

Freedom from Discrimination in Health: Evidence & Pathways

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Discrimination, a negative word signifies a substantial departure from the righteous expected societal norms. The overall scenario being: The one who discriminates- A wrinkled forehead and face with narrowed eyebrows & the one who is discriminated- A tight lipped, saddened questioned face. In earlier times, the slavery remained the highest forms of discrimination. Discrimination in the basic attributes leads to deprived states in all including health. In health sector, discrimination is to be considered as secondary and primarily it occurs because of the universal factors like colour, gender, caste, culture, creed, race, ethnicity, being poverty stricken and in certain occupations. Discrimination in health being a negative determinant, it cunningly pushes the health to negative side of the line. Health when paired with discrimination, the outcome is definitely poor. It leads to poor health on account of the dwindling approachability to health care services.

The Background: Preamble of the constitution of the World Health Organization (WHO) states that “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”^[1] The Universal Declaration of Human Rights (1948) mentioned that everyone has the right to a standard of living adequate for the health and well-being of himself and his family (Article 25).^[2] International Covenant on Economic, Social and Cultural Rights (1966), Article 12 talks of the right of everyone to the

enjoyment of the highest attainable standard of physical and mental health.^[3] The International Convention on the Elimination of All Forms of Racial Discrimination (Article 5) emphasized that states must prohibit and eliminate racial discrimination and should ensure the right of everyone to public health and medical care.^[3]


Indian laws: In the Indian constitution, Article 21 ensures the right to life and personal liberty to every citizen. Right to health confines in the Right to life. The Directive Principles of State Policy in Part IV of the India Constitution provide a basis for the right to health. Specific to be mentioned are Articles 39(e), 39(f) and 47 as a directive principle of State policy under the constitution.^[4,5] India is a signatory of the Article 25 of the Universal Declaration of Human Rights by UN.^[4]

Web of Discrimination:

This can be visualized in manifold like

- 1) **The events:** The human experimentation, treatment and counselling may be the events where such discrimination in health is evident. The participants/beneficiaries may vary.
- 2) **The universal grounds:** These can be gender, colour, caste, creed, ethnicity, racial differences.
- 3) **The diseases:** Stigmatic diseases, diseases inflicting disability and disfigurement including certain neglected diseases are grounds for discrimination.

Apart from the universal grounds for discrimination, the appearance, clothing, poverty,

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illiteracy also become the basis for initial discrimination. Money is one form of a discriminatory ground. Disability or differently abled being another criterion for discrimination. The hesitation and apprehension to approach health care providers, later on build up owing to displayed discriminatory behaviours. The discrimination is a web which makes a vulnerable person more into vulnerability and into the grip of an imaginary spider.

Historical events as mirror:

History has in its record some infamous medical experiments citing inhumanness of the researchers. Medical experiments by Japanese scientists (1932-1945) nicknamed as unit 731, medical experimentations by Nazis (1939-1945) which led to the development of "Nuremberg Code-1947" and Tuskegee syphilis study (1932-1972), the revelation of the study led to "The Belmont Report-1979". Discrimination done towards race, ethnicity and country ended up in the highest termination i.e. death of the persons/prisoners/participants. Prisoners of war do see the discrimination at length for myriad reasons leading to ill-health and death as a final consequence in most cases. Ethical principles of "Justice" and "Beneficence" may be at stake while undergoing clinical trials and puts humanity at stake, and its still present.

Unreasonable exclusions from the health policies are discrimination in getting the treatment as a policy beneficiary; seen as violation to article 21, was cited in a court judgement.^[6] Filed legal cases can be found based on discrimination.

Being engulfed: (Situation as a whole): The street dwellers including beggars and persons of hand to mouth living, workers and their entire families in some specific settings of work are not able to avail the health benefits. This specific setting of work includes sewage workers, manhole workers, road makers, construction workers, garbage pickers, people working at garbage disposal sites, home maids, private security guards. This list should also be expanded to commercial sex workers and many more. The needs of such people are not seen as their real needs. The road makers, construction workers

children completely shaded with the dust speaks a lot. Elder siblings caring for younger ones, parents not available at their disposal during illness is itself a natural discrimination towards getting the right type of care from the starting. The apathetic condition of these families including the underprivileged group of beneficiaries in these homes viz children, old age persons and pregnant women are facing the deprived states of wellbeing owing to poverty. Many such incidents in terms of accidents and events leading to death happens at these homes and at places of work. The contractor is least bothered, but the government plans can be there, where such minimum facilities can be ensured. Estimated 18 million children live on streets in India and is home to one of the largest child populations on Earth.^[7]

Initial works on leprosy by Mahatma Gandhiji and Baba Amte ji, speaks volumes about the discrimination and a negative frowned face of the humanity. The untouchability during the dawn of freedom and India's struggle of being free from it, has seen a great good transition in having a down line of the discrimination cases in general and in health care as well. The sky is much azure now. The appearance including the clothing, the richness are the playing factors at the corporate hospitals and private set ups. The public health system should be in the reach of all the country men. For poor, the only rescue is government hospitals mostly edged on the attitude of the treating doctor and his team. If the doctor is principled, its all good otherwise, nothing can be said. The middle-income persons, depending on the type of illness may go to a private set up or may land up in government. The costly procedures like transplantation involving huge costs may make a person to government hospitals amidst a situational tempest, at the whims of the team of doctors. Priority to certain sets of people in hospitals is discrimination in real sense.

Way out: Pathways: Sensitization in terms of doctor responses towards the community can be ensured by AETCOM (Attitude, Ethics and communication) sessions as a part of CBME (Competency based medical education) curriculum in the MBBS course. More such community orientations where the

integration with the real situation of the people can be entrusted may help in better understanding of reality, the helplessness in case of severe forms of diseases, disability and disfigurement. This is ensured in form of “Family Adoption Program” of the CBME curriculum in MBBS.

The discrimination in terms of money is many folds regulated by the Ayushman Bharat scheme of Government of India which by provision of 5 lakhs rupees per family has ensured that the divide in the availability of health care services by a person is not regulated by just money.

In 2022, the Rajasthan Government has passed the Right to Health Bill, which gives every resident of the state the right to avail free services at all the health facilities. (*which was not easily accepted by medical fraternity in genuine concern to some clauses.*)^[8]

Incidents of discrimination should be reported with proper resolution to issues. Local team of doctors including supporting staff should be appointed wherever possible, to do away with the discrimination related to caste, state, religion. Certain policies to safeguard the vitality of the young and their “Bachpan” by providing a makeshift shelter with basic education for children of road makers, construction workers and rag pickers must be framed. This is in line with the fact that health is not a discrete entity.

Summing Up: The availability of resources, accessibility, past experiences of beneficiaries on one side, the other side being the psyche of the health care providers, the preferences and prejudices, the sensitization towards the needs of the poor and the needy, the readiness to serve, the overall burden and type of diseases remain subject matter of discriminatory grounds.

Finishing lines: The eyes of the one who is discriminated has lifelong stories to tell. From framing the policies and solutions apart, the mindset plays a pivotal role reflecting some deep evil rooted misconceptions and beliefs. The health care providers must behold the purpose of this life in serving with equality when one is in such a noble profession and is chosen to serve others.

*Discrimination should be avoided at all cost; as it is posing a big question on humanity,
“Why this Discrimination?”*

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