Flourishing: migration and health in social context

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ABSTRACT

Health and the capacity to flourish are deeply intertwined. For members of vulnerable migrant groups, systemic inequalities and structural forms of marginalisation and exclusion create health risks, impede access to needed care and interfere with the ability to achieve one’s full potential. Migrants often have limited access to healthcare, and they frequently are portrayed as less deserving than others of the resources needed to lead a healthy and flourishing life. Under these circumstances, clinicians, healthcare institutions and global health organisations have a moral and ethical obligation to consider the role they can—and do—play in either advancing or impeding migrants’ health and their capacity to flourish. Drawing on case studies from three world regions, we propose concrete steps clinicians and health institutions can take in order to better serve migrant patients. These include recommendations that can help improve understanding of the complex circumstances of migrants’ lives, strengthen collaboration between care providers and non-medical partners and transform the social, economic and structural circumstances that impede flourishing and harm health. Developing new strategies to promote the flourishing of precarious migrants can strengthen our collective ability to re-envision and redesign health systems and structures to value the health, dignity and bodily integrity of all patients—especially the most vulnerable—and to promote flourishing for all.

INTRODUCTION

How are human health and human flourishing inter-related? What role can clinicians and healthcare institutions play in a healthy and flourishing life? What obligations do healthcare providers, clinics and hospitals, health-focused non-governmental organisations (NGOs) and global health organisations hold towards unauthorised migrants, asylum seekers, refugees and other vulnerable migrant groups?

Drawing on our experience as a group of social scientists and clinicians who have worked with precarious migrants in and from Asia, Africa, Europe, North America and the Middle East, we know that even under the best of circumstances, many migrants have difficulty being seen, heard and recognised by healthcare providers as full human beings whose lives involve more than just their migratory status. As the COVID-19 pandemic has only made clearer, migrants’ health often is treated as less deserving of attention and investment than other groups, and migrants with precarious status often are shunted away systematically from mainstream systems of care and coverage. When care is accessible, barriers of language, education, socioeconomic status, racialised identity, culture and religion can impede patient-provider...
Flourishing

We define the pursuit of flourishing as an active process of striving to live in keeping with one’s defining values, commitments and vision for the future, as individuals and in the context of one’s family and the communities to which one belongs. Definitions of flourishing vary, but most build from Aristotle’s notion of eudaimonia, variously translated as ‘flourishing’ or ‘a good life’.

Flourishing is not simply a psychological state, but an active pursuit informed by cultural expectations and social relationships, and influenced by the social, political and economic structures that shape people’s lives.

Flourishing differs from resilience, which involves the capacity to bounce back from, or function despite, adversity. It also differs from well-being, although the two are sometimes used interchangeably.

Unlike resilience and well-being, flourishing is not a state or condition, but a dynamic, ongoing pursuit. Since it means different things to different people in different communities and cultural settings, flourishing cannot be defined in universal terms.

For migrants, the pursuit of flourishing often extends beyond national and continental borders.

Definition box

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Case 1. Mr S: When health is not enough

One summer evening, Mr S appeared at a non-governmental organisation (NGO)-run clinic in Tel Aviv requesting the impossible. He and his fiancée, Ms R, both undocumented migrants from Ghana, were determined to marry in a Catholic ceremony. But before a wedding date could be set, the local parish required several documents, including a doctor’s letter attesting that neither had HIV. Yet, both Mr S and Ms R had recently been diagnosed with HIV and were receiving antiretroviral (ARV) treatment via another local NGO. On that clinic visit, Mr S laid bare his dilemma. He was desperate to marry his bride. But he was just as desperate to keep their secret. If people found out they had HIV, he explained, ‘we would be cut off from the community. I would die first’—he noted, at his own hand, if need be.

Physically, Mr S’s health was much improved. But emotionally, he was in dire straits. Simply surviving was no longer enough. Now, he and Ms R wanted to flourish—to live in keeping with values and life commitments ‘so deep’ that they ‘would not know themselves without them’. For Mr S, this included commitments to his bride, his community, his reputation and his faith by marrying in a Catholic ceremony.

