Committee: Economic and Social Council

Issue: The social impact of selective medical treatment

Student Officer: Angeliki Vytogianni

Position: Deputy President

INTRODUCTION

Discrimination based on ethnicity, background, religion, sexual orientation or occupation is, unfortunately, a very common phenomenon nowadays. Not only people have been facing racist behavior from peers, but there are also numerous cases where people have been denying service to a certain minority. A type of discriminatory behavior which has a grave social impact is selective medical treatment. To be more specific, what occurs is that certain doctors, hospitals or medical centers will refuse treatment to certain minorities that they feel are different or represent different values, beliefs or identity. Different reasons are projected for selective medical treatment but the keynote that everyone has to understand is that this issue has its roots all the way to discrimination. It is not something new that affects society, but it has such a serious impact because it concerns health issues and people's wellbeing.

The international community, up to this point, has not managed to eradicate racism and discrimination. If anything, cases of selective medical treatment have multiplied in recent years and it is time for action. Denying people something that is a basic need, a necessity for their life, is a violation of a human right and it is high time that we took action against discriminations in the provision of healthcare. Citizens of countries that are paying taxes as everyone else and have the same rights are being denied medical treatment and face severe consequences because they are not treating diseases, injuries or infections. This obviously creates bigger problems in society, with diseases that are contagious or with the frustration and anger of people that face discrimination and are denied medical services.

From the early appearance of medical treatments where Hippocrates in Greece was the father of medicine, until the present day where the science of medicine has greatly evolved and has managed to cure a great majority of diseases that were thought impossible to cure, the provision of healthcare has always been considered inclusive. However, discriminatory behavior towards minorities has been an issue in medical treatment and it

has affected many lives that were denied services. Obviously, the social impact of that issue is crucial and it needs to be resolved by the Economic and Social Council immediately and effectively, so as to achieve Sustainable Development Goals 3, 5 and 10, which represent good health and well-being, gender equality, and reduced inequalities .

DEFINITION OF KEY TERMS

Institutionalized racism

Institutionalized racism is a form of racism which is structured into political and social institutions. It occurs when institutions, including corporations, governments and universities, discriminate either deliberately or indirectly, against certain groups of people to limit their rights.

Medical treatment

In discussions for this issue we will be referring to medical treatment as the legal definition from Law Insider which states: "Medical treatment is the management and care of a patient for the purpose of combating disease, injury, or disorder. Restrictions on activities are not considered treatment unless the primary purpose of the restrictions is to improve the worker's condition through conservative care."

Sustainable Development Goals

In 2015, the United Nations established 17 objectives that are set to be achieved until 2030 and include issues, such as but not limited to healthcare, equality, peace, justice, climate action, ending poverty and hunger. The concept behind these objectives is to preserve the planet and its resources for future generations as well as for every part of the globe's population.

Selective medical treatment

Selective medical treatment is the term used to describe racist, sexist, or in general discriminatory behavior from health workers such as nurses, doctors, or others towards a specific person, or group, a minority. The behavior usually leads to denying medical treatment and essentially, going against the Hippocrates Oath, by denying their service to anyone in need.

Discrimination

Discrimination is the behavior of treating people or groups of people differently, usually in a worse way than others, based on their skin color or their looks, financial situation, sex, sexuality, religion or ethnicity. More specifically, examples of discriminatory behavior include harassment, inappropriate jokes, insults, name-calling or displays such as offensive posters or cartoons directed to a person or a group with different characteristics than the person that has this discriminatory behavior. In some cases, discrimination is also expressed in wages where lower wage is offered to a woman or an immigrant for the same amount of work as a man, hiring where job interviewers will ask about family status and health issues and based on these answers only they hire people, or housing, where people refuse to rent an apartment to people with children or to people under 25 years old, because they are noisy and do not look after the place.

