



SWEDEN

Presented at the WPA XVII World Congress of Psychiatry
Berlin, October 8-12 2017.

Reactions of Swedish Doctors to Working with Undocumented Migrants and Asylum Seekers in Hiding

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Conclusion

Providing healthcare to people who have a history of major trauma and who are now facing the threat of deportation is challenging but potentially deeply rewarding. Doctors who work in this field are usually driven to try and help, to maintain their professional independence and to remain in control of the situation. However, they also risk stretching themselves beyond their level of competence.

Background and Aims

Undocumented migrants have no automatic right to medical care. In response to this, volunteer clinics have been springing up all over Europe. In Sweden, government provisions have now begun to improve although current political trends also put these developments at risk. This study therefore aimed to analyse how Swedish volunteer doctors manage and experience this kind of work.

Methods

16 doctors from 7 Swedish volunteer clinics were interviewed. Firstly, they were invited to respond to the following introductory question "How have you experienced your work with undocumented migrants and asylum seekers who are in hiding". The research process and analysis has followed the grounded theory tradition.



Josef Rolletschek. Die Vertriebenen – The Displaced Persons. 1899. Deutsches Historisches Museum, Berlin. Public Domain

Challenges doctors reported

The patients are poor, are threatened with deportation and have often had traumatic experiences.

Results

Rewards reported by doctors

- Meeting resilient and brave people (migrants) from various cultural backgrounds.
- Feeling grateful for the opportunity one had to receive a medical education.
- Feeling proud to belong to a broad professional network.
- Enjoying a spirit of community with colleagues, psychologists, nurses, social workers, interpreters and other volunteers.
- Enjoying the freedom from economic considerations that volunteer work enables.

Examples of specific difficulties cited

- Having to engage with investigations and treatments in which one lacks specialization.
- Working with untrained translators.
- Dispensing psychotropic drugs instead of utilizing evidence-based psychological treatments that exist for people with depression, anxiety and traumatic stress disorders.
- Exposing patients to the stress of repeatedly having to meet new doctors rather than having a single contact.
- Having to simplify complex psychiatric assessments in writing to suit the level of knowledge of immigration officers.

The doctors' reactions revealed the combination of factors noted above: a desire to help, to maintain one's professional independence and retain control over the situation but also the feeling of being stretched beyond one's own level of competence.

	Impulse to help	Retaining professional independence
Stretching oneself beyond one's level of competence	Confusion and dissatisfaction with oneself.	Feel inadequate and afraid of making mistakes.
In control of the situation	Stressed, tired. Constantly busy.	Triage of patients using available resources.

The tensions between medical humanitarian aid and political activism are yet to be analysed.



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