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Healthcare and Political Obstacles in the Way of Quality Healthcare

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Abstract: This paper discusses several political and policy ramifications related to healthcare access for individuals in the US, specifically for undocumented and legally present immigrants in the United States. The political and policy ramifications of the research in this article center around the need for comprehensive healthcare reform to ensure that all individuals, regardless of immigration status, have access to healthcare and health services. The argument expands into the effect of healthcare worker shortages, insurance status, and immigration status. The research concludes that each negatively impact and pose an obstacle to individuals in the United States receiving quality healthcare. It is found that policy reform and new initiatives are needed to offset the effect of these obstacles in access to healthcare.

Introduction

Physicians vow to provide care for their patients no matter the circumstances. Administrative failure and holes in the healthcare system stand between doctors and their oaths. The Hippocratic oath states, “I will prevent disease whenever I can, for prevention is preferable to cure” (National Library of Medicine, 2012.). Patients are held back from getting the treatment the doctors vow to give by administration and cost. As a whole humanity is facing a lack of access to affordable quality healthcare worldwide, but governments around the globe have hesitated to make lasting changes. In addition, many legal obstacles such as insurance, citizenship, and drug pricing stand in the way of the ability of healthcare workers to effectively treat and care for their patients. The lack of access to affordable and quality healthcare, as well as administrative and legal obstacles, negatively impact the ability of healthcare workers to provide the best care possible. Poor health outcomes, patient dissatisfaction, and burnout among healthcare workers may be caused by a reduced ability for healthcare workers to provide quality care. It is important for governments, healthcare organizations, and stakeholders to work together to address these challenges and improve the healthcare system for both patients and healthcare workers.

Methodology

This research was conducted through the *NIH (National Institute of Health)* search engine and each article was verified to be published within the past 5 years to provide the most accurate and up-to-date information. I chose to use the *NIH* database because it is not only accredited but reliable and all of the articles are already peer-reviewed. In addition, because my research subject was health-focused this database provided the most accurate and

relevant information. I performed keyword searches to better identify articles that would best align with my research. Keywords I used in my search included: “Hippocratic oath”, “public insurance”, “lack of insurance”, “undocumented”, “physician shortage”, and “immigration”. Using these keywords, I found pieces 1, 3, 4, 5, 6, and 7 in my bibliography. Articles 2 and 9 were found on the *AAMC (Association of American Colleges)* website and research database. I chose to use the *AAMC* as a source because like the *NIH* it is both reliable, accredited, and peer-reviewed. Articles 8 and 10 were found by following citations of other articles. For example, article 10, *Access to Health Services - Healthy People 2030*, was found through the *AAMC* article. *Access to Health Services - Healthy People 2030* is part of a health initiative by the *U.S. Department of Health* that aims to identify and target social determinants that put individuals’ health at risk in an attempt to assist populations in obtaining a healthy life.

I conducted this research as a result of speaking to individuals with relevant experiences and knowledge of the shortcomings of the healthcare system. Research on related causes and potential barriers was then done in an attempt to identify causation and add to the conversation of why access to healthcare is so hard to come by.

Lack of Insurance Can Lead to Inability to Receive Healthcare

There are many obstacles to obtaining quality healthcare, lack of insurance coverage being a key factor and one that ties into many others. A lack of insurance often contributes to a lack of healthcare. Not having insurance means patients are faced with overwhelming costs when just trying to stay healthy. If one does not have coverage by public or private insurance, one is expected to pay all medical bills out of pocket, whether that be a dental visit or an emergency surgery. No matter the case, paying cash for medical needs is not usually a feasible option for most, especially those who do not have access to necessary insurance coverage. Financial need and insufficient coverage to pay medical bills can lead people to skip necessary care for themselves and their families, including preventive screenings, dental care, and pediatric visits that track important childhood health milestones (*Access to Health Services - Healthy People 2030*).

The lifetime health consequences of missing these appointments have prompted many health systems to launch initiatives that provide services to uninsured or underinsured patients. However, without government support and funding, these programs are short-lived. Lack of insurance coverage has significant impacts on healthcare. When individuals lack health insurance, they may forego necessary medical care because of the cost (*Access to Health Services - Healthy People 2030*).

