

EQUAL RIGHTS TO HEALTHCARE?

PARTICIPANT'S WORKBOOK

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INTRODUCTION

Health, poverty and discrimination lead to some women having more difficulties navigating the healthcare system than others. Yet healthcare is a fundamental right, isn't it?

Through the Healthcare Access Wheel, you can see why some women have more power over their health than others do.

THE ACTIVITY



INTRODUCTION



HEALTHCARE ACCESS WHEEL EXERCISE



OPPRESSIONS AND DISCRIMINATIONS



TAKING ACTION



CONCLUSION



WORKSHOP GOALS

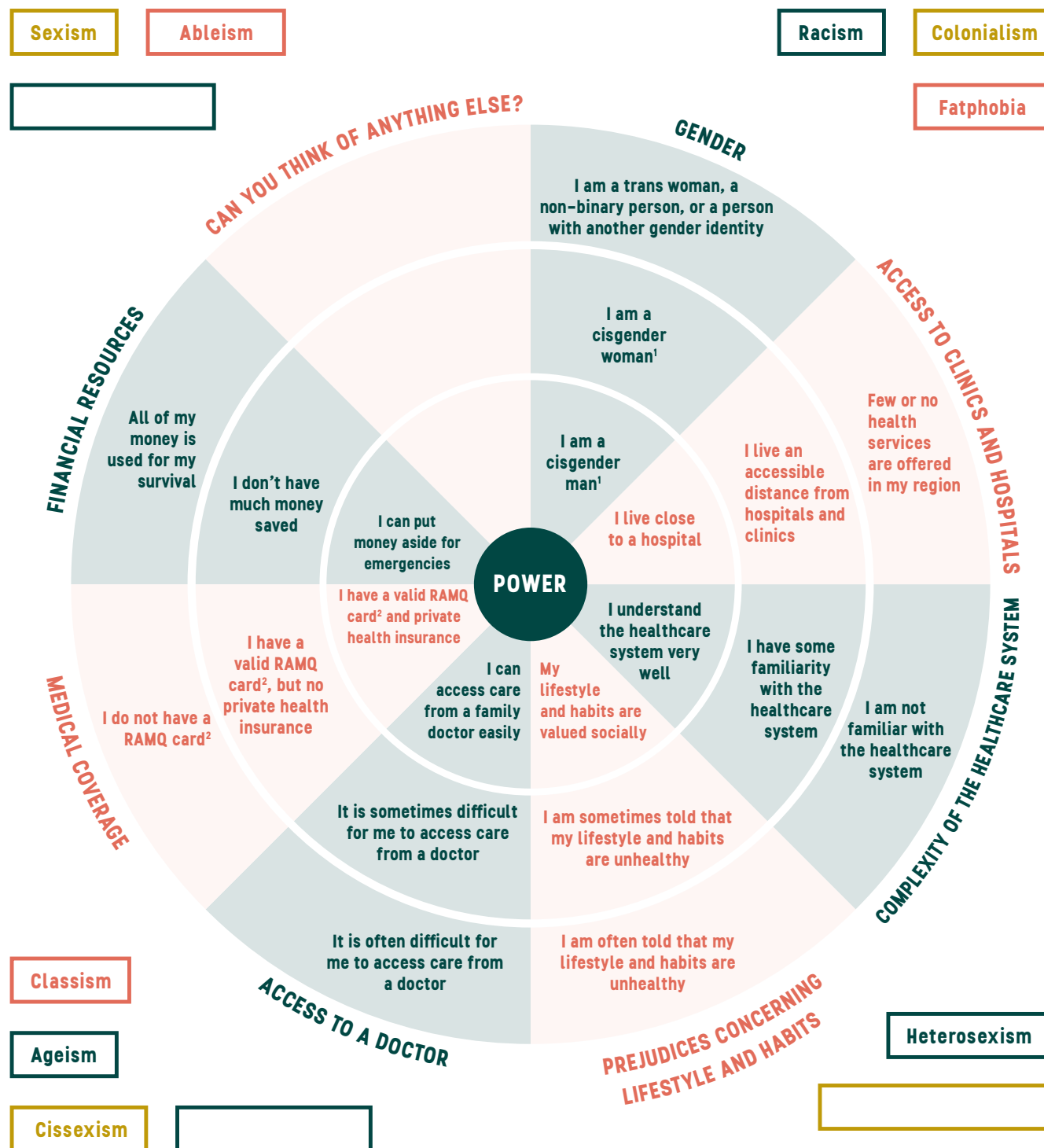
GENERAL GOALS:

- Become familiar with the inequalities women face in accessing health care;
- Generate discussions and reflections on the subject of the right to healthcare for all women;
- Learn about different oppressions and how they manifest in the healthcare system.