BACKGROUND INFORMATION

The early appearance of medicine until the era of Hippocrates

As historians and scientists suspect, with the development of humans came their realization on which plants are edible, poisonous, or have curative abilities. Unfortunately, it is near impossible to interpret unwritten history and thus, information on the first contact humans had with medicine, health and treatments with the help of nature, is very limited. What is known, however, is that humans first regarded death and diseases as something of supernatural origin, as the result of a spell, a demon, an enemy or revenge from an offended god. The remedies included herbs and potions that focused on reversing the spells, or extracting the demon from the soul of the person with the disease or disability. On the contrary, common colds and constipation were accepted as part of life and were treated with natural remedies.

From that point, the science of medicine progressed with a steady pace as people explored the healing abilities of various plants and discovered new ways to cure. One of the most important personas in medicine during the Ancient times was Hippocrates (460-377 BC), from the Greek island of Kos. He was the first to release medicine from any religious superstition, and is usually referred to as the Father of Medicine. What makes Hippocrates most known and most respected in the medicine community and most related to this issue is his ethical stance on medicine that is reflected on one of his writings, the Hippocrates

Oath. What he essentially states are the principles of medical confidentiality and non-maleficence. It requires a new physician to swear to uphold certain ethical standards, for this profession. To this day, the Oath is still part of a physician's education and training. In the United States, it has been replaced by the Osteopathic Oath for all the physicians that practice osteopathic medicine.

An extract from the Hippocrates Oath in classic version:

"I swear by Apollo, the Physician and Aesculepius and Hygeia and Panacea and all the gods and goddesses, making them my witnesses, that I will fulfill according to my ability and judgment this oath and this covenant:
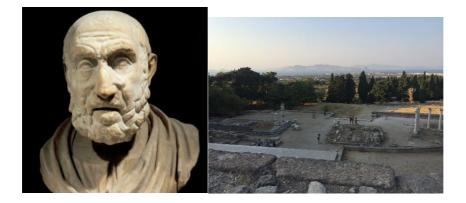*To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art - if they desire to learn it - without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but no one else."*

(Source: https://owlspace-ccm.rice.edu/access/content/user/ecy1/Nazi%20Human%20Experimentation/Pages/Hippocratic%20Oath-classic.html)

The modern version can be found: https://owlspace-ccm.rice.edu/access/content/user/ecy1/Nazi%20Human%20Experimentation/Pages/Hippocratic%20Oath-modern.html

A representation of Hippocrates.The place where he used to exercise medicine.

During that time period, there is also available information regarding the appearance of physicians in Egypt and the Middle East. From the study of Egyptian papyri, more specifically the Ebers papyrus and the Edwin Smith papyrus, scientists have acquired information regarding how people at the time used to treat diseases, wounds or other injuries. What they found on the papyri were remedies and spells with herbs, as well as surgical instructions for treating the wounded.

The development of medicine after Hippocrates. Hospitals and Healthcare

For the next centuries, after Hippocrates, we can observe that the appearance of physicians continued, and most of them left writings in which there is information regarding what they practiced, or what they discovered. Examples include Diocles, who wrote the first known anatomy book, Herophilus, who studied the nervous system, and in 1489, Leonardo Da Vinci, who dissected corpses. In general, there has been tremendous progress in the medical industry and from Ancestry to present time, almost miraculous cures have been discovered to diseases, infections, injuries, and even, disabilities.

Hospitals and Healthcare

However, in the issue of selective medical treatment, it is worth studying the appearance of hospitals and the provision of healthcare collectively in a place, as well as the target group of people for the hospitals, the attitude towards minorities, and the treatment provided. The first hospital to appear, at least of what is documented, was the Saint John Hospital in Canterbury, in the southeast part of England and it was established in 1084. To this day, there is a hospital that maintains the history of the first Canterbury Hospital. However, it was re-built and founded in 1793.

Canterbury

In the meantime, what was becoming increasingly popular all over Europe and China, was missionary hospitals that were organized and presumably funded by Christlian Churches. They provided physical healing, that of course aligned with what was discovered in medicine up to that point. They would also be heavily involved in charities for the most

part, and it appears to be that Catholic Churches would have some form of hospitals, child care centers, or other charity centers. For the most part, patients of these hospitals were members of the religion. However, there were some exceptions, as people with different religious beliefs, or people that had committed sins were welcomed in the facilities.

