Discrimination In Canadian Health Care

Is there systemic discrimination practiced by the health care members in the Canadian health care system? Medicare, since its inception is widely used as an exemplary model for healthcare around the globe due to its ground principles of universality, accessibility, and comprehensiveness. The issue of discrimination arises when these core principles are disregarded by any member of the health care team. Discrimination is an act where a person or a group is treated badly because of their race, disability or gender. (Canadian human rights commission). And most often, indirect and subtle discriminatory practices against these different ethnic groups, races, and gender are carried by the health care team members subjectively. However, systemic discrimination does not exist in the health care system in Canada due to its universality principle, diversity of professionals in the health care and incorporation of culturally sensitive care in the academic discipline.

Tommy Douglas, the then Premier of Saskatchewan, in 1947, who was also famously known as the ‘father of Medicare’, introduced universal hospitalization in Saskatchewan. This was the commencement of publicly funded health care for Canadians. The core principle of universality mentioned that the insured residents in Canada are qualified to access health services that are insured and provided by the provincial or territorial health care insurance plan on the same terms and conditions for all. (Health Canada, 2017). The health care plan does not exclude any eligible Canadian on the grounds of ethnicity, race, gender or disabilities and thus are entitled to it without any barriers. For those ineligible groups such as refugee claimants, detainees, and victims of human trafficking, the government has made them accessible to universal coverage under the Interim Federal Health Program(IFHP). (Government Of Canada, 2017). The eligible First Nations and Inuits are qualified for the Non-Insured Health Benefits (NIHB) and services uncovered by the provincial or territorial services are covered under it. (Government Of Canada, 2019). Therefore, the Canadian government has legislated its health care plan in a way that is equitable and inclusive; universal health care for all Canadians.

Another reason for the nonexistence of systemic discrimination in the health care system in Canada is the diversity of health care professionals in the system. Canada is one of the most diverse countries in the world. In 2018, approximately 321,065 immigrants were welcomed into Canada. (Statistics Canada, 2020). With the growing trend, it is predicted that by 2031, nearly half of the Canadian population (46%) aged 15 or older will be those born outside of Canada. (Statistics Canada, 2018). Moreover, the number of internationally educated nurses; both RN and RPNs registering with the College of Nurses Ontario(CNO) and also other health professionals who are educated outside of Canada increases every year. This influx in the population accounts for diversity in the health care team of Canada, incorporating various ethnicities, languages, and races. Every health care institution strives toward welcoming cultural diversity to boost the quality of the professional practice environment. Therefore, women and men from all cultures are recruited to better serve the diverse community in need. Ultimately, the diversity of the health care team in the health care system results in a reduction of biases against patients.

Canadians have a wider range of ethnicity, country of origin and languages than it had 15 years ago because of which the health care regulatory bodies and the government policies are

constantly changing respectively. Incorporation of culturally sensitive care into the academic discipline is one of the major changes introduced to tend to the needs of the diverse community by the doctors, nurses, and all the other healthcare team members. Culturally sensitive care and culturally competent care are terms that are often used interchangeably. It is described as the need for health care providers to develop an awareness of different cultures, knowledge, and skills to provide patient-centered care. (The Canadian Nurse, February 2000). Most importantly, the culture of the patient greatly affects their health outcomes. Therefore, this tool helps create greater awareness and acknowledge the different cultures and diverseness of the community where the health care providers are serving and result in the reduction of biases of any sort toward the patients.

Opponents of the nonexistence of systemic discrimination in the Canadian health care say that there is an under-representation of multicultural groups in the medical professions due to major obstacles of immigrants in transferring their qualifications in Canada. Yes, it is true. The main reason for the majority of the competency gaps while transferring their qualification is not focused on medical knowledge rather it emphasizes more on the differences in the standard of practice and guidelines of the particular profession. This includes the provision of culturally competent care, which is one of the most important knowledge the immigrants must procure to successfully serve the diverse communities. Success in procuring this knowledge will ultimately prevent practices of bias based on race, gender or disability.

Another reason the opponents often rely on is the prevalent practice of bias among the doctors, nurses and even at times among receptionists of clinics against particular ethnic groups during certain situations like COVID-19; where Asian looking people are accused of the outspread of virus and thus fall victim to the discriminations. This shows health care providers fail to recognize and fill in the ethnocultural gaps at their workplaces. Although the opponent’s point is plausible, the issue is not inevitable and can be addressed and resolved effortlessly as mentioned earlier by incorporating culturally sensitive care into practice. Health care institutions must recognize the urgency and the value of this tool; culturally sensitive care which can serve as an effective means to resolve this problem. The Canadian government has a key responsibility to learn from regulatory bodies like CNO in incorporation and administration of mandatory courses like culturally sensitive care for all the other healthcare professions; PSWs, receptionists, clerks, janitors, etc rather than just the nurses and doctors. Doing this will enable employees to succeed in delivering efficient health services and address the existing need of today’s multicultural Canada.

The existence of subjective discrimination by members of the healthcare team is probable. However, systemic discrimination in the health care system does not exist due to the principle of universality, presence of diverse health care workforce in the system and incorporation of culturally sensitive care in the academic discipline to prevent any forms of biases. Hence, the system does not tolerate any forms of discrimination but the focus now should be how best to limit these subjective biases that still exist. Every individual member of the healthcare team has the responsibility to bring positive change in the system and the potential to serve as a culturally competent role model for others.

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