In Mr S’s case, the potential dangers of HIV-related stigma were profound. His threats of suicide were genuine. Yet, a reasonable solution was fully in reach. With discretion, a clinic volunteer reached out to a parish priest who was sympathetic to the couple’s concerns and arranged a private meeting to discuss their predicament. At the meeting, the priest received assurances from Mr S and Ms R that each was fully informed of the other’s health status and that they shared a hope to have healthy children, which would be medically possible with appropriate ARV treatment and NGO support. Satisfied by their discreet conversation, the priest authorised their wedding and agreed to keep their health status in confidence. The celebration was a joyous one—a vital step in the bride and groom’s pursuit of a flourishing life.
MIGRATION AND HEALTH IN SOCIAL CONTEXT

The relationship between flourishing and health is a fast-growing area of interest. Researchers in medicine,22 nursing,23 24 bioethics,17 25 and public health14 26 agree that the ability or inability to flourish has important implications for health. Our experience studying and working for migrant health in diverse settings supports this view, while also foregrounding five vital concerns.

First, the capacity to flourish depends on having one’s basic material and psychosocial needs met. Migrants often face adversities that co-occur and interact, including poor housing,6 low pay and precarious work6 and unemployment,6 27 28 and discrimination,29 30 social, political, financial and structural constraints.10 27 28 Yet, Ms A’s condition did not improve. Instead, she grew disillusioned with the German medical landscape and her clinicians’ inability to treat what she described as her ‘psychological problems’ (psychische Probleme) and ‘suffering of the soul’ (seelisches Leid).

It was not until Ms A became involved with a Sufi Muslim community that she was able to begin healing. In Berlin, this Turkish-German community centre provided community support, including care, through Sufi healing practices.51 The centre was a welcoming space, created for and by Muslim migrants, that supported her individual pursuit of flourishing in an affirmative, non-discriminatory setting and familiar idiom. In this safe community space, Ms A found an alternative set of healing practices, grounded in Sufi tradition, that she described affirmingly as ‘spiritual psychiatry’.50 Eventually, she gave up both medication and Gesprächstherapie. Through involvement in a community that acknowledged and responded to her emotional and spiritual needs, Ms A finally was able to shift her perception in ways that improved her mental health and helped her flourish.

Second, flourishing is not just a psychological state of ‘optimal mental health’.31 32 Rather, as both Mr S (Box 1) and Ms A’s stories (Box 2) make clear, people’s pursuits of flourishing involve deeper, longer term existential goals that can intersect with—and often extend far beyond—what transpires in clinical encounters. These pursuits may be influenced by sociocultural or religious expectations and by others in migrants’ lives, including close friends and relatives, and by the larger (local and transnational) communities to which they belong.25 28 30

Third, flourishing cannot be defined in universal terms. Understandings of a ‘good life’ vary widely not just across social, political, cultural and religious settings, but even among people who might, from a demographic standpoint, appear to have much in common. In short, scales and metrics designed to measure flourishing31–33 either independently or in relation to health, must be employed with caution. The same holds true for efforts to bring flourishing measures into the clinic.22 As Mr S’s story (Box 1) underscores, adequate medical treatment alone may not, on its own, be enough to help a patient flourish.

Fourth, community solidarity, communal support and forms of collective action can be powerful tools for promoting migrants’ capacity to flourish. As Ms J’s story (Box 3) makes clear, mechanisms of community solidarity and support, formal and informal, can strengthen migrants’ efforts to make healthy choices, access needed care, adhere to medical guidance—and demand action when access to care, or to the social determinants of good health, is constrained or curtailed. On a broader level, collective efforts to understand and confront the ‘social dynamics that affect population health’—or ‘the social determination of health’34—can advance migrants’ collective flourishing in ways that clinicians can and should support.

Finally, migrants’ pursuits of a flourishing life may come in tension, or even conflict, with the values and priorities of healthcare providers and health institutions (Box 2). These tensions can create clinical dilemmas and...
treatment challenges, especially when migrants’ priorities appear to run counter to those of clinicians, healthcare institutions or global health organisations—or to migrants’ own well-being.35

For instance, clinicians tend to assume that health issues are a top priority for their patients. After all, health concerns precipitate clinical encounters in the first place. As both Mr S and Ms A’s stories illustrate, however, health considerations may not take precedence, or appear to take precedence, in precisely the ways that clinicians expect. Health issues can be deeply entwined with other challenges migrants confront as they struggle to lead stable, secure and flourishing lives. Mr S’s case, for instance, shows how supporting migrant patients may require a holistic and expansive view of what flourishing entails—and a correspondingly flexible model of clinical care that includes liaising with unconventional partners.

