Editor's comment

Unequal care

BRIDGET FARHAM
ugqirha@iafrica.com

At the time of writing the British press and medical journals are full of the story of a Ghanian woman who is suffering from terminal renal failure as a result of multiple myeloma, and who is nonetheless being deported back to Ghana because her visa has expired. She cannot receive dialysis in Ghana and so will certainly die. An editorial in the *Lancet* decries the lack of outrage from medical professionals in the UK in general, although over 200 practising doctors have apparently signed a petition complaining to the authorities about the woman's deportation.

The issue of the health of migrants is a pertinent one – not only in the developing world, but also in countries such as our own, which take large numbers of migrants, legal and otherwise, from elsewhere in Africa. And we will continue to do so as long as there are wars and poor economic conditions to the north of us.

A recent UNFPA report has some disturbing things to say about migrant health. Legal migrants apparently often have good health initially, not least because many countries – our own included – insist on health checks before people arrive. Even for illegal migrants, who often have to face long and arduous journeys, good health is an asset and it is likely that the very ill will not make the journey at all. However, migrants often face conditions that make them more vulnerable to infectious diseases and poor health. The most important of these is, of course, poverty. Compared with residents, migrants are likely to be economically disadvantaged. In many countries, national health plans discriminate against temporary or illegal migrants, although, as far as I am aware, that is not officially the case in South Africa. However, for an illegal migrant, fear of being exposed to the authorities may prevent them from seeking medical help. Many countries only offer emergency care to non-citizens. In the UK at the moment, there are moves towards denying failed asylum seekers medical treatment of any kind, spurred on by an electorate who are increasingly anti-immigrants in general, and asylum seekers in particular. Such unequal care cannot be appropriate in a wealthy, developed country.

I think most people who have chosen to become a doctor would agree that it is totally unacceptable to refuse a person treatment, whatever their circumstances. Situations where migrants have poor access to health care hinge on a general perception that immigration is bad for a country – particularly one that already has problems of unemployment and poverty. However, all the research available shows that immigrants are a good thing, economically and socially, both for their country of origin (in terms of remittances sent home) and for the country to which they migrate. The evidence is overwhelming that immigrants are generally entrepreneurial and hard working and often create employment for the locals. Xenophobia is often spurred by envy of an immigrant community who are apparently successful – as seems to be the case with the Somali population in various parts of Cape Town who are proving to be exceptionally good small business owners.

South Africa will continue to attract immigrants from the rest of Africa. Let's not become insular and xenophobic, as is happening across the Western world at the moment, and continue to care for all comers.

CME is published monthly by the South African Medical Association Health and Medical Publishing Group,
Private Bag X1, Pinelands, 7430 (Incorporated Association not for gain. Reg. No. 05/00136/08). Correspondence for CME should be addressed to the Editor at the above address.
Tel. (021) 657-8200 Fax (021) 683-4509 E-mail: publishing@hmpg.co.za
Head Office: PO Box 74789, Lynnwood Ridge, 0040. Tel. (012) 481-2000 Fax (012) 481-2100