Evolution of Healthcare in the Modern world

As the world of medicine is moving forward, while the 19th century was coming to an end, with giant steps and discoveries, we can observe that hospitals and the provision of medical treatment became more professionalized and took the form of private and public hospitals and medical centers. In fact, there were attempts to create systems, that would be the predecessor of today's National Health System. In early 20th century, middle- and low-class patients entered the hospitals, which basically means that the concept of inclusive healthcare was introduced way later than the actual healthcare centers. Many minorities did not have the privilege of free and accessible healthcare even from a century ago.

Things seemed to be in general more positive looking in places where the financial situation was in a better state. Many countries started to develop national systems for healthcare, that were defined as a public good that had non-excludability. However, there are still millions of people that have no access to basic healthcare and that is either due to the absence of centers in many areas, or due to selective medical treatment, that deprives minorities of their right to healthcare.

In a nutshell, it is extremely interesting how Hippocrates was essentially promoting inclusive healthcare for all, in his Oath, but in the early appearance of hospitals and medical centers, this was not considered, and the centers were a luxury only for those who could afford them.

MAJOR COUNTRIES AND ORGANISATIONS INVOLVED

United States of America

In the United States of America, although there seems to be sufficient regulation regarding emergency healthcare for uninsured patients that lack the ability to pay, as established in the Emergency Medical and Treatment Labor Act (EMTLA), that was passed by Congress in 1986, the phenomenon of discrimination in healthcare based on race, sex, sexual orientation, or background is still evident. Recently, the Trump administration announced the enforcement of new laws that would "protect conscience rights" and allow

hospitals, nurses, doctors and other health workers to deny services to patients that violate their personal and/or religious beliefs.

India

According to different studies, India has the highest rate of excess female infant deaths in the world, with 8.8 more female infants dying per 1,000 live births than what is predicted based on global estimates. That is, of course, due to discrimination and gender inequalities in the provision of healthcare. A 2014 study in Bihar, India revealed that girls have lower chances of receiving both curative and preventive healthcare, because discrimination based on gender starts during infancy where girls are repeatedly denied service that is then provided to boys. This is also one of the reasons why female population in India is less than males, with 919 females for every 1,000 males.

World Health Organization

The World Health Organization has had the issue of selective medical treatment on its agenda for years. Specifically, an Action Plan was created for the Agenda for Zero Discrimination in Healthcare, launched along with UNAIDS and Global Health Workforce Alliance. The plan supports the vision that everyone, everywhere should have access to healthcare without discrimination, and focuses on three areas, them being political impact, accountability and implementation, which, in total, aims to increase political commitment, provide frameworks and implementing effective solutions that will end discrimination in the provision of healthcare.

TIMELINE OF EVENTS

Date	Description of Event
3300 BC	During Stone Age, early doctors used herbs as a primitive form of medicine.
3000 BC	In Egypt, there are documents that show how people treated injuries and diseases.
420 BC	Hippocrates in Kos puts forth the Hippocrates Oath, for medicine professionals. Rational medicine begins.
129-216 AD	Galen exercised clinical medicine based on observations and experience.
1084	The first documented hospital appears in England, Canterbury.
1203	Pope Innocent III organized the hospital of Santo Spirito at Rome, Italy, being the inspiration for many others in Europe.

1260	Louis IX established Les Quinze-vingt, a hospital for eye-diseases, that is now one of the most important medical centers in Paris.
1284	The Mansur hospital of Cairo is established.
1849	Elizabeth Blackwell is the first woman to gain a medical degree from Geneva Medical College in New York.
1879-1882	The first vaccines were discovered for cholera, anthrax and rabies.
1983	HIV, the virus that causes AIDS, is identified.
1996	Dolly the sheep becomes the first clone.
2006	First vaccine that targets a type of cancer.

