spread of communicable diseases. Beginning with an overview of the concept of differential treatment in international law, the author then moves to describing the obligations established by the IHR and appraisal of the data from the WHO with regard to the fulfillment of surveillance and response requirements. It becomes visible that challenges posed by disparities in economic development between countries influence obligations to the international law in the field of the protection against epidemics. Therefore, Villarreal calls for more nuanced perspectives towards assessing pandemic preparedness and response.

The impact of the international law on human right to health on the German legal system stands in the center of Katarina Weilert's

essay »The human right to health in public international law with particular reference to asylum-seekers, refugees, and migrants and its reception in German law«. Weilert argues that although, the human right to health is guaranteed in various international legal documents, the precise content of the right to health depends on the health system of the particular state. As the costs for a high-quality health system present a challenge even for developed countries, the idea of unlimited access to free healthcare is untenable. This is especially true if one considers various healthcare systems in different countries. Yet, as Weilert stresses, the access to basic healthcare is a condition for a life in dignity. Therefore, while it may be well justified for a country to make free access to health services dependent on the duration of the person's stay, a state cannot exclude any person from such care merely because of his or her nationality or legal status.

Legal and social questions concerning medical care for migrants overlap in many aspects. On the one hand, the legal framework defines what is allowed in a healthcare or how the medical system should work. On the other hand, cultural appreciation and recognition creates a social dimension of practical provision of medical service for migrants. Understanding issues of culture, ethnicity, and identity is crucial for achieving equity in health. Lack of such understanding can result in higher morbidity due to the effect of immigration laws and legal status, the deleterious interaction of multiple adverse structural factors, including xenophobia, marginalization, poverty, communication problems, and poor access to healthcare.

The contribution of Frank Kressing and Maximilian Schochow »Aspects of migration, culture and health care in Germany's past and present« opens the section of the volume that focuses on societal considerations regarding medicine and migration. Beginning with the historical outlook of Germany as a country characterized by migration movements, the authors move to considerations relating to different concepts of culture in the past and present. In this context, they elaborate a concept of diversity that should not only cover cultural or religious diversity but patients' diversity in a broader sense, comprising i. e., sex, gender, age, socio-economic status. Therefore, Kressing and Schochow advocate a careful usage of the term »culture«, transgressing the established notion of fixed ethnic, cultural, and linguistic identities. On the basis of their considerations, authors offer suggestions for the improvement of cultural sensitive healthcare in hospitals

in Germany, for example through strengthening these aspects in medical education of students with the goal of high quality of healthcare.

The essay of Tamara Schwertel »Difficulties in the trajectories: an investigation of care structures for refugees suffering from tuberculosis in Germany« focusses especially on the treatment of refugees suffering from tuberculosis. In media reports and national discourses, migrants are often characterized as disease carriers and a potential danger to the native population. This leads to stigmatization by medical personnel and racial prejudice towards migrants that can result in discontinuation of treatment. In her research based on interviews with affected individuals, Schwertel provides a qualitative analysis of these challenges and the strategies to avoid them. On the one hand, anticipatory actions can increase speed and effectiveness of the treatment of migrants. On the other hand, a lack of understanding for refugee patients is visible. Compliance issues are reduced to language or cultural barriers and are less often localized in the organization of treatment. Therefore, the development of new organizational structures is necessary to counteract inadequately sensitized personnel, communication difficulties, and time lost in treatment.

In his essay »The challenges of the migration crisis in Croatia – the Primorje-Gorski Kotar county and the city of Rijeka example«, Robert Doričić shows a practical example of support for medical treatment of refugees in Croatia. In response to a large number of migrants arriving in Croatia through the so-called Western Balkan route towards Western Europe, the Croatian government established a network of aid agencies. This network shows an example of a system of measures and institutions responsible for the acceptance, registration, and provision of healthcare for migrants. On the example of an exercise held in the city of Rijeka in autumn of 2017, Doričić examines the effectiveness of the system in the crisis situation of managing a large number of refugees. The results show a high degree of preparedness for a humanitarian response but also negative reactions in local media related to the general social acceptance of migrants in Croatia.

In their chapter »Challenges faced by refugees to access healthcare in Germany«, Prerna Thaker and Ravi Rao investigate barriers for migrant populations to use health services. Based on a systematic review of the literature on the topic, the authors identify three barriers that restrict access to healthcare in Germany: interpersonal barriers, organizational barriers, and policy barriers. Thaker and Rao ar-

gue that a flexible response is required in order to meet medical needs of newly arrived refugees. Such a response could include a digital documentation in form of a uniform health book, courses for migrants introducing them to the basic framework of medical assistance in Germany as well as training for the medical staff in cultural sensitivity and communication with patients.

