Introduction

The notion of patients’ rights is based on the Universal Declaration of Human Rights, which recognizes inherent human dignity and the equal and unalienable rights of all members of the human family to be universally protected irrespective of race, color, gender, language, religion, political or other opinion, national or social origin, property, birth, or other status. These fundamental human rights become particularly important to seriously ill patients as they are vulnerable due to the limitations imposed by their illness(es). Efforts to improve access to high-quality end-of-life care for all dying persons elude the most vulnerable populations, including the 11 million unauthorized immigrants presently living within the U.S. In this article, we provide a brief overview of immigrants and describe the current state of unauthorized immigrants in the U.S. based on the limited data available and discuss the authors’ clinical experiences in caring for them at the end of life.

Preferred Terms of Usage

The terms “undocumented immigrants” and “unauthorized immigrants” are often used interchangeably to refer to the foreign nationals who reside in a country illegally. Terms such as “illegal alien” and “illegal immigrant” are thought to be pejorative and best avoided. The preferred phrase is “unauthorized immigrants,” the legal term used by the U.S. government to describe this population and will be used in this article.

Overview of Immigration to the U.S.

Throughout the history of this country, economic disparities and political pressures have been the primary reasons for immigration. In caring for immigrants with serious illnesses, it is important for clinicians to have a better understanding of their visa status as this greatly impacts their health and access to health care.

Immigrant Patients Generally Fall Into Three Broad Categories:

1) Lawful immigrant patients: Generally, a citizen of a foreign country who wishes to enter the U.S. must first obtain a visa: a nonimmigrant visa for temporary stay or an immigrant visa for permanent residence. Visitor visas are for nonimmigrants, who want to enter the U.S. temporarily for business (Visa Category B-1); tourism, pleasure, or visiting (Visa Category B-2); or a combination of both purposes (B-1/B-2). Others, including those who immigrated to be reunited with their family members currently living in the U.S., are granted lawful permanent residence. As these immigrants have legal status, they can purchase health insurance. Those with a work visa may have health insurance through their employers. Patients’ ability to access quality end-of-life care will depend on the nature of their health insurance. New immigrant older adults are not eligible for Medicare. Immigrants who have a permanent resident visa, have lived in the U.S. for five years, and are ≥65 years can purchase Medicare. Those who are aged ≥65 years and have worked for 40 quarters (10 years) in the U.S. are eligible for Medicare Part A through the 1996 Welfare Reform Act. Lawful immigrants can become unauthorized immigrants if they allow their visas to expire.

2) Patients who are refugees: Persons seeking asylum in the U.S. have to apply to the U.S. Refugee Admissions Program for a visa. A person applying for the U.S. Refugee Admissions Program must be located outside the U.S., be of special humanitarian concern to the U.S., and demonstrate that they were persecuted or
fear persecution due to race, religion, nationality, political opinion, or membership in a particular social group. Unaccompanied alien children apprehended by the Department of Homeland Security immigration officials are transferred to the care and custody of the Office of Refugee Resettlement. The Office of Refugee Resettlement places an unaccompanied child in the least restrictive setting that is in the best interests of the child, taking into consideration danger to self, danger to the community, and risk of flight. Refugees’ health screening programs, clinical resources, and access to health care vary among states. Only some refugees are eligible for Medicaid or the Children’s Health Insurance Program, which is available for several years. Many refugees get limited short-term health insurance called Refugee Medical Assistance.

3) Unauthorized immigrant patients: The U.S. Department of Homeland Security defines the U.S. unauthorized resident immigrant population as “all foreign-born noncitizens living in the U.S. who are not legal residents.” More specifically, this consists of “the remainder or residual after the legally resident foreign-born population—legal permanent residents, naturalized citizens, asylees, refugees, and nonimmigrants—is subtracted from the total foreign-born population.” Unauthorized immigrants are those who entered the country without the knowledge of the U.S. Immigration and Customs Enforcement or were initially admitted on a temporary visa (e.g., visitor visa) and stayed past its expiration date. Although these unauthorized immigrants violate the U.S. immigration laws, the aspects of the U.S. Constitution that safeguard basic human rights apply to everyone residing on American soil, including this population. Unauthorized immigrants are not currently eligible for insurance coverage under the Affordable Care Act. As this population grows older, they will likely live with and die of one or more chronic illnesses.

Countries of Origin and Scope of Unauthorized Immigration

In 2012, unauthorized immigrants accounted for approximately 3.4% of the total U.S. population, constituting 26% of the nation’s 42.5 million foreign-born residents. Most unauthorized immigrants have lived in the U.S. for years. In 2014, unauthorized immigrant adults had lived in the U.S. for a median of 13.6 years. About 78% of unauthorized immigrants emigrated from neighboring North American countries, such as Canada, Mexico, the Caribbean, and Central America. Hispanics represent the largest ethnic minority group in the U.S. An estimated 5.6 million Mexican unauthorized immigrants currently live in the U.S.

In 2014, unauthorized immigrants comprised 5.1% (8 million) of the total U.S. civilian workforce. In 2007, the median unauthorized immigrants household income was $36,000, well less than the $50,000 median household income for native-born U.S. residents. Previous studies have reported that 20% of adult unauthorized immigrants live below the U.S. federal poverty line, compared to only 13% of documented immigrants and 10% of native-born citizens.

In contrast to other immigrants, unauthorized immigrants do not attain markedly higher incomes the longer they live in the U.S. When stricken with illness that results in a deteriorating functional decline, this financial hardship may be further intensified in unauthorized immigrant patients who are no longer able to work to generate revenue or afford the “fee for service” for health expenses. The social support networks for unauthorized immigrants are often tenuous as many of their close family members and relatives may still reside in their country of origin.

Causes of Morbidity and Mortality in U.S. Unauthorized Immigrants

Data on unauthorized immigrants are not readily available, making them a largely invisible population. Owing to their unsafe living conditions, occupational hazards, lack of access to routine health care, and scarceness of a social and financial support system, we hypothesize that unauthorized immigrants in this country are likely to die younger compared to the rest of the U.S. population. Based on our collective clinical experience, we identify three common patterns of dying among unauthorized immigrant populations (Table 1). Many unauthorized immigrants die during the grueling journey from their home country to the U.S. On arriving here, unauthorized immigrants tend to work menial, minimum-wages jobs in extreme conditions where death due to exposure and other accidental causes is common. Unauthorized immigrants are also at greater risk of dying due to the consequences of undiagnosed and untreated chronic diseases such as diabetes, cancer, and heart failure. According to the American Cancer Society, since 2009, cancer has remained the leading cause of death for U.S. Hispanics—the nation’s largest group of unauthorized immigrants—although it is second to heart disease, which is the overall leading cause of death in our country.

Unauthorized immigrants may be unaware of the need for accessing health care services or unable to overcome the barriers to gaining access to such care. Although some unauthorized immigrants do receive
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