Health care for undocumented migrants in Geneva: safety is the key for success

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Foreword

Legal and policy context

General socio-economic, cultural and environmental conditions

Work environment

Education

Agriculture and food production

Unemployment

Water and sanitation

Health care services

Housing

Living and working conditions

Social and community networks

Individual lifestyle factors

Age, sex and constitutional factors

Source: Dahlgren and Whitehead, 1991
Rights to health(care) in CH

• Federal Constitution
  – **art. 12 Right to dignity and protection (aide urgente)**
  – **art. 41 Right to receive healthcare**
  ...for all residents (art. 23-6 Civil code)

• Health Insurance Law
  – **art. 3 Obligation of insurance after 3 months of residency**
  – **art. 7 Obligation for insurers to accept all applicants (OAMal),**
  – **art. 6 Obligation for Cantons to control mandatory access**
  – **art. 65 Right for economically deprived residents to receive subsidies**

• Challenges in accessing to health services for most vulnerable groups
  – Risks/fear of denunciation
  – Administrative barriers towards insurance contracts, subsidies
  – Rights implementation gap
Access to care - CH

- Type of healthcare services for irregular immigrants
  - Public
  - NGO
  - None

Plateforme suisse pour l’accès aux soins des sans-papiers
Geneva

- 10-15’000 undocumented immigrants, 90% without health insurance

- 1997 Mobile outpatient clinics of community care (CAMSCO) – GVA University Hospitals
  - Bridging the health and access gap
  - Public health scope, clinical services, research and education
  - Integrative and multidimensional, preventive and curative care
  - Health equity
  - Within a network of institutions addressing other social determinants of health
  - Accessability, affordability, acceptability
  - Safety (processes, care) → quality: ↑ trust: early contact, follow-up, adherence

- 4500 patients and 16’000 consultations per year
  - Gatekeeping towards specialized care
  - Community orientated/outreach activities
Data safety

• Outside main Hospital buildings = accessibility and confidentiality
  – Agreement with police for absence of control but possibility to intervene

• Personnal data: all patients under the same roof in HUG
  - No difference in data collection and safety procedures: no mention of legal status
  - No difference in right to confidentiality
  - No obligation to provide personnal data
  - Medical file strictly confidential even in special situation (prison, children)
  - No sharing with other administrations

• Electronic medical and administrative records
  - Federal medical profession Law, art. 40 let. f and Geneva Health Law, art. 87: Health professionnals secrecy
  - Geneva Institutions Code: Civil servants secrecy
  - Penal Code, art. 321: revealing privileged information is punishable
  - LAMal, art. 46, 56, 92 and Fed. Law on Accident Insurance, art. 53, 55: only medical data to be transmitted to insurance and insurance obligation towards data protection and confidentiality
  - Bill of patients rights (HUG)
Data transmission

- Only after formal agreement from patient or representent
- EMR: firewalls within HUG, not accessible for non authorized professionnel
- Absence of decisional capacity and request for data sharing: Commission of Professionnal Secrecy to assess interests
- Geneva Health policy: no medical data transmission to other Departments (immigration, security, etc.)
Field experience

• Clear-cut, patient-centered protective legal framework

• Enhance patients engagement in care and clarifies healthcare workers roles (cf Germany, Italy)

• Fits well into existing bioethical principles of clinical practice (autonomy, do no harm,...) and within social determinants of health framework

• Explicit rights: patients empowerment and clinical benefits
Conclusions

• Rights-based initiative within local legal framework and code of best practices
• Overarching political support – public engagement
• Public health interest overlaps with individuals rights
• Tight data protection - firewall
• Safety as a mean to ensure quality of care
• Ingredients for ongoing success