UN INVOLVEMENT: RELEVANT RESOLUTIONS, TREATIES AND EVENTS

The UN at General Assembly Committees and at the Economic and Social Council have tried to tackle healthcare inequalities through resolutions and discussions for individual cases such as women and children in Afghanistan, and the right for free healthcare. Selective medical treatment was an issue always apparent, but only recently there seems to be collective effort in the United Nations to combat the issue along with other issues of discrimination. Because of the Sustainable Development agenda that states that "no one is left behind", the UN released an official joint statement concerning discrimination in the provision of healthcare, which is available at the World Health Organization

(Source:https://www.who.int/gender-equity-rights/knowledge/ending-discrimination-healthcare-settings.pdf?ua=1)

In brief, with this statement the UN declares their support for states that enforce regulation such as policies and laws against discrimination in healthcare, while also emphasizing the importance of educating all patients and workers of their rights, roles and duties.

PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

In general, there seems to be an effort by organizations such as the World Health Organization that has launched many campaigns and programs that aim to tackle the issue of discrimination in the provision of healthcare. Some of them include the 5-year Action Plan for Inclusive Health, the WHO agenda for Zero Discrimination in Healthcare. However, the efforts ended up making little difference because they were not met with support by the public and were not adopted by governments. All in all, the issue needs cooperation to be settled and as long as states are not working along with non-governmental organizations not much can be achieved.

POSSIBLE SOLUTIONS

The delegates, when trying to find solutions for the issue of selective medical treatment, should have in mind that they need to pay attention both to regulation that will restrict denying medical treatment to minorities, but also to combat discrimination in society. For a resolution to be effective, there should be a balance between creating legislation and enforcing measures that will ensure inclusive provision of healthcare and eradicating discriminatory beliefs and behavior. The combination is what will combat the issue, rather than only enforcing part of solutions which is what was done up to this point.

Already occurring selective medical treatment should be dealt with punishment such as but not limited to fines or temporary confiscation of medical license, along with warnings, for smaller cases. It is also important to establish regulation that prohibits discrimination in the provision of medical treatment and clearly states medical treatment as a human right that should be free and available for anyone. Lastly, because this is a social issue, there is a need for solutions that will minimize the social impact and will ensure that minorities are treated respectfully in the society and have access to their basic needs, one of which is healthcare.

BIBLIOGRAPHY

https://www.forbes.com/sites/quora/2018/08/24/women-are-often-discriminated-against-as-medical-patients-heres-the-historical-reason-why/#3fefb8c52abc

https://prezi.com/sxkvr8li5_3l/discrimination-within-the-medical-field/

https://medical-dictionary.thefreedictionary.com/medical+treatment

https://www.lawinsider.com/dictionary/medical-treatment

https://www.britannica.com/science/history-of-medicine

https://www.who.int/news-room/commentaries/detail/ending-discrimination-in-health-care-settings

https://www.ncbi.nlm.nih.gov/pubmed/20220629

http://www.unrisd.org/UNRISD/website/document.nsf/ab82a6805797760f80256b4f005da1ab/603ac6bdd4c6af8f80256b6d005788bd/$FILE/drandall.pdf

https://www.theguardian.com/us-news/2019/may/02/trump-administration-rules-health-staff-can-refuse-care-for-religious-reasons

https://www.who.int/workforcealliance/media/news/2016/zero_discrimination/en/

https://www.who.int/gender-equity-rights/knowledge/ending-discrimination-healthcare-settings.pdf?ua=1

http://medicinethroughtime.co.uk/history/timelines/#.XRZvr-gzY2w

https://www.britannica.com/biography/Hippocrates

https://www.nlm.nih.gov/hmd/greek/greek_oath.html

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4379645/

http://www.canterburytrust.co.uk/catpress/leaflets/st_johns_hospital_200dpi.pdf

https://www.worldventure.com/medical-cover-story/

Pictures and Graphs

https://www.google.com/search?q=hippocrates&source=lnms&tbm=isch&sa=X&ved=0ahUKEwiI9JC5oZHjAhXw0aYKHRCMCY4Q_AUIECgB&biw=1246&bih=593#imgrc=qV-qFbki62BQCM:

https://www.britannica.com/place/Canterbury-England