As a result, health conditions are left untreated, which may lead to more serious health problems and complications. Furthermore, individuals without insurance may not have access to preventive care, such as regular check-ups and screenings, which help detect health issues early on when they are easier to treat. Lack of insurance coverage can also lead to financial difficulties for individuals and families. Without insurance, medical bills are expensive and generally unaffordable, leading to debt and even bankruptcy in some cases. In addition, lack of insurance coverage puts a strain on healthcare providers and facilities, as they may have to provide uncompensated care or absorb the cost of caring for uninsured patients. The more expenses a hospital assumes the less care there is for everyone, including those with insurance.

Healthcare Staffing Shortages Create Burnout and Long Wait Times

Another obstacle to physicians providing the best care they can is the overall lack of healthcare staff. By 2034, The Association of American Medical Colleges calculates that the American healthcare system could be up to 124,000 doctors short (Association of American Medical Colleges, 2021). These staffing shortages are mainly primary care physicians. However, the deficits are not just physicians; nurses, technologists, and vital roles in the hospital ecosystem experience shortages, too. According to the AAMC, “These gaps affect everyone, but particularly patients already in “healthcare deserts” such as rural areas” (Association of American Medical Colleges, 2021). These shortages and healthcare deserts lead some experts to recommend expanded use of technology such as telehealth to increase providers’ capacities and address these gaps.

With more US doctors choosing to specialize in exciting new fields rather than address the growing need in primary care, it leaves that field even more lacking (Association of American Medical Colleges, 2021). Globally, brain drain is a continued issue. Brain drain is when physicians leave the countries they studied in for new opportunities, and those countries are left with holes in their healthcare systems.

Staffing shortages have led to overworked and overwhelmed hospital staff providing subpar healthcare. In order for quality healthcare to be provided, these shortages must be addressed and fixed. Healthcare staffing shortages can have a significant impact on the quality of healthcare delivery. When there are not enough healthcare professionals to provide care, patients may experience longer wait times, reduced access to care, lower quality of care, and increased workload for those who are available, which can lead to burnout and lower job satisfaction (Association of American Medical Colleges, 2021).

Specific ways in which healthcare staffing shortages affect healthcare include reduced access to care: when there are not enough healthcare professionals to meet the demand for care, patients may have to wait longer to see a doctor or may have difficulty finding a healthcare provider who is accepting new patients. Longer wait times can result in delays in diagnosis and treatment, which can lead to worse health outcomes. Overworked staff resulting from shortages: when there are not enough healthcare professionals to meet the demand for care, existing staff may be overworked and have to work longer hours or take on additional responsibilities (Association of American Medical Colleges, 2021). This extra work can lead to burnout and an increased risk of medical errors. Staffing shortages also created increased costs: healthcare providers may have to pay more to recruit and retain staff, which can lead to higher healthcare costs for patients. Finally, staffing shortages cause a reduced quality of care: overworked healthcare providers or understaffed care units, reduce the quality of care may suffer. Patients may receive suboptimal care, and there may be an increased risk for medical errors.

Overall, healthcare staffing shortages can have a significant impact on the quality of care that patients receive (Association of American Medical Colleges, 2021). The shortage of healthcare providers can also lead to a decrease in the quality of care provided. For example, healthcare providers may be rushed and not able to spend as much time with each patient, which can lead to mistakes and a lack of thoroughness in diagnosis and treatment. In addition, when there are not enough healthcare providers, patients may not be

able to see a specialist or receive specialized care, which can lead to delays in diagnosis and treatment. The healthcare staffing shortage can be caused by several factors, including an aging workforce, high rates of burnout and turnover, and a lack of resources for training and education. The shortage can be particularly acute in rural and underserved areas, where there are often fewer healthcare providers and fewer resources to attract and retain them. Addressing the healthcare staffing shortage is critical for ensuring that patients receive high-quality healthcare. Addressing staffing shortages will require a multifaceted approach, including increasing the number of healthcare professionals, improving working conditions for existing staff, and exploring new models of care delivery that make better use of existing resources. This may include investing in training and education programs, increasing pay and benefits for healthcare providers, and developing strategies to attract and retain healthcare providers in underserved areas.

