

# Allergy Refugees: Should They Stay or Should They Go?

## ÉTUDE DE CAS / CASE STUDY

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### Résumé

Les allergies sévères à l'égard de substances courantes et généralement bénignes posent un défi croissant pour la santé des populations dans le monde entier. Bien que l'incidence des maladies allergiques ait augmenté à un rythme alarmant, les efforts pour s'assurer que les personnes souffrant d'allergies aient accès à des traitements antiallergiques adéquats sont loin d'être universelle. Les inégalités mondiales concernant l'accès aux médicaments antiallergiques essentiels le démontrent. Les ramifications dues à ces inégalités sont larges et nombreuses. Cette étude de cas montre que les inégalités mondiales dans l'approvisionnement de médicaments antiallergiques sont pertinentes dans un contexte particulier, celui des demandeurs d'asile.

### Mots clés

allergie, les réfugiés, les médicaments essentiels, la santé publique, l'éthique

### Summary

Severe allergies towards common and typically benign substances pose a growing challenge to population health around the globe. While the incidence of allergic disease has expanded at an alarming rate, efforts to ensure that allergy sufferers have access to adequate allergy treatments are far from universal; global inequalities in access to essential allergy medications are demonstrative of this fact. The ramifications due to these inequalities are broad and numerous. This case study shows that global inequalities in the provision of allergy drugs are pertinent to one particular context involving refugee claimants.

### Keywords

allergy, refugee, essential medicines, public health, ethics

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### Conflicts of Interest

Behrmann is an editor at *BioéthiqueOnline*.

*The following case study is a fictional account inspired by an actual legal proceeding (1,2).*

## Introduction

Upon arriving to work one morning, a public health official receives an unexpected email request from the national refugee board. This request concerns the legitimacy of a claim for refugee status based on arguments of severe food allergies. The board seeks an expert opinion from the public health official to determine whether the claimants should be deported or not.

The claimants, a family with young children that are severely allergic to peanuts, recently appealed a deportation order at a superior court. The family argued that, due to the absence of epinephrine auto-injectors (EpiPen®) in their home country, the lives of their children would be at risk. The judge

agreed, stating that immediate deportation of the family would likely do irreparable harm to the children. The family will now undergo a review to determine whether they should be considered as refugees legally entitled to remain in the country.

Does this family merit refugee status on the basis of severe food allergies? The public health official determined that it would be helpful to ascertain the legitimacy of this claim by assessing the ethical implications of allergic disease and global access to essential medicines.

## Case analysis

### **The need for – and access to – essential medicines is a question of justice**

One-third of the world population does not currently have access to essential drugs (3), which severely impairs population health worldwide. The existence of, but often-limited access to, these essential medicines thus constitutes an important ethical issue regarding unjust global health inequalities.

The World Health Organisation (WHO) defines essential drugs as those that address the priority health needs of the population. Epinephrine and other anti-allergics are included in the WHO List of Essential Medicines (4). It is thus clear that, according to international standards, treatment for severe allergy constitutes a primary need for individuals with this acute, chronic ailment. A refusal from the refugee board could therefore be considered to actively exacerbate pre-existent global health inequalities (or at the very least, uphold what is arguably an unacceptable '*status quo*'). Questions abound as to whether a government institution ought to abide by international standards in health promotion, which would actively reduce rather than promote or uphold global injustice.

### **Beneficence and fairness require that 'like' cases be treated 'alike'**

Refugee claims on the basis of medical need are often met with unease due to the possibility that acceptance of one refugee based on a given health status will set a precedent and necessitate admission of other refugee claimants with similar health conditions. However, simply refusing refugee status due to a medical need *as a means to* avoid other refugees seems ethically indefensible on its own. The public health official then assessed whether comparisons with immigration laws might help provide further guidance in this situation involving refugee claimants<sup>1</sup>. Individuals afflicted by transmissible diseases that may cause harm to the host population (e.g., tuberculosis) or necessitate an excessive demand for healthcare services in the host nation (e.g., HIV) are typically declared inadmissible for permanent residency obtained through conventional immigration application processes (5). Do acute chronic conditions, such as severe food allergies, differ from the above medical criteria and reinforce the legitimacy of refugee claims due to allergy?

Allergy is arguably distinct from the above medical conditions. For one, there is no short or long-term threat to the national population in accepting allergy refugees *or* immigrants seeking permanent residency since allergy is not transmissible; and, the treatment in question, epinephrine, is relatively inexpensive, the costs of which will likely be paid by the family and not a public healthcare provider. Therefore, severe food sensitivities are unlike other medical criteria that typically prevent permanent residency status, and therefore these criteria, if extrapolated to this context involving refugees, offer no grounds to question the legitimacy of the medical needs expressed by these refugee claimants. Yet, allowing this family to stay may indeed set a precedent for future refugee applicants, a fact made particularly pertinent in light of a rapidly growing population of allergy sufferers around the globe.

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<sup>1</sup> Indeed, refugee claimants are *not* equivalent to immigrants applying for permanent residency (i.e., laws regarding refugees are typically distinct to those regarding immigrants). The main point here is that comparisons between contexts (immigrants versus refugees) may help provide guidance in this situation or highlight issues important to the current analysis.

## Duty to protect vulnerable populations; allergic children are no exception

Because this case relates to child refugees, there is arguably a moral obligation to accept this refugee claim based on a duty to protect vulnerable populations. It is unreasonable to assume that children ought to be largely responsible in managing their health and sufficiently vigilant towards avoiding threats to their well-being. Children, thus, benefit from a particular status that requires that their health needs be considered of utmost importance (6).

Facts concerning severe food allergies exacerbate this vulnerability. First, young children might not have the ability to adequately explain their allergic condition, which increases their risk of inadvertent exposure to food allergens (e.g., birthday cake at a friend's party). Similarly, children have diminished capacities to read food labels appropriately in order to assess the allergen content in processed foods, such as candy.

Upon considering the information provided by the public health official, the refugee board agreed that the absence of the essential medication in the home country was unjust and exacerbated the children's vulnerability and likelihood of experiencing a fatal allergic reaction. The family was granted refugee status.

## Scenario shift

Rather than the essential medicine being unavailable, the family argued that the epinephrine would be unaffordable, and thus inaccessible, in their home country. Due to better employment opportunities and social programmes that subsidise drug costs, financial barriers to this medicine would not exist in the host country. While the refugee board still viewed the situation in the home country as unfortunate and would place the children at risk of harm, the family was deported. The board claimed that the need for fairness, and to treat 'like' refugee claims 'alike', necessitated this decision; lack of employment or social programmes in a foreign country do not typically constitute legitimate grounds for refugee status.

## Questions for personal reflection

- 1) Numerous allergens can induce life-threatening allergic reactions. How might the ethical assessments of this case change if the children were allergic to a substance other than a food allergen, say, stinging insects? What if the problematic allergen was particularly rare – but not absent – in the family's home nation, or if exposure to the allergen could be avoided with relative ease (e.g., ingestion of penicillin)?
- 2) How might the ethical implications of this case change if it were the parents' that were afflicted with the severe food allergy?
- 3) How does access to treatment for acute chronic diseases, such as severe allergic reactions, compare to other life-threatening situations (e.g., acute infectious disease, persecution, or threats of political violence) in relation to legitimate claims for refugee status?
- 4) Does the provision of greater access to essential drugs represent a moral imperative that is indispensable towards promoting population health globally? If so, how do the decisions made by the refugee board uphold or undermine this moral imperative?

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