



On 19 November 2016, the CPME Board adopted the ' CPME Statement on the Medical Treatment of Refugees¹' (CPME 2016/097 FINAL)

CPME Statement on the Medical Treatment of Refugees

The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU institutions and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.²

Mass population movements brought on by war and other crises create significant humanitarian challenges for the international community. In Europe, the recent arrival of more than a million refugees fleeing conflict and poverty has raised questions about how to address the healthcare and other need of those seeking asylum. In some cases, public services have been stretched to their limits and otherwise stable healthcare systems have been tested.

The World Medical Association (WMA) Resolution on Refugees and Migrants adopted by the 67th General Assembly in Taipei, Taiwan in October 2016 which reiterates the principles defined by the WMA Statement on Medical Care for Refugees originally adopted in Ottawa, Canada in 1998 outlines the responsibilities of physicians in medical care for refugees.

Physicians have an ethical obligation to provide the same level of care to all patients, regardless of ethnicity, skin colour, political status or religion. But in some EU Member States, administrative and financial hurdles, including inconsistencies in benefit eligibility, have impeded access to medical care for newly arrived refugees. As the number of arrivals peaked in 2015, volunteers played a key role in complementing the care provided through established channels.

Providing medical care for refugees in Europe is feasible if the responsibility is shouldered by many. To ensure the sustainability of healthcare systems throughout Europe and to safeguard the status of

¹ CPME's policies on 'refugees' use the term as referring to all forcibly displaced persons regardless of legal status or reason for displacement. This includes migrants who have been granted legal status as refugee or asylum seeker and undocumented migrants. CPME policies use the term 'migrant' to refer to migration which is not driven by violent conflict, persecution or other emergencies. Examples are cross-border mobility between two EU Member States, economic or otherwise motivated migration from third countries to the EU.

² CPME is registered in the Transparency Register with the ID number 9276943405-41.



medical care as a basic human right, CPME calls for consistent, humane and unbureaucratic solutions to avoid a complicated parallel system of care for refugees.

- Government authorities at all levels must be called upon to ensure access to adequate healthcare as well as safe and healthy living conditions for all, regardless of residency status. Political leaders of EU Member States are urged to coordinate medical relief for refugees in a way that enables physicians to contribute their skills in a targeted manner.
- Fully integration asylum seekers into established health systems could prevent unnecessary administrative costs and delay in medical treatment. Refugee care should involve prevention and include a comprehensive initial examination, as well as the administration of all essential vaccinations. Medical care should also include access to treatment for post-traumatic stress disorder brought on by the experiences of flight, torture, displacement and deprivation. All efforts should be made to reduce communication barriers between patient and physician.
- The core ethical principles of the patient-physician relationship must be upheld in the case of refugee care. National Medical Associations and physicians should resist and speak out against any government efforts to restrict their professional autonomy and to deny refugees – whether they are recognised asylum-seekers or undocumented migrants – the right to receive medical care. This includes maintaining physician-patient confidentiality and rejecting calls to administer treatments for which there is no medical indication (e. g., the use of genital examinations or X-rays to determine the age of refugees against their wishes or the administration of sedatives to facilitate deportation).
- To create reliable and sustainable healthcare conditions, it is imperative that EU Member States devise and implement solutions which lower the threshold for medical care access for refugees, minimize red tape, expand human and financial resources in the health sector, and untangle medical, administrative, financial and legal accountability among public authorities. This requires a consistent approach at all levels of government and transparency of funding – including at the European Union level.