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Ethical issues in medical treatment of homeless patients in Poland.

A preliminary study

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Summary: The article presents some of the most important ethical aspects in the medical care of a homeless patient. Hygiene, access to medicines and information, the problem of social discrimination are analysed. The article concludes with a short reflection on the expected ethical attitude of a doctor towards a homeless patient.

Keywords: homelessness, medical ethics, homeless patient, social discrimination

1. Introduction

According to the latest research, the problem of homelessness in Poland affects around 30,000 people (Burak, Ferenc 2021). However, it should be noted that these are official data, so the actual scale of the problem may be greater. It should be noted that the most common causes of homelessness: unemployment (consequently: deepening poverty), addiction to psychoactive substances or limited access to social support (deinstitutionalisation) are causes that are difficult to eliminate completely (Pięta 2021).

The literature often points out that social isolation - typical of homeless people - results in a greater need for health care. The health problems of homeless people are most often part of the primary and psychiatric care, observation care, diagnostic and dentistry services (Kesy, Pawliszczy 2020). Consequently, doctors often deal with homeless people - a patient group with specific aspects of treatment. This, in turn, has implications for the doctors' approach to the patient in the area of medical ethics.

This article presents - in overview form - some of the most important ethical issues typical of the care of a patient affected by homelessness. Information on this topic was collected by interviewing staff from one of the social institutions involved in the care of homeless people.

2. The specific problems of homeless patients

2.1. Hygiene

The first of the problems concerning homeless patients highlighted by staff at the care institution is that of hygiene. Let us point out that 20% of homeless people in Poland live outside the facilities of aid institutions and therefore their access to basic hygiene is limited (Burak, Wyszowska, Liebert et al. 2022). However, Article 3 of the Polish Code of Medical Ethics (Kodeks Etyki Lekarskiej; further: KEL) states: "A doctor should always fulfil his or her duties with respect for human beings regardless of age, sex, race, genetic endowment, nationality, religion, social affiliation, material situation, political views or other conditions." (Kodeks Etyki KEL 2003). In the context of this article, the following criteria appear to be the most relevant: social affiliation and material situation. In turn, we can agree that the hygiene condition of a homeless person is some component of any of these criteria. Consequently, it is unacceptable for a doctor to discriminate against a patient on the basis of his or her hygiene status (all the more so as the hygiene problem does not have to relate solely to homeless people - there are, after all, patients who are not homeless but whose hygiene also leaves much to be desired).

Experience shows, however, that homeless people often encounter aversion from doctors during diagnosis. A reliable diagnosis usually requires physical contact (physical examination) - the patient must be auscultated, his body touched (basis of palpation). If the patient's body is not kept in proper hygienic condition, it is natural that the examination may be carried out less reliably. However, let us recall the wording of Article 8 of the Polish Code of Medical Ethics: "A doctor should carry out all diagnostic, therapeutic and preventive procedures with due diligence, devoting the necessary time to them" (KEL 2003) as well as Article 9: "A doctor may undertake treatment only after first examining the patient [...]" (KEL 2003).

2.2. Access to medication

Another major problem typical of homeless people is limited access to medication. Although there is a relatively extensive system of social assistance in Poland against the exclusion of the poor (Małecka-Lyszczek, Mędrzycki 2021), homeless people often face the problem of accessibility to doctor-prescribed medication. In practice, however, it is very often the case that homeless people do not have enough money to afford the necessary medication. It should also be taken into account that a homeless person addicted to psychoactive drugs (e.g. alcohol) - if he or she has money in cash - may use it to purchase such drugs instead of spending it on medication. This is because in such a situation a mechanism of gradation of needs is at work, out of which the homeless person prefers the need to satisfy access to e.g. alcohol, instead of taking care of their health.

A similar problem is the so-called prescription abandonment. One of the main reasons for prescription abandonment is economic reason – some patients simply cannot afford the medication they need. In the case of homeless people, this often leads to a situation where – although the person takes the initial dose of medication – they do not continue to take it due to lack of funds. Interestingly, the Polish Code of Medical Ethics does not directly address the issue of patients with economic problems. It is indirectly referred to in Article 6: "The physician is free to choose the methods of treatment that he/she considers most effective [...]" (KEL 2003) - this means that the doctor may prescribe medicines whose cost is low in order to be sure that the patient will have the possibility to buy them at the pharmacy and continue the therapy.

2.3. Access to information

Article 13 of the Polish Code of Medical Ethics states: "The doctor's duty is to respect the patient's right to participate consciously in decisions concerning his or her health" and further:

"The information given to the patient should be formulated in a way that is understandable to him or her" (KEL 2003). Meanwhile, Poland's Ministry of Family and Social Policy has published a study in 2019 showing that as many as 30.1% of homeless people have primary education, while 43.8% of homeless people have vocational education (MRiPS 2019). Consequently, it can be assumed that a significant proportion of homeless people using an institutionalised form of health care do not have sufficient education to be able to fully understand, for example, medical terms.