SPECIFIC GOALS:

- Be able to situate yourself in relation to these inequalities, discriminations and oppressions;
- Be able to discuss these inequalities, discriminations and oppressions;
- Learn about the realities faced by other women when dealing with the healthcare system;
- Reflect on what actions to take to denounce inequality in the healthcare system.

THE HEALTHCARE ACCESS WHEEL



1. Cisgender: "of, relating to, or being a person whose gender identity corresponds with the sex the person had or was identified as having at birth." (Merriam-Webster)
2. RAMQ: "Régime de l'assurance maladie du Québec", Quebec's public health care system

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DID YOU KNOW...?

GENDER

“They prescribed tests for sexually transmitted infections to me, even if I didn’t have any new partners, because, apparently, all trans women are at risk...”

– Manzano, G., Ton Petit Look, 2019

- Following surgery, nurses and doctors are likely to prescribe fewer painkillers to women than to men, even if women say they are in pain (Castillo, 2019);
- There are many testimonies from women who have heard misogynistic comments from doctors (Mabe, 2019);
- A lack of knowledge on the part of health professionals sometimes means that trans people experience hostility or discrimination (Kamgain, 2014);
- Many doctors refuse to treat trans people (Paré, 2019);
- The healthcare system has not yet adopted the use of gender-neutral pronouns (Bonneville, 2019).

ACCESS TO HOSPITALS AND CLINICS

“We have to leave everyone we know [to receive healthcare that isn’t available on the reserve] and go live in a city where we have to deal with racism, where we don’t have any support. Housing and medication are more expensive, which makes our lives more difficult.” – Quessy G., Journal de Montréal, February 2, 2020.

- Only a few of the 52 communities in Inuit Nunangat have hospitals, and none have year-round road access which would allow them to leave the community to receive medical care elsewhere. Healthcare is often provided by nurses, rather than by doctors (NCCAH, 2011);
- Abortion is very difficult for women outside of urban centres to access, due to the lack of abortion clinics and hospitals in their regions (Radio-Canada, May 18, 2019)

COMPLEXITY OF THE HEALTHCARE SYSTEM

“Marie-Louise Niquay moved from Manawan to Joliette to receive dialysis three times a week there [treatment that was not available on the reserve]. “By leaving the reserve, I felt like I was no longer considered “Indian”. All of a sudden, the laws I knew no longer applied to me. I didn’t know what I had the right to do and what actions I should take, and no one was able to answer my questions.”

– Quessy G., Journal de Montréal, February 2, 2020.

- It is difficult to know where to go and who to ask for assistance related to health (Nexus santé, 2003);
- Illiterate people use healthcare services less often as a result of the above (Nexus santé, 2003);
- Newcomers to Quebec also use healthcare services less often (Cherba, 2013).



PREJUDICES BASED ON LIFESTYLE AND HABITS

“My name is Caroline. I’m 20 years old and I’m genderfluid. [...] I have experienced nervous breakdowns and addictions which are not related to my weight. However, I do have eating disorders and social phobia which are linked to my weight. [...] I don’t remember what terms were used, or even the name of the doctor. But I was forced to listen to a preachy lecture on my body and my weight and was given brochures about different diets. I then had to go to sessions with a nutritionist, where I didn’t dare respond to her questions honestly because I was scared of being judged or punished. [...] I am most afraid of gynecologists, but all medical practitioners scare me.”