The issue of societal acceptance and integration may have significant repercussions on migrants' social well-being and, in consequence, on their physical and mental health. Tarek Mahjoub's essay »What it takes to fit in: an opinion piece on the integration of adolescent refugee migrants in Germany« is based on this initial reflection. Mahjoub studies factors that help migrants to adapt to living in a host community. He investigates the impact of language barriers, the family environment, and the school system on the development of migrant children and their adaptation to living in a culturally different society. The author reaches the conclusion that integration is not the responsibility of the migrants alone; the host communities are also responsible for facilitating inclusion by providing opportunities of language and culture learning programs, education, and career building. Therefore, proper integration will require welcoming and realistic local policies that include vocational training programs, overcoming segregation of migrants in restricted areas, and social events that include members of migrant populations.

The importance of local programs for understanding cultural diversity and multiculturality is further highlighted in the contribution of Iva Rinčić and Amir Muzur »Migrants' health and European culture: strengthening ties for better understanding. The case of Rijeka 2020 European Capital of Culture«. The authors argue that migrants' health is a challenging concept, formed of objective and subjective dimensions. Thus, it is often neglected, remaining on the margins of mainstream migration related research, professional interest, and societal as well as political initiatives. The case in point is the approach of the program »European Capital of Culture 2020« which was awarded to Rijeka in Croatia. According to Rinčić and Muzur, this program exemplifies an inadequate approach to the issues of migration, culture, and health. The authors assert that even though Rijeka has historically been the scene of major migration movements, the city missed the opportunity to reveal the complexness of the problems of migrants' health and culture, ceding instead to the more popular aspects of migrant cuisine and music.

Wielant Machleidt in his essay »The importance of strangeness experiences for ego-constitution and society« addresses the essential questions of xenophobia and acceptance of migrants in host societies. According to the author, the postmodern project of global migration and cultural change has proven as vulnerable for worldwide fears of strangers, hate, and populism. Because migration means transgression of national and cultural borders and coping with the experience of strangeness, people with lack of basic trust develop aversive feelings towards strangers resulting in xenophobia. This significantly affects the mental health of migrants. A positive attitude toward strangers requires a certain cultural adolescence from both migrants and the native population. Such a developmental step can contribute to the management of foreign experiences and the growth of tolerance in multi-cultural societies. Machleidt concludes that mutual trust through intercultural communication prevents social exclusion and separation processes and paves the way for social integration.

The contributions to this book make the ethical, legal, and social challenges of migration and medicine apparent. Ethical challenges result, among other things, from institutional and structural deficits, for example from a lack of interpreters or trained specialist staff. Questions of the vulnerability of individual groups as well as the relationship between patients and physicians are crucial to this discussion. These topics require specific solutions, which should be developed jointly by all affected groups. For example, different cultural understandings of self-determination may result in the replacement of informed consent by other models of decision-making in the medical setting. Therefore, both on the side of migrants and on the side of the medical professionals, there is a need for information about perspective of the respective counterpart. In addition, the legal challenges of access to healthcare need to receive more attention. For this, it is necessary to describe and analyze the country-specific legal and structural deficits. On this basis, guidelines valid throughout Europe can then be developed. The examination of the social challenges makes it clear that readiness for solidarity with refugees is a central issue. Processes of gradual tightening of the legal regulations on the medical care of migrants are observable in several European countries. This development results from an increasingly critical attitude towards migrants in large parts of societies. With the rise of populist movements in Europe, fundamental become the issues of xenophobia but also of

legal and societal status of migrants, which often have influence on health of migrating individuals. Therefore, it is of crucial importance to address the issues of migration and healthcare both in social as well as scientific debates. This volume aims at providing such voice.

I. Ethical Aspects

Giovanni Rubeis

Mental healthcare in migrants from the perspective of public health ethics: clinical factors, cultural diversity, and access barriers

Abstract
Ethical issues in mental healthcare for refugees entail clinical factors, cultural diversity, and questions of access to mental health services. Clinical factors include the high prevalence of mental disorders and thus high mental health need within the refugee population, the high prevalence of vulnerable patients like minors and women, and the often inappropriate therapeutic measures, which result from a lack of awareness towards individual patient's needs. Cultural diversity the question of cultural competence on behalf of mental health professionals arises. Finally, the different kinds of access barriers refugees seeking mental health services have to be analyzed. In my analysis I will frame those issues within the network of existing principles like autonomy, patient well-being, beneficence, and equity, and give recommendation for mental health practice.

1. Introduction

According to the recent UNHCR Global Trends report, 70.8 million people worldwide were forcibly displaced as a result of persecution, conflict, violence, or human rights violations by the end of 2018.[1] This is the highest number of displaced persons ever recorded. In the view of many Europeans, the so-called migration crisis had its peak in 2015, when a high number of people migrated to Europe, primarily as a reaction to wars in the Middle East and Africa, poverty, draught, and climate change. After the Austrian government closed the so-called Balkan Route in 2016 and the EU and the Turkish government found an agreement forcing migrants back to Turkey the same year, the influx of migrants into the EU was significantly reduced. However,

[1] The UNHCR: Global Trends. Forced Displacement in 2018. https://www.unhcr.org/statistics/unhcrstats/5d08d7ee7/unhcr-global-trends-2018.html (accessed 9/24/2019).