Treating Fear: Steps to Help Your Immigrant Patients

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First, remember your vocation. Caring for patients is the main thing that doctors, nurses and health care professionals do. Navigating the nuances of immigration policy? Not so much. Unfortunately, immigration enforcement has become highly politicized, impeding the ability of healers to effectively treat their patients and to promote their health. Health care professionals need tools to address the social influencers of health related to immigration enforcement.

Discussing immigration often arouses suspicion of a hidden political agenda. However, the duty to care for patients is at the heart of the healer-patient relationship.[1] Health care professionals are trained to set aside personal opinions and reactions to social circumstances in the service of optimizing patient care. Policies and opinions of recognized professional bodies, such as the American Medical Association, support addressing immigration-related barriers to care.[2] We propose actions for clinicians that follow from the values that comprise the identity of the healing professions.

Because Catholic health care institutions espouse a commitment to carry out the healing ministry of Jesus Christ, marginalized and stigmatized patients are a focus of attention. Migrants and refugees are often among the named groups for which Catholics and Catholic institutions must exercise special care because they are politically underrepresented and lack opportunities to make their voices and concerns heard. As Pope John Paul II stated, "The Church in America must be a vigilant advocate, defending against any unjust restriction the natural right of individual persons to move freely within their own nation and from one nation to another. Attention must be called to the rights of migrants and their families and to respect for their human dignity, even in cases of nonlegal immigration."[3]

This recognition of migrants' dignity or worth as rooted in their humanity has a long history that cuts across differences between so-called "liberal" or "conservative" Catholics and is encoded in key documents such as the *Catechism of the Catholic Church*. Pope Francis articulated that the situation of migrants should be seen as on par with "grave" bioethical questions.[4] Of course, these foundational teachings are distilled into Catholic health care's touchstone, the *Ethical and Religious Directives for Catholic Health Care Services* (ERDs).

The ERDs articulate the social mission of Catholic health care to those "whose social condition puts them at the margins of our society … immigrants and refugees."[5] And they remind us that our respect for the worth or dignity of the human person "extends to all persons who are served by Catholic health care."[6] Undermining


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that mission by violating patient privacy or in any way violating the trust of vulnerable patients cannot be tolerated.

> Employees of a Catholic health care institution must respect and uphold the religious mission of the institution and adhere to these Directives. They should maintain professional standards and promote the institution's commitment to human dignity and the common good.[7]

Second, create a culture of safety in the provider-patient relationship. The Trump administration has rescinded guidance that designated hospitals as protected sites, locations where routine immigration enforcement should not take place.[8] For many who are undocumented, the act of seeking care and providing personal information is now an act of courage. Recent reports show that since the beginning of the year, 20% of lawfully present immigrants in the U.S. say they or a family member have limited their participation in activities outside the home due to concerns about drawing attention to immigration status.[9]

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One way many people with immigration-related fears respond to increased immigration enforcement is to avoid health care altogether. In one study, Hispanic patients were less likely to report having a regular care provider or attending preventive visits.[10] These patients were also less likely to present for diabetes care. The implications of this care avoidance can be devastating for individuals, resulting in social and financial losses due to illness going untreated, as well as the loss of early cancer detection and modifiable disease prevention.

For the physicians and providers who see and treat patients, fostering trust and a sense of safety is crucial to ensure patients do not fear accessing the care they need. The principles of trauma-informed care and patient-centered care are useful frameworks for addressing fear among patients of varying immigration status. The key tenets of this approach include open-ended communication, collaborative care approaches, active listening and empathy.

Open-ended communication is essential to ensure patients can guide the visit, express their goals and health concerns, and not feel pressured by the provider's priorities for the visit. Open-ended questions also help frame patients as active agents in sharing their health care story, provide them with a sense of control, and increase the collaborative nature of the visit.[11]

As patients feel a baseline sense of safety, providers can enhance a deeper sense of trust through active listening. This skill can help the provider elicit clues, either verbal or nonverbal, that may signal the larger social and structural factors influencing the patient's health. For example, patients may report a general sense of worry about current events or exhaustion over elements outside of their control. Patients may express worry about a family member or the ability to safely travel to appointments.

Providers may open additional avenues for conversation by normalizing fearful circumstances. For example, a provider might say, "Some of my patients find that current events are causing fear that affects their health. Is that something you have experienced?"

Another helpful strategy is summarizing what has been said to encourage specificity. For example, "You said that the chest pain is worse when you are feeling stressed. Can you tell me anything else about the situations that are particularly stressful for you right now?" These foundational patient-centered techniques can facilitate communication, validate patient concerns and foster safety for patients sharing their stories.

However, providers should also be cautious to avoid retraumatization or probing for details that a patient might be unwilling to share. Active listening can again be used to notice signs of discomfort or pauses in the patient's story, demonstrating hesitancy. These situations warrant a slow and deliberate approach that focuses on the patient's needs. Like all discussions of difficult topics in the health care setting, patients should feel in control and be able to slow or stop conversations at their

discretion.

A provider who demonstrates empathy and communicates nonjudgmentally is more likely to assuage some of the fear brought by immigration status, allowing patients to access the care they need. Patients who do feel comfortable discussing immigration status may disclose varying levels of details of past events or future fears. Providers in primary care relationships may choose to assure patients that they can talk about it again in the future, when the patients are ready.