Access to Public Insurance Coverage can Lead to Discrimination and Prolonged Wait

While access to some coverage is better than access to none, the short fallings of public insurance at times outweigh the benefits. The most notable public insurance in the US is Medicaid. Policy changes such as the Affordable Care Act have opened the door for public insurance and granted access to more in need. As stated in the “Barriers to Care and Health Care Utilization among the Publicly Insured” by Elizabeth Allen (et al. 2017, page 2), “The Patient Protection and Affordable Care Act (ACA) seeks to improve healthcare quality and expand access to health insurance by expanding Medicaid coverage. As a result of its implementation, 17.6 million uninsured individuals gained health insurance between October 2013 and March 2015.”

However, according to recipients of these programs, prejudice, and judgment were often received when using the benefits of these government-provided programs which created an unwillingness to visit healthcare facilities. Allen also writes that “29% of the study population delayed seeking needed medical care in the past year, 14% had foregone needed medical care, and 24% had not received any preventive care in the past year” (Allen, et al. 2017, page 5). Frequent discrimination was named as one of the main reasons behind delayed or foregone care. Allen expands to say, “Similar studies report a relationship between discrimination and unmet health needs where the number of experiences with discrimination is positively associated with a greater odds of delay in seeking medical care” (Allen, et al. 2017, page 7). It was identified that among those who reported frequent discrimination, 31% reported going without preventive care that year.

In addition, those who receive public healthcare coverage face a multitude of barriers when attempting to receive care. These barriers include transportation, wait time in physician’s offices, and getting an appointment compared to those with private insurance. Lack of transportation is found to be associated with delayed care (Allen, et al. 2017, page 7). The findings from the study *Barriers to Care and Healthcare Utilization among the Publicly Insured* connect these access barriers with both delayed and foregone care showing that even small access problems can make it difficult to meet healthcare needs.

There are multiple barriers to accessing barrier and having insurance may mitigate but not eliminate access problems. In this case, having public insurance as opposed to no

insurance did not eliminate the accessibility problems; it just reformed them. Interventions targeting these barriers, with an emphasis on systemic barriers, may improve healthcare access and therefore improve population health. Reducing disparities in accessing needed healthcare services for underserved populations will likely require multiple-level strategies.

Citizenship Status Prevents Access to Public Resources

In a recent study, policymakers in Connecticut considered various state-funded policy options to improve insurance coverage among undocumented and legally present immigrants in the state (Rao, Girosi, Eibner, 2022, page 1). The pressing issue being that almost 60 percent of people placed in either category lacked health insurance (Rao, Girosi, Eibner, 2022, page 1). The lack of insurance for legally present and undocumented immigrants is a trend across the United States. Connecticut policymakers considered removing immigration status from Medicaid eligibility.

With recent national policy reforms such as the ACA the undocumented population in the US was excluded. Legal status stood in the way of millions of US residents being unable to receive healthcare. Connecticut policymakers concluded that “removing immigration status requirements for Medicaid and individual market subsidy eligibility would decrease uninsurance among the undocumented and legally present recent immigrant populations by 32 to 37 percent...” (Rao, Girosi, and Eibner, 2022, page 1). It could also improve available insurance coverage and affordability in Connecticut for this population while not impacting other Connecticut residents (Rao, Girosi, Eibner, 2022, page 1).

Documented and legally present immigrants are unable to obtain Medicaid coverage until 5 years after they have been deemed legally present in the country (Rao, Girosi, Eibner, 2022, page 1). Undocumented immigrants are never eligible. Seven percent of the US population are legally present immigrants, and another 7 percent are undocumented immigrants (American Immigration Council, 2021). In sum, 14 percent of the total US population does not have access to healthcare (American Immigration Council, 2021). Rao, Girosi, and Eibner (2022, page 1) estimate that expanding Medicaid coverage and individual market subsidy eligibility to otherwise-eligible undocumented and legally present recent immigrants would lead to an increase in coverage among these populations by at least 21,000 to 24,000 individuals and movement from ESI and unsubsidized individual market coverage into the new health insurance options (Rao, Girosi, Eibner, 2022, page 1). Overall, expanding Medicaid and individual market subsidy eligibility to individuals who would qualify were it not for their immigration status has promise to improve insurance coverage and affordability in Connecticut for undocumented and legally present recent immigrant populations, while not substantially impacting legal residents.