The doctor should therefore act in accordance with Article 13 of the KEL, trying to present all aspects of the illness and treatment in a way that the homeless person can understand. However, the experience of homeless people shows that they have difficulty in understanding the doctor's communication - they often do not understand how serious the illness is, what exactly it involves, what the full treatment process is and what consequences it entails. Also of significance is the fact that often patients suffering from homelessness are addicted to psychoactive substances that impair the correct perception of reality. This sometimes leads to a situation in which the patient is unable to correctly understand messages that seem rather straightforward, such as those regarding the dosage of prescribed medication. The doctor should therefore have an ethical imperative to make sure each time that the information provided is fully understood (active listening).

At this point, it is worth mentioning the information activities that were undertaken in the context of the homeless and the COVID-19 pandemic. In 2020, mobile points were launched in Warsaw, Gdańsk and Wrocław, where homeless people obtained, among other things, information on the epidemiological situation at the time (Ołdak 2022).

2.4. The problem of social discrimination

In the case of homeless people, there is very often noticeable social discrimination: marginalisation and stigmatisation, mainly due to appearance, often a lack of personal hygiene or addictions (Zozuła 2020). Często osoby te traktowane są jako gorsze, wykluczone społecznie bądź systemowo (np. nie są objęte ubezpieczeniem). This may lead to a situation that is inappropriate from the point of view of medical ethics, in which a doctor will assess a patient experiencing a homelessness crisis in terms of his or her social situation.

Meanwhile, Article 22 of the KEL states: "In cases requiring specific forms of diagnostic, therapeutic or preventive measures which cannot be applied simultaneously to all those in need, the physician determining the order of patients should be based on medical criteria" (KEL 2003). It is important to note that this article only deals with situations where

„diagnostic, therapeutic or preventive measures cannot be applied simultaneously” – theoretically, therefore, there may be a situation in which the doctor is able to apply these measures simultaneously (e.g. there will be no life-threatening situation for one of the patients) and he or she will then be guided, for example, by a social criterion. Some homeless people complain that they are treated in health care as needing less urgent medical care. It is not the purpose of this article to decide whether these people are right, but it is important to draw attention to this frequently occurring problem. Let us recall at this point Article 3 of the KEL, quoted above, which explicitly prohibits a doctor from discriminating against patients on the basis of their material or social situation.

3. The doctor as the caregiver

Above we have detailed some of the problems that affect patients in crisis of homelessness. Let us now answer the question: what general attitude should the doctor take towards these people? One possible answer could be: the doctor should adopt the attitude of a caregiver - someone who cares for his or her patients regardless of their life situation. Moreover - perhaps he should pay more attention precisely to those people who find themselves in a crisis of homelessness.

In this context, we will mention the model of medical ethics based on Tadeusz Kotarbiński's concept of the independent ethics. The main assumptions of this ethic are:

- the sufferings (misfortunes) of people dependent on us should be removed/minimised, and unnecessary suffering should not be inflicted on them;
- the duty to minimise first the greater suffering (unhappiness), then the lesser suffering (unhappiness), and lastly to take care of one's own pleasure (happiness) and that of others;
- adopt the attitude of a "reliable guardian", i.e. someone who can always be counted on and who possesses the following qualities: kindness, honesty, heroism, courage, self-control (Skowron 2021).

Significantly - comparing the provisions of KEL with the ethical theses of Tadeusz Kotarbiński, one can come to the conclusion that the Polish Code of Medical Ethics is based precisely on the model of independent ethics (Skowron 2021). In this model, the doctor is understood as a caregiver, a person who acts in an active way, concerned about the welfare of another person. If, for example, he or she is caring for a homeless patient, the doctor's interest can - and even should - go beyond purely medical issues.

4. Conclusion

Taking into account all the aspects presented in the article, a person in a crisis of homelessness is certainly a specific patient and one that requires from the health care professional to adapt the intervention to his or her needs.

A homeless person entering a doctor's office is often a hygienically neglected person, addicted and unable to behave appropriately to the situation, and on the other hand, in need of help not only in many physical aspects but also in psychological ones. It creates many challenges for the medical practitioner, such as: performing all necessary diagnostic and therapeutic procedures with appropriate accuracy despite the poor hygienic condition of the patient, adjusting the treatment to the patient's financial status, adjusting the way information is presented to the understanding capacity of a homeless person or avoiding discrimination of a homeless person in relation to other patients.

The Code of Medical Ethics indirectly and directly indicates that people in crisis of homelessness should not experience discrimination or limited diagnostic and treatment measures due to their social or material status.

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