Third, recognize and address the manifestations of fear. Accessing affordable health insurance is a complex task for most Americans, but even more so for immigrant patients. Undocumented patients face significant barriers because they are not eligible for federally funded programs such as Medicare or coverage through the Affordable Care Act marketplaces. Most private insurance plans require a Social Security number or proof of lawful residency, which undocumented individuals typically cannot provide.

While federal Medicaid is largely off-limits to undocumented individuals, some states — including New York, California and Illinois — have created programs using state funds to fill in gaps, especially for children, those who are pregnant and those with urgent medical needs. However, financial challenges in public insurance have caused programs such as the Illinois Health Benefits for Immigrant Adults to be implemented, paused and then canceled, all in four years.[12]

This rapidly changing landscape of eligibility and the prospect of financial catastrophe that people without health insurance face is at the forefront of patients' decision-making. Turbulent times perpetuate fear and discomfort in seeking care. Beyond fears related to the cost of treatment, many who are undocumented avoid interfacing with public benefit systems simply to avoid disclosing private information that may compromise their safety.

For those patients who do seek health care, it is important for providers to recognize how fear can manifest in the medical encounter. Some patients may ask for expedited or expansive testing that is outside of what is indicated by accepted standards of care. For example, women may ask for early mammograms or scans to "make sure" no serious complications are present. Some patients may also request additional refills of medications needed for diabetes, high blood pressure or other chronic diseases.

These requests stem from the uncertainty of both future insurance coverage and future ability to safely present for care. Patients who request additional services may be mistakenly written off by health care teams as unreasonable, overly anxious or experiencing somatization.

To optimize the health of all patients, providers should seek to understand the patient perspective and provide flexibility. Acknowledging the fear patients are experiencing and calling out the uncertainty of the system can also empower the patient-provider relationship. Helpful statements may include, "We cannot predict whether the policy (access) will change in the future, but I am an advocate for your health and will ensure we make the best decisions for you today."

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Physicians can offer patients flexibility by offering virtual or telephone visits, after-hours health care options, and by providing extra refills of chronic medications between visits if it is safe to do so.

During these periods of legal and political uncertainty, it may be difficult for members of the health care team to project reassurance or calm, particularly when health care providers may have personal concerns about their rights or legal status. Relying on communities of practice focused on justice within a health care team is essential for maintaining strength amid uncertainty.

Fourth, make your clinic a safe and resource-rich environment. Earlier, we provided some ideas on interacting with patients to create a culture of safety in the provider-patient relationship. It is also important that health care professionals draw upon developed resources to make their clinic a safer place for these patients.

One easy-to-use resource to analyze your clinical environment's preparedness for this era of ubiquitous immigration enforcement is the Model Policy developed by the Illinois Alliance for Welcoming Health Care.[13] This outstanding resource can walk you through the needed protocols of a "front door policy" to guide preparation for a potential entry into your facility by U.S. Immigration and Customs Enforcement or other law enforcement officials seeking to perform immigration enforcement. It will also guide you through specific practices regarding the all-important designation of private spaces. If you desire further context on how these practices fit with what other health care facilities have done, we recommend consulting the Doctors for Immigrants' tool kit.[14]

Furthermore, patients need usable information to take control of their situation, including resources and emergency planning materials. The number of outstanding online resources that can help with these tasks is rapidly growing, and it is tempting to provide a long list of links. However, most patients are better served by referral to a small number of useful and reliable resources that will enable them to begin taking action.

The Sanctuary Doctor tool kit was created to provide this information in a succinct, one-stop-shopping kind of way. The website is available in English and Spanish.[15] Convenient two-sided wallet cards with the QR codes to the English and Spanish web pages are available upon request from sanctuarydoctor@luc.edu. This is an easy and unobtrusive way to provide patient access to needed information on finding an immigration lawyer and developing an emergency plan.

While pointing patients toward such resources may seem insignificant, immigrant communities are often preyed upon by opportunists who misrepresent themselves as attorneys and defraud this already vulnerable population. Providing easy access to reliable information is an important way that you can parlay your credibility into patient empowerment.

Above all else, become the healer your patients need. We have focused on basic ways to support immigrant patients. Becoming a maximally effective health care provider for these patients requires some skill development and refinement that can be tailored to your patient population. This requires engagement.

Engage with your relevant professional organizations. For instance, the American Academy of Pediatrics has a Council on Immigrant Child and Family Health, the Society of General Internal Medicine boasts an Immigrant and Refugee Health Interest Group, and the American Society for Bioethics and Humanities has an active Immigration Affinity Group. The American Medical Association regularly issues policy statements regarding the humane care of immigrant patients.

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Such communities foster values formation and provide information regarding current developments and patient needs. Similarly, keeping abreast of advocacy information that is posted by CHA can secure and build your foundational knowledge.[16]

Engage with relevant community organizations. Such networks can enhance your ability to support your patients significantly. For instance, while the legal resources section of the Sanctuary Doctor tool kit can assist your patients in finding qualified representation in your area, networking with local immigration advocacy organizations often results in knowledge of nearby legal services available to low-income clients on a pro bono or sliding scale basis. Similarly, such organizations can provide services and workshops that empower your patients. Contact with such groups can also enhance your understanding of the concerns your patients are facing.

In closing, we hope that you will find this information useful and helpful in supporting your

patients. Do not be overwhelmed by concerns about being inadequate for the task or not yet having the knowledge and skills you believe are optimal. As with most aspects of clinical practice, assistance is all around you, and you will quickly come to see how valuable your efforts are. Most importantly, your patients will respond to your care and reward you with trust. And, of course, in a trusting relationship, your patients will also become your teachers.

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NOTES

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