Author's response to reviews

Title: Access to healthcare and alternative health-seeking strategies among undocumented migrants in Denmark

Authors:

Dan Biswas (dabi@sund.ku.dk)
Maria Kristiansen (makk@sund.ku.dk)
Allan Krasnik (alk@sund.ku.dk)
Marie Norredam (mano@sund.ku.dk)

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Author's response to reviews: see over
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Regarding the manuscript: 1620093397504496 - Access to healthcare and alternative health-seeking strategies among undocumented migrants in Denmark

Authors:

Dan Biswas: dab@sund.ku.dk
Maria Kristiansen: makk@sund.ku.dk
Allan Krasnik: alk@sund.ku.dk
Marie Norredam: mano@sund.ku.dk

Version: 2
Thank you for your letter of 22 March 2011 regarding the manuscript mentioned above. We have addressed the comments and undertaken the corrections from the three referees.

The concerns in the referees’ letters are numbered, and in this cover letter the point-by-point responses to the concerns are explained. Furthermore, sentences to which there have been made corrections are highlighted.

**Referee 1 (Heide Castaneda)**

**Major revisions:**

Re 1) The undocumented migrants were recruited through a Copenhagen NGO working with immigrants and refugees, and a key person within the Nepali community in Copenhagen. These keys persons are only closely in touch with undocumented migrants of South Asian origin, which is why the study consists of participants from these countries. Thus, the recruitment can be described as a convenience sample. We have clarified this is method section (p. 5).

Re 2) There is no specific migration history from Bangladesh, India and Nepal to Denmark. This study population was chosen, as it was the ones provided by our contacts. Little research has been conducted as far as the size of the undocumented migrant population in Denmark, and none on the countries of origin (p. 4 and 5).

Re 3) We agree that the results section needs more balance. We have attempted to work in your suggestions, and have elaborated of some of the quotes in the result section (p.8, p. 10, p. 11, p. 13). Also see the corrections made to point Re 4 (under minor revisions).

**Minor revisions:**

Re 1) It is stated in the Danish Health Act, that the Regional Council may decide whether service are cost-free or not, but it is not clarified how the appropriate fees are determined, but it may be expected that undocumented migrants are to be charged the standard fee. We have clarified the central role of the Regional Council (p. 4).

Re 2) A correction to this point. Denmark has not specifically criminalized access to care for undocumented migrants. However, the law prohibits citizens from aiding undocumented migrants to reside within the country. It is unclear where medical personnel stand as they also have professional obligations. We have clarified this (p. 4).
Re 3) As the manuscript is quite long already, we argue that table 1 can also be used for the purpose of contextualising the quotes.

Re 4) These are interesting points, which we have taken into account in the results section (p.10, p. 15).

Re 5) We agree to this point, which has been added to the discussion (p. 17-18).

Referee 2 (Sónia Dias)

Re 1) We refer to the Nowhereland study (reference 5), PICUM report (reference 2) and HUMA report (3), which are based on large cross-European studies, describing undocumented migrants access to healthcare. Reference 7 and 14 refer to health-seeking strategies among undocumented migrants. We now, in more details, refer to studies describing barriers to healthcare and alternative strategies (p. 18).

Re 2) This point has been addressed in reply to referee 1 (Re 2a).

Re 3) In part, this point has been addressed in the reply to referee 1 (Re 1a & Re2a). We have described the recruitment process in more detail (p.5).

Re 4a) The sentence: “Others stressors included pressure from relatives in home countries who expected regular supplies of money” is formulated as indented.

Re 4b) There had been a mix-up, it is participant 1 and 5 who are being compared. Thank you for bringing this to our attention (p. 10).

Re 5) We have clarified the sentence, concerning the perceived consequences from seeking healthcare services (p. 18).

Re 6) We have now addressed this issue, discussing to which extent the results are specific to that particular group alone (p. 17).

Referee 3 (Monica Ruiz-Casares)

Major revisions

Re 2) The abstract and front page has been added to the main document and adjusted according to the BMC standard (p. 2).