If Mr S’s case results in success, Ms A’s tells a very different story—a story of how medicine can fail migrant patients. Her experience raises important questions about how such failures might be anticipated and avoided. Both cases point to ways in which clinicians and healthcare institutions can partner with non-clinical and community-based systems of solidarity and care to support migrants’ flourishing while also promoting their health.

Healing and flourishing are intertwined, and both have collective as well as individual dimensions—especially for migrants who have experienced trauma, as Ms J’s story makes clear. For individuals and communities to flourish after suffering extraordinary trauma, clinical intervention may be vital but insufficient on its own. Emotional wounds are invisible, and recovery requires feeling secure, heard and supported as individuals and as part of a larger community. Women-friendly spaces like Shanti khana, which attend to both physical harms and collective trauma, can help migrants pursue opportunities to heal, recover and flourish—both individually and collectively.

FLOURISHING: IMPLICATIONS FOR GLOBAL HEALTH

CLINICIANS, SYSTEMS AND POLICIES

These insights have implications for clinical care, clinical training and health policy and planning. When migrants are consigned to positions of structural vulnerability that endanger their health and limit their ability to access healthcare, and when they are portrayed as less deserving than others of the resources needed to achieve their full potential, health stakeholders have a moral and ethical obligation to look, and think, beyond the confines of the clinical encounter.

Clinicians and healthcare institutions can bolster migrant patients’ opportunities to flourish in multiple ways.

► **Clinicians, clinicians in training and others employed in health settings and health organisations should be trained in structural competency and cultural humility.**36 37 With these tools in hand, providers and health institutions can better recognise how laws and policies, power dynamics, material needs and sociocultural and religious obligations can influence clinical encounters and health trajectories. As a result, they will be better equipped to confront obstacles to flourishing and health that stem from language and sociocultural differences, bureaucracy, discrimination and poverty.

► **Healthcare providers must learn to recognise that flourishing means different things to different people in different communities—and ask questions that can help them understand and work to meet their patients’ needs.** This means taking time to understand why migrant patients’ needs or concerns may diverge from routine clinical care, and to consider with an open mind why patients may be unable or unwilling to meet clinicians’ expectations or follow recommendations.

► **On a related note, healthcare providers and institutions must develop the skills and infrastructure needed for effective partnership and collaboration between care providers and non-medical organisations and institutions—including stakeholders in law, public health and human rights.**38 Clinical interventions alone will not promote flourishing—or health—among migrant patients. But clinicians can develop new modes of ‘prescribing’—for instance, by using integrative healing strategies in the same way some primary care clinicians prescribe food, and some paediatricians prescribe books or reading.39–41 They can partner with rights organisations to document abuses that harm migrants’ health, violate their rights and diminish their capacity to realise their full potential. Legal–medical partnerships can help confront upstream obstacles to flourishing and health by calling attention to root causes and political determinants.42 Finally, integrative care models that work across medical, legal, social, cultural and/or religious sectors (eg, women-friendly spaces, self-care interventions based on a logic of ‘expert-patients’,43 approaches to ‘syndemic care’44) can serve as useful models.

► **Health professionals and healthcare organisations can work to transform social, economic and structural circumstances that impede flourishing and harm health—for migrants and for other vulnerable patients and communities.** Clinicians can use their social position to engage in collective organising to support vulnerable migrant groups and others who have been ignored or harmed by the determining impact of social, political and economic circumstances. Both within their institutions and in broader public and policy conversations, care providers and healthcare institutions can insist on naming, documenting and tackling health inequities that simultaneously harm their patients’ health and curtail their capacity to shape their futures and realise their full potential. Avenues of action include professional associations, NGOs like ‘Physicians for Human Rights-Israel’,45 networks like ‘Mediburo Berlin’ in Germany46 and movements like ‘White Coats for Black Lives’ in the USA.47

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Vulnerable migrants face multiple forms of adversity, discrimination and hardship, and many struggle long and hard just to arrive at the clinic door. Yet, migrants, like members of other minoritised and vulnerable groups, are not simply passive victims of their social, economic or political positions. Ultimately, health care providers can foster migrant patients’ pursuits of flourishing by recognising them as unique, complex individuals whose defining values, commitments and visions for the future are as significant, and deeply felt, as providers’ own—and, moreover, who are equally deserving of health-related attention, investment and care.

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