

Health care for refugees and asylum seekers

This document represents the current, official position of the Pharmaceutical Society of Australia (PSA) relating to health care for refugees and asylum seekers in Australia.

Background

- Australia's obligations to refugees are derived primarily from being a signatory to the 1951 United Nations *Convention relating to the status of refugees* and the subsequent 1967 *Protocol relating to refugees*.¹
- The Convention defines a refugee as a person who: is outside his/her country of nationality or habitual residence; has a well-founded fear of persecution for reasons of his/her race, religion, nationality, membership in a particular social group or political opinion; and is unable or unwilling to avail himself/herself of the protection of that country, or to return there, for fear of persecution.¹
- Asylum seekers are people who have applied for protection and are awaiting determination of their status. They may have entered Australia through authorised (eg. on a valid temporary visa) or unauthorised means. Not all asylum seekers will be determined to be refugees.²
- In 2001–2002, Australia had approximately 55,000 refugees and 2,200 asylum seekers.³
- Australia has ratified all international human rights law instruments in which the right to health is enshrined.⁴ The specific entitlements covered may include rights to:
 - maternal, child, sexual and reproductive health;
 - healthy workplaces and natural environments;
 - disease prevention and treatment, including access to essential medicines; and
 - access to safe and drinkable water, sanitation and nutrition.

PSA's position

- PSA believes the provision of health care to refugees and asylum seekers in Australia should be equitable. In the United Kingdom for example, asylum seekers are able to access a general practitioner, dental and optical care and prescription items through the National Health Service.⁵ All refugees and asylum seekers in Australia should have access to basic health care and related services including:
 - Medicare services;
 - Counselling and other support services;
 - Pharmaceutical benefits under the Pharmaceutical Benefits Scheme; and
 - Professional interpreter services.
- PSA believes denying access to Medicare (and other related) services on the basis of when the asylum seeker has lodged his/her claim (for asylum)⁶ is arbitrary and not equitable. PSA suggests a review of this criterion with a view to standardising it for all asylum seekers.
- PSA believes an extension of the government-funded translating and interpreting service⁷ (currently available free of charge to eligible doctors for Medicare consultations) to pharmaceutical services provided by pharmacists would be of benefit to refugees and asylum seekers as well as other people with culturally and linguistically diverse backgrounds.
- PSA recognises that the health care needs of refugees and asylum seekers may be significantly different to that of the general population. PSA supports and encourages all pharmacists to undertake appropriate education and training to be able to recognise the different range of illnesses that refugees and asylum seekers may present as well as the language and cultural barriers they may encounter.
- PSA encourages pharmacists to familiarise themselves with appropriate local referral points to facilitate timely access to medical and other support services by refugees and asylum seekers.
- PSA encourages pharmacists to contribute their expertise to quality use of medicines and better health outcomes for refugees and asylum seekers. PSA would also support the inclusion in undergraduate curricula of issues relating to the health care of refugees and asylum seekers.

Useful resources

- The Pharmacy Self Care program of the Pharmaceutical Society of Australia has Fact Cards on topics such as:
 - Post traumatic stress disorders
 - Wise use of medicines
 - Sleeping problems
 - Anxiety
 - Depression
- The Royal Australian College of General Practitioners' Refugee and Asylum Seeker Health Resource Centre has articles, information and links. It can be accessed at: www.racgp.org.au/folder.asp?id=694
- The Victorian Foundation for Survivors of Torture Inc. Caring for refugee patients in general practice – a desk-top guide. 2nd ed. 2002.
A range of concise state and territory specific guides written for general practitioners containing specific health issues and contacts. They are available at: www.racgp.org.au/document.asp?id=525%20

References

1. United Nations High Commissioner for Refugees. States parties to the 1951 Convention relating to the status of refugees and the 1967 Protocol. 1 February 2004. Available at: www.unhcr.ch
2. More information can be obtained from the Refugee Council of Australia: www.refugeecouncil.org.au
3. United Nations High Commissioner for Refugees. 2002 UNHCR population statistics (provisional). Available at: www.unhcr.ch/static/statistics_2002/asr02-dr2-Table1.pdf
4. Reid EA. Health, human rights and Australia's foreign policies. *Med J Aust* 2004; 180: 163–5.
5. *Cited in:* Harris MF, Telfer BL. *Med J Aust* 2001; 175: 589–92.
6. Asylum seekers are not eligible for Medicare services if their application for refugee status is made after 45 days of their arrival in Australia. Due to this and other governmental restrictions, it is estimated that approximately 40% of asylum seekers in Australia are denied Medicare access (see reference 5). Further information is available at: www.refugeecouncil.org.au/html/resources/advocateskit.html
www.survival-comparisons.org.au/entitlements.htm
www.immi.gov.au/facts/62assistance.htm
7. Information on the translating and interpreting service provided by the Australian Government can be found at: www.immi.gov.au/tis/index.htm
www.immi.gov.au/tis/doctor.htm.

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