– Caroline, Gras politique, 2016

- In her 2019 report on the state of public health in Canada, Chief Public Health Officer Dr. Theresa Tam stated that stigma linked to obesity exists in a healthcare context and that it sometimes takes the following forms: refusal to provide healthcare, or providing lower-quality healthcare; healthcare environments which are not adapted to the needs of heavier people; a lack of empathy on the part of health professionals; use of degrading language (Bernier, 2020);
- Many doctors in Canada refuse to treat people who have addictions (Radio-Canada, January 1, 2018);
- Sex workers often feel judged by professionals in the healthcare system (Lanctôt, 2018);
- Hostile and discriminatory behaviour from health professionals lead to trans people and sexual minorities being less likely to use healthcare services (Dumas, Chamberland and Kamgain, 2016).

ACCESS TO A DOCTOR

“I signed up for the central waiting list for the first time in 2013, then again in 2017, and I’m still waiting for a family doctor. During these years, I’ve had urinary tract infections, chondrocalcinosis in my knees, bursitis and tendinitis in my shoulder, and I’ve had to go to a private clinic for annual exams. I’ve stopped keeping track of all the money that I have to spend on healthcare. When I read that an 88-year-old, someone considered “top priority”, is unable to find a family doctor, or that a doctor who retires does not systematically transfer their files to another doctor, I lose all hope of having a family doctor someday.”

– Lise Beauchemin, La Presse, 2019.

- From 2017 to 2020, the wait time for finding a family doctor doubled. In that time, the number of people waiting for a family doctor grew from 423,215 to 597,484 people (Bordeleau and Gamache, 2020);
- Between 2017 and 2020, the number of people in vulnerable situations who were waiting for a family doctor grew by 73%. This contributed to the long wait times at the emergency rooms of hospitals (Bordeleau and Gamache, 2020).



HEALTH COVERAGE

“Rachel arrived in Canada seven years ago with her mother, Edma, her father, and her brother. Her family were landowners in Mexico who had been forced out by the local mob [...] The family was terrified and fled to Canada, where they sought asylum – and were refused. Edma is ill and needs medication which she is unable to pay for now that she has no status.”

– Nicoud, La Presse, 2012

- People without legal status are not covered by the Quebec health insurance system (RAMQ), and yet their health is often more fragile (Régie de l'assurance maladie du Québec, 2020, and Gervais, 2020);
- People without fixed addresses may find it difficult to prove that they are covered by RAMQ (TGFM press conference, 2020, and NCCAH, 2011);
- As a general rule, people with private insurance pay 20% of the cost of their medications, while those with public insurance pay 35% of the cost of their medications. As a result, 18% of the population has not had the means to cover the costs of their medication during the pandemic (Gibeau, 2021).

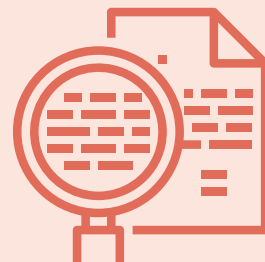
FINANCIAL RESOURCES

“My name is Francine [...]. I live in the Saint-Jean-Baptiste neighbourhood of Quebec City, and I love my neighbourhood. I was a teacher for 34 years. I can no longer work because my health does not allow me to. I suffer from fibromyalgia and chronic fatigue. In fact, I fought for ten years for fibromyalgia to be recognized as a real disease. I just found out that I also have an underactive thyroid. I have to take a lot of medications. Just this month, I have to take \$526 worth.”

– Francine, ADDS, 2015

- People who live in better socio-economic conditions tend to be less sick than those who live in worse socio-economic conditions (CQMF, 2015);
- Chronic stress, lack of food and the lack of healthy housing all contribute to these differences (CQMF, 2015);
- In 2017, between 1.4 and 1.6 million people in Quebec lived in poverty (IRIS, 2020);
- In Quebec, disabled people are particularly affected by poverty. According to recent studies, 37% of disabled people earn less than \$15,000 per year (A. Hébert and M. Trépanier, Le Soleil).

STEREOTYPE, PREJUDICE, DISCRIMINATION AND OPPRESSION: DEFINITIONS



You may choose to read the following definitions to participants so that they can understand the subjects better.

STEREOTYPE DEFINITION

A generalization and simplification of reality, applied to everyone in a given group, without consideration for the differences between individuals. (Association des juristes)

Example of a stereotype in the healthcare system: The stereotype that women are always complaining means that doctors take women who do complain less seriously and tend to prescribe less pain medication to women.

