

Bioethics Commentary: Duty to Rescue

I was raised speaking mandarin. My parents and grandparents are immigrants. But my brothers and I are the first-generation of the family to be naturalized citizens of the United States. I learned enough English from my teachers and friends from primary school to drown my native tongue. Now, I can barely hold a conversation with my grandma, who cannot speak English except for the most conversational necessities. I remember the years she spent trying to practice enough English to pass her citizenship test. I saw her come home from Adult language classes only to sit back down at the kitchen table to do her homework. I saw her flip through the dictionary for hours because for every sentence she read, there were at least two words she needed to look up. I saw her resilience shine through every English word we spoke together.

When Dr. Rodriguez opened his lecture with the song “Immigrants (We Get the Job Done)” from the Hamilton Mixtape, I thought of my grandmother, whose resilience inspired me, especially because I am a pre-med student. As an aspiring doctor who comes from a family of immigrants, I believe everyone, regardless of their immigration status, has a human right to health. The World Health Organization (WHO) states in their constitution of 1948 that everyone has the right to attain the highest standard of physical and mental health, including migrants and refugees. But to what extent is common humanity in citizens and noncitizens a good justification for equal access and opportunity to attain health care? What Dr. Rodriguez said stood out to me. He said, “disease knows no borders.” Doctors have a duty to give care because the disease could put others at risk. Acknowledging someone’s humanity addresses someone’s health care needs rather than who they are. I clarified this point with Dr. Gonzales in our interview. She said that no doctor should have to decide who to care for based on immigration status. However, if giving care is dependent on the finite availability of resources to respond to health needs, then the focus of health care systems should shift to preventative care. Many people say the U.S. does not have a healthcare system, but rather it has a “sick care” system, which means that institutions do not respond to health needs until people become ill. Sometimes people do not seek help early enough because of poverty or language barriers. Many migrants or undocumented immigrants, specifically, do not seek help because of the fear of exposing their citizenship status.

Health policy makers need to find a better system to implement that does not postpone nor deny care for its citizens and extends care to those who are migrants or undocumented. In order to convince health care policymakers to address that access to health is a human and universal right for everyone, we need to revolutionize our social values to be based on the prioritization of health care.