Structural violence and simplified paternalistic ideas of patient empowerment decreases health care access, quality & outcome for ethnic minority patients

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Increasing complexity of health care organization, rapid hyperspecialization of medical care, lack of ‘patient literacy’ and pressure on patients to take over responsibility, challenges political dreams of equal access to patient centered high quality secure care.

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Lessons learnt

- Hyperspecialized hospital care and time constraints shifts responsibility for coherent patient care to patients and their relatives which introduces a selective hidden inequity for ethnic minority patients
- Low patient literacy among health professionals leads to hidden inequities in information, follow-up and possibility for patient empowerment
- Hyperspecialization of hospital care, mechanistic ideas of patient centered care & faint ideas of patient literacy threaten to increase inequity in access and outcome for ethnic minority patients
- Individuals belonging to ethnic minorities become less literate, lose language skills and quickly develop decision fatigue in case of illness while their networks become less useful, challenging modern principles for patient centered care
- Imperfect models of patient empowerment, incapacitation and intrinsic structural violence in health care threaten equity in health and patient safety
- Models of individualized doctor-patient clinical co-production, methods for decision support should be developed
- Health professionals should improve their patient literacy (patient knowledge)

Description of the problem

In a continuous effort to identify in-hospital barriers to equal care we conducted qualitative analysis of selected patients with complex somatic conditions investigated in multiple hospital departments. The patient cases analysis was conducted in real-time and indicates synergistic barriers to equity in hospital care for ethnic minority patients.