



FRA Press Release

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More protection against unequal treatment in healthcare needed

A new report by the European Union Agency for Fundamental Rights (FRA) identifies the specific barriers and experiences of unequal treatment in accessing healthcare that people may face because of a combination of their traits (e.g. ethnic origin, gender, age and disability). The report finds that in such cases, people and their legal advisors often have difficulties in bringing a complaint of discrimination on ‘multiple’ grounds to court. This is either because of a poor understanding of ‘multiple’ discrimination, or because legally it is simply easier to deal with a complaint on only one particular ground.

“To ensure that everyone is treated equally when accessing their basic rights, legislation and healthcare systems need to reflect the complexity of real people’s lives,” says FRA Director Morten Kjaerum. *“People are not just characterised for example by their gender, but also by their age, ethnicity, or disability. Anti-discrimination laws should be changed to allow victims of multiple discrimination to take their cases to court. Anti-discrimination training for healthcare staff is also needed to ensure that people are treated according to their needs, no matter who they are.”*

The report shows that:

- **Uneven protection and legal ambiguity** make it hard for ‘multiple’ discrimination cases to be brought to court. In healthcare, EU anti-discrimination law protects against racial and sexual discrimination, but not against discrimination for age, disability or sexual orientation. In addition, only 6 of the 27 EU Member States address ‘multiple’ discrimination in their national laws, often with unclear definitions. Providing equal protection in healthcare against discrimination on all grounds would be an important first step towards effectively addressing ‘multiple’ discrimination. This issue is addressed in the ‘horizontal directive’, a piece of legislation currently under discussion at EU level that would extend protection against discrimination beyond the area of employment to cover the grounds of religion or belief, disability, age and sexual orientation.
- Lawyers often do not file healthcare complaints as discrimination cases, due to **lower compensation compared to, for example medical malpractice suits**. For existing anti-discrimination laws to be effective, courts need to award dissuasive and proportionate compensation for discrimination cases. This would encourage more people, and their lawyers, to bring discrimination cases - including ‘multiple’ discrimination - to court.
- **Low levels of awareness** of how and where to complain makes access to justice difficult. Victims are often uncertain where to turn to for help: either health complaint bodies or equality bodies which are responsible for ensuring equal treatment for all citizens. In addition, there are low levels of trust in the effectiveness of existing complaint systems in healthcare as well as fear that filing a complaint will lead to worse treatment by healthcare staff. A single equality body for all areas of discrimination, including ‘multiple’ discrimination, combined with better coordination with health complaints bodies, would greatly improve access to justice.
- Healthcare systems do not always consider the varied **needs of healthcare users**. Healthcare systems may (unintentionally) create barriers in access to healthcare or provide healthcare of



different quality to people who share more than one protected trait, such as sex, age or membership of a minority group. Governments and health authorities can improve the situation by actively encouraging anti-discrimination training for health professionals, and by taking positive action to support and empowering people at risk of ‘multiple’ discrimination; for example by making information more readily available through language and mediation services and through outreach activities.

- **Current health statistics** are insufficient to accurately assess the extent of disadvantage of groups that share multiple characteristics. Data facilitate the development of evidence-based and thus more effective policy measures. It is important to develop instruments providing robust and comparable data that can show the true extent of disadvantage in healthcare concerning the different grounds of discrimination.

The report looks at how ‘multiple’ discrimination is legally addressed and examines relevant case law with a special focus on healthcare. It also explores health users’ and professionals’ views and experiences on how people of different gender, age, disability and ethnic origin experience discrimination and multiple discrimination when accessing the health system in Austria, Czech Republic, Italy, Sweden and the UK.

To read the report, see: [*Inequalities and multiple discrimination in access to and quality of healthcare*](#)

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Notes to the editors:

- The European Union Agency for Fundamental Rights (FRA) is mandated to provide evidence-based advice to EU and national decision makers, thereby contributing to more informed and better targeted debates and policies on fundamental rights.
- ‘Multiple’ discrimination is a form of discrimination based on more than one ground – gender, age, ethnicity, disability etc. For example, when a Romani woman gives birth, she may experience discrimination, not only because she is a woman (it doesn’t apply to all women), and not only as Roma (it doesn’t apply to all Roma). She may then face discrimination because of the combination of being Roma and being a woman.