

Professional Ethics and Human Rights vs. Social Responsibility: Determining Whether Physicians Should Provide Medical Care to Illegal Immigrants

Nupur Agrawal, MS1

I. Introduction

Induction into the field of medicine has long been, and continues to be, regarded as one of the greatest privileges in our society; the fortunate few who are deemed worthy of receiving this honor must, in turn, uphold the delicate responsibility of protecting the rights, medical and nonmedical, of fellow human beings. The initial framework within which physicians develop the ethical guidelines that will shape how they carry out their professional duties is provided by the Hippocratic Oath, which is recited at the time of induction and clearly states that physicians “should act for the sole purpose of assisting [their] patient” [1]. While this clause very simply and beautifully implies the timeless sanctity of the patient-physician relationship, the ability of physicians to uphold its mandate is being challenged more than ever by the complexities of modern society.

One of the biggest issues currently affecting the work of physicians in the United States, and particularly in the state of Texas, is the illegal status of millions of Mexicans who have fled their country in search of a better life in the United States. Regardless of the fact that they have entered the country illegally, as humans, these immigrants require the same medical care that citizens and legal residents of our country receive. Physicians ultimately struggle in providing care to these patients due to the opposing demands of professional ethics and human rights and of social responsibility toward citizens and legal residents of the United States.

II. Professional Ethics and Human Rights

Regarding professional ethics and human rights, the General Assembly of the United Nations adopted the Universal Declaration of Human Rights in 1948 in an effort to delineate the unalienable rights of every human being. Two clauses of the Declaration are of particular importance to understanding the role physicians should play in providing medical care to illegal immigrants. Article 14 of the Declaration asserts, “Everyone has the right to seek and to enjoy in other countries asylum from persecution, [but] this right may not be invoked in prosecutions genuinely arising from non-political crimes” [2]. Article 25 states, “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and *medical care and necessary social services*” [2].

If one understands Article 25 within the context of Article 13, then the following conclusion might seem reasonable: if an individual has sought asylum in another country for non-political reasons, then he has violated the outlined charter of human rights and should, consequently, not be eligible to receive the other privileges proposed by the charter. Translated to the issue at hand, if an illegal Mexican immigrant has sought asylum in the United States for non-political reasons,

then he is no longer eligible to receive the “medical care and necessary social services” that are unalienable rights for all humans.

While such an extreme conclusion may seem reasonable to those opposing medical care for illegal immigrants, it is an unreasonable one to draw because the term “non-political” has not been clearly defined in the charter. A portion of illegal Mexican immigrants have fled their country of origin to escape local political turmoil and would, consequently, still be entitled to their other human rights. For those who have escaped Mexico for other reasons, it would be more reasonable to legally try them for the illegal nature of their arrival rather than to deprive them of their basic human rights, which could be construed as a form of torture and a violation of the Declaration of Human Rights by all physicians denying illegal immigrants care.

This reason, combined with the mandate of the Hippocratic Oath for a physician to always act in the best interest of his or her patient, suggests that the legality of the issue should be handled by government authorities, while the responsibility of providing appropriate medical care to illegal immigrants should be upheld by physicians. The subject of confidentiality is another realm of the discussion at hand, and it would be unjustified to explain its importance in just a few lines here. However, in continuity with the clause of the Hippocratic Oath stated above, it would be appropriate for the physician to maintain confidentiality of the information revealed by the patient as a result of the patient’s trust in the patient-physician relationship.

III. Social Responsibility

The most obvious argument against providing medical services to illegal immigrants is that they do not pay taxes to the United States government. Using resources paid for by American taxpayers will fiscally drain the physicians, hospitals, and clinics providing healthcare to illegal immigrants, which will ultimately deplete the medical resources available to citizens and legal residents.

Less obvious, however, is that depriving illegal immigrants of basic primary care and preventive healthcare services will still lead to an increased fiscal burden on the American healthcare system: acute and chronic conditions that can be dealt with cost-effectively during earlier stages of disease will have to be taken care of during advanced stages in hospital emergency rooms. Arguments for denying emergency care for illegal immigrants are overpowered by the Emergency Medical Treatment and Active Labor Act (EMTALA) passed by the United States Congress in 1986, which states that emergency and ambulance services must be provided to persons requiring emergency care regardless of legal status.

Research shows that Mexican immigrants show “low utilization of preventive health services resulting from the high cost of care combined with the immigrants’ generally low income, lack of medical insurance and *fear* of using U.S. health services” [3]. The fear component of this research is particularly important because illegal immigrants often fear that, if they go to a physician or a hospital for healthcare, the healthcare providers will report their illegal status to the government. For this reason, they avoid getting early, preventive healthcare, which exacerbates their diseases and, consequently, the financial burden that places on our society.

Considering just the financial aspect of providing care to illegal Mexican immigrants, it is more fiscally sound to provide preventive services than to wait to treat their diseases in advanced stages. Minimizing the costs for our healthcare system is part of physicians' social responsibility toward other members of society, and its association with positive health outcomes for the immigrant population is an added benefit.

IV. Concluding Remarks

Professional ethics, human rights, and social responsibility are just a few aspects of the multi-dimensional nature of providing appropriate healthcare for illegal immigrants and, more specifically, to the people who have illegally migrated to the United States from Mexico. While limited in number, these aspects form the fundamental basis for the framework physicians use to ethically and appropriately carry out the delicate, beautiful, and challenging responsibility of caring for other human beings.

Based on the discussion above, it is reasonable to conclude that physicians should continue fulfilling their mandate to act solely for the benefit of the patient by providing preventive healthcare services for the illegal immigrant population. Such an effort will help ensure that fundamental rights are not denied to fellow human beings, and it will also ensure that the fiscal burden on the society providing the resources for medical care is being minimized.

It is recommended that concrete research be done to supplement the findings of the qualitative analysis done above. Specifically, more statistical findings should be reported on the case mix of illegal immigrants (i.e., the percentages of illegal immigrants being plagued by acute versus chronic diseases), the actual costs of providing preventive and emergency services, and the social and behavioral determinants of how illegal immigrants decide what medical services to receive and when to receive them. Such information will help concretely guide physicians as they continue providing medical care in a responsible manner to illegal immigrants.

V. Bibliography

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- [2] Universal Declaration of Human Rights. General Assembly of the United Nations. 1948.
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