Physician advocacy plays a crucial role in healthcare. A recent study, “*Why Physicians Should Advocate for Undocumented Immigrants’ Unimpeded Access to Prenatal Care.*” *AMA Journal of Ethics, U.S. National Library of Medicine* by Rachel Fabi (2019, page 1) lays out “why Physicians should advocate for undocumented immigrants’ unimpeded access to prenatal care.” Almost 7% of babies born in the US every year have at least one parent who is an undocumented immigrant (Fabi, 2019, page 1). However, many pregnant undocumented immigrants are ineligible for public insurance covering

prenatal care due to their immigration status. Fabi (2019, page 1) reviews national-level and state-level policies affecting access to prenatal care for members of this population. The study also considers ethical challenges posed by some policies that create obstacles to patients' accessing health care that is universally recommended by professional guidelines (Fabi, 2019, page 1). Undocumented immigrants are also more likely than the US general population to experience complications of labor, which begs the question and concern of why they are not receiving the proper care they need before labor. Fabi's (2019, page 1) study accredits these complications to a lack of prenatal care. Undocumented immigrants are left with very few choices for healthcare that they can afford. This study states that while there are federally qualified health centers where they can seek care on a "sliding-fee scale," access to those centers is dependent on location, transportation, and language barriers so they are essentially not an option for many women.

Policy restriction on insurance coverage for pregnant undocumented immigrants once again poses an ethical obstacle for physicians. They are under an obligation and knowledge to provide full prenatal care, yet politics will not allow them to do that. Fabi (2019, page 4) states "When clinicians are caught between a professional obligation and to provide comprehensive prenatal care to this population and policy restrictions on which services are and are not covered, it can cause significant moral distress", defined by Nancy Berlinger as "an acute feeling of risk to one's own personal and professional integrity that it associated with the perception of powerlessness to prevent some wrong" (Garcini, et al. 2022). The inner feeling that these policy restrictions are inherently unjust because immigration status is the only thing in the way of this population from receiving medical and social services that other pregnant patients are able to receive could sharpen a clinician's feeling of moral distress.

In 2017, the American Medical Association voted to adopt policies to improve the health of immigrants and refugees (Fabi, 2019, page 5). There are many challenges that immigrants face on a daily basis. Being an immigrant in the US is not an easy journey. It is a difficult and challenging feat with new obstacles every day. Racism, prejudice, financial burden, family, documentation, housing, work opportunities, and what we have spoken about: access to healthcare. While all immigrants face these harsh challenges, Latino/a immigrants have been under more extreme regulation and scrutiny in recent years. Despite being a large presence in the U.S., undocumented Latino/a immigrants continue to be disproportionately at risk for health problems and disease. For undocumented Hispanic Americans, getting the needed documentation to have the necessary access to healthcare and subsidized health programs like Medicaid has always been a long struggle. Their immigration status puts undocumented Hispanic Americans in greater, more prolonged exposure to high levels of stress (Galvan, Lill, Garcini, 2021, page 1). This created an increased risk for many diseases and health issues. This prolonged stress is also due to the trauma exposure pre and post-migration, as well as from the constant threat of deportation that has been magnified over recent years as a result of prevalent anti-immigrant actions and rhetoric in the U.S (Galvan, Lill, Garcini, 2021, page 7).

The most recent studies using demographic modeling show that there are about 22.1 million undocumented immigrants in the United States (Galvan, Lill, Garcini, 2021, page 1). Undocumented immigrants face challenges day to day including their living, social, and work environments, having less economic stability, and having restricted access to opportunities. Latino/a immigrants who do not have papers are as stated by Galvin, Lill,