PREJUDICE DEFINITION

Judging a person without knowing them. Prejudices are often based on stereotypes and are instilled by the social environment. (Association des juristes)

Example of prejudice in the healthcare system: A doctor negatively judges a woman's parental abilities only because she is disabled.

DISCRIMINATION DEFINITION

Treating someone unfairly, whether directly, indirectly or in a systemic way. Direct discrimination is extremely clear, while indirect discrimination appears more neutral and is sometimes involuntary. Systemic discrimination is when a policy or practice is adopted through a reflex, without considering how some people might be negatively affected by the policy or practice. (Association des juristes and Commission des droits de la personne et des droits de la jeunesse)

Example of discrimination in the healthcare system: Disabled women are unable to access some medical equipment because it is not accessible to them (indirect and systemic discrimination).

OPPRESSION DEFINITION

The combination of prejudice and institutional power which creates a system that discriminates against some groups [...] and benefits other groups." (Vanderbilt)

Example of oppression in the healthcare system: People who are without status do not have access to free healthcare.

DEFINITIONS AND MANIFESTATIONS OF FORMS OF DISCRIMINATION AND OPPRESSION IN THE HEALTHCARE SYSTEM

If you would like to discuss other types of oppression or discrimination with participants, don't hesitate to do so. This is not an exhaustive list of all forms of oppression and discrimination.

Ableism

"Ableism" refers to the systemic oppression of disabled people, prejudices and discrimination [...] which leads to a view of disability as "other" and as a condition to "overcome". (Marina Carlos, 2020)

Example: Not offering gynecological procedures to disabled women because the material required is not accessible.

Ageism

"Ageism is being prejudiced against or having discriminatory behaviour towards people or groups because of their age. Ageism can come in many forms, whether through behaviour based on prejudice, discriminatory practices, or institutional policies and practices that tend to perpetuate these sorts of beliefs." (World Health Organization)

Example: Not asking someone for their consent for a medical procedure because they are considered too old or too young to understand the procedure and decide for themselves.

Cissexism

Discriminations and prejudices against people whose gender identity or gender expression does not correspond to their sex assigned at birth. (Government of Canada)

Example: Only having the options "male" or "female" on medical forms.

Classism

"Classism refers to all forms of discrimination based on belonging to a social class." (Femmes de droit)

Example: Many of the treatments that are not covered by Quebec's public health insurance (RAMQ) are expensive. There are many people who do not have private medical coverage or the means to pay for these treatments.

Colonialism

“Colonialism is the maintenance of political, social, economic, and cultural domination over people by a foreign power for an extended period.” (W. Bell, 1991, quoted in Richard T. Schaefer, 2015).

Example: The majority of healthcare professionals use European medicine to treat patients. An Indigenous person or a person from another culture may be refused the traditional treatment from their region or be discouraged from using it.

Fatphobia

“All of the attitudes and hostile behaviours which stigmatize and discriminate against people who are fat, overweight or obese.” (Grossophobie.ca)

Example: Failing to provide an accurate diagnosis for fat people because it is assumed that their health issues are only due to their weight.

Heterosexism

“This concept refers to holding up heterosexuality as the social norm or as superior to other sexual orientations.” (UQÀM Research Chair on Homophobia, Coalition des familles LGBT and Interligne)

Example: Clinics often distribute free male condoms, but do not offer any protection for lesbian couples

Racism

“A theory which, on the basis of ethnic or “racial” belonging, considers people and groups to be unequal to one another. It is also a system which leads to unequal distribution of resources [...] Racism is therefore not necessarily conscious, nor is it exclusive to individuals. It is as much a part of institutions as it is due to socialization.” (Ligue des droits et des libertés)

Example: Historically, many gynecologists performed non-consensual experiments on Black women without anesthetic. This obstetric and gynecological violence continues today with the absence of free and informed consent, more frequent medical interventions during birth, and the prejudiced notion that Black women feel less pain.

Sexism

“Prejudice or discrimination based on sex, especially : discrimination against women.” (Merriam-Webster)

Example: Women receive fewer painkillers than men do, even if they say they are in pain.

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