and Garcini (2021, page 1) in *Another Brick in the Wall: Healthcare Access Difficulties and Their Implications for Undocumented Latino/a Immigrants* in the Journal of Immigrant and Minority Health, “ineligible for federally subsidized health insurance programs, tend to hold jobs that do not provide private health insurance, are unable to use safety net services due to fear of deportation and do not generally benefit from legislative efforts that aim to increase healthcare access to health insurance coverage, like the Affordable Care Act.” So, many delay seeking medical care in an attempt to avoid the immense financial cost that comes with health services. In addition, limited English proficiency, difficulty navigating unfamiliar healthcare systems, discrimination, and a general distrust of the US systems adds to the long list of barriers that further restrict this population’s ability to use health services (Galvan, Lill, Garcini, 2021, page 2). Citizenship status can significantly impact access to healthcare in many countries, including the United States. In the U.S. for example, individuals who are not citizens or legal permanent residents may not be eligible for Medicaid, which is a government-funded healthcare program for low-income individuals and families. This means that individuals without citizenship or legal permanent residency may have limited access to healthcare, and they may not be able to afford necessary medical treatments and procedures.

Undocumented immigrants, in particular, may face even greater barriers to accessing healthcare due to their lack of legal status (Galvan, Lill, Garcini, 2021, page 1). Fear of deportation and other legal consequences can deter undocumented individuals from seeking medical care, even if they have serious medical conditions that require treatment. In some cases, undocumented individuals may avoid seeking medical care until their condition becomes so severe that they require emergency room treatment, which is often more expensive and less effective than early intervention. Lack of access to healthcare for non-citizens can also have broader public health implications, as untreated infectious diseases can spread more easily among individuals who do not have access to preventative care and treatment. There are programs that have been created to assist in this battle like “Proyectos Voces” which is a multiphase, cross-sectional study focused on understanding the physical and mental health of undocumented Latino/a immigrants (Galvan, Lill, Garcini, 2021, page 1). However, for these programs to make the lasting and positive effect that they need to, they require assistance and support from the U.S. government.

Conclusion and Analysis

In conclusion, healthcare workers face a range of obstacles in providing quality care to their patients. From lack of insurance coverage to healthcare staffing shortages, these obstacles can have significant impacts on patient health outcomes, patient satisfaction, and healthcare worker burnout. It is essential for governments, healthcare organizations, and stakeholders to work together to address these challenges and improve the healthcare system for both patients and healthcare workers. This can include initiatives such as expanding insurance coverage, increasing funding for healthcare programs and staff, and implementing technology like telehealth to address staffing shortages. With collaboration and commitment, we can work towards a healthcare system that is accessible, affordable, and effective for all. It is essential for governments, healthcare organizations, and stakeholders to work together to address these obstacles and improve the healthcare system's quality for both patients and healthcare workers. By addressing these challenges,

we can create a more equitable and effective healthcare system that provides high-quality care for all individuals. The political and policy ramifications of the lack of access to affordable and quality healthcare, administrative and legal obstacles, and healthcare staffing shortages are significant. In terms of lack of insurance coverage, policies such as the Affordable Care Act in the US have attempted to address this issue, but it remains a challenge in many countries. The lack of insurance coverage puts a strain on healthcare providers and facilities, leading to reduced access to care and increased costs. Healthcare staffing shortages are a significant issue in many countries, and policies must be implemented to address this issue, including increased funding for medical education and incentives to attract and retain healthcare professionals. In addition, governments and healthcare organizations must work together to expand access to telehealth and other technologies that can help address staffing shortages and improve access to care. Overall, political and policy changes are necessary to address the challenges that healthcare workers face in providing quality care to their patients and improve the healthcare system for both patients and healthcare workers.

In conclusion, the lack of insurance coverage for undocumented and legally present immigrants in the United States remains a major challenge in ensuring access to healthcare for this population. The study done in Connecticut in 2022, suggests that expanding Medicaid coverage and individual market subsidy eligibility to these individuals would significantly improve insurance coverage and affordability without substantially impacting legal residents. However, policy restrictions on insurance coverage for pregnant undocumented immigrants pose an ethical obstacle for physicians, who are obligated to provide comprehensive prenatal care but are often unable to do so due to policy restrictions. The challenges faced by immigrants, particularly undocumented Hispanic Americans, extend beyond healthcare and encompass issues such as racism, prejudice, financial burden, and documentation. It is crucial for policymakers to consider the impact of their policies on vulnerable populations and for physicians to advocate for unimpeded access to healthcare for undocumented immigrants.

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