Re 3a) The term “followed” may be unclear and has been deleted in the manuscript. The intention was to indicate that time had been spent with the participants in order to gain their trust (p. 5). This gave us a deeper understanding of the participants’ life circumstances and enabled us to formulate questions relevant to their context and situation. Thus, the fieldnotes were operationalized into questions used in the interviewguide.
Re 3b) As explained, the ER setting was chosen as it is the most likely point of access to the healthcare system for undocumented migrants. Hospitals in The Capital Region of Denmark were chosen, as we expect that most undocumented migrants live in metropolitan areas. The head nurse was the one who gave permission for the interviews to be conducted. The head nurse randomly selected the other nurse participant. However, it was a criterion that all nurses had a minimum of four years experience in the ER ward. By setting this criterion it was our hope that nurses would have first or second hand experiences with undocumented migrants. However, the nurses’ limited experiences with undocumented migrants are also a finding, as it reveals a use of the ER ward.

We agree that the selection process may be a possible cause to bias. We have now commented on this in the discussion (p. 16)

Re 3c) As described, the codes were generated according to Malteruds principles for systematic text condensation, which were stepwise followed.

Re 3d) We acknowledge that the term “in-depth” may be exaggerated, and have deleted it from the manuscript.

Re 4) We did not aim to compare health-seeking behaviours between the groups, as asylum seekers unlike undocumented migrants have access to specific health services, which makes it difficult to compare them.

Re 5) In Re 3b, we have addressed the concern regarding the possible bias, and the fact that not all nurses had first hand experiences with undocumented migrants. In regard to the discussion of other problems of access in the system; we have clarified that the issues concerning “hospital administrators”, do not stem from our data (p. 19).

Re 6) We agree, that this is an important point, which we now have addressed (p. 19 and 21).

Re 7) We have now pointed out, that future studies should include health professionals from other parts of the healthcare system as well (p. 20).

Re 8) 1. Naturally, we find it concerning that there is no requirement for approval from ethical committees, when conducting qualitative research in Denmark. However, we feel it is beyond the scope of this article to take up this discussion.

Yes, the post-interview debriefing was conducted by a therapist affiliated to the Copenhagen NGO. After the interviews we did offer advice and help in regard to seeking medical attention, which two participants later asked for.

We have discussed table 1 extensively as we were preparing the manuscript, and were very conscious about securing the anonymity of our participants. We have created broad categories within the table which we judge are adequate to secure the anonymity of the participants.
Re 9) We have now clarified and elaborated on this quote, and added a quote from another participant who confirms the statement. (p. 11)

Re 10) We have now added a reference to the codes of ethics of the Danish Nurses’ Organization (p. 19)

Re 11) We have elaborated on some of the paragraphs in order to give more depth to the quotes (p. 12).

Re 12) This is a good point, which we have added to the discussion (p. 21)

Re 13) We have now clarified in box 1, that the definitions are used in the framework of this study, and have clarified that Denmark operates by jus sanguinus. (p. 3) As to the contribution beyond a Danish context, we expect that the findings may to some extent be applicable, as undocumented migrants have restricted rights in most countries. More specifically, we now refer to an American study by ML Berk, which also describes the effect of fear on undocumented migrants health-seeking strategies (p. 17-18).

Re 14) We have now clarified the quote in question (p. 8)

Re 15) This is not a direct quote, the apostrophe was a typo and has been deleted (p. 4).

Re 16) Yes, the reality is most likely somewhere inbetween. As shown, undocumented migrants do, to a large extent, operate on fear. However, as shown in the data material, even though the ER nurses expressed willingness to treat all patients, there have also been cases where the police have been contacted. This discrepancy may be explained by the lack of guidelines within the healthcare system. (p. 19)

Re 17) We further clarified why we included ER nurses to the study (p. 5).

Re 18) We have found no published statistics of the number of deportations of undocumented migrants from the Danish Immigration Service.

As to the nurse who mentions the obligation to report undocumented migrants to the police, there is no such obligation for health personnel. However, there is a paragraph in the legislation which prohibits Danish citizens to aid undocumented migrants to reside within the country. But as mentioned, the guidelines within the healthcare system are inadequate and care appears to depend on individual practice.

Re 19) The section concerning the recommendations have been developed accordingly, and now include the need of dissemination of guidelines to undocumented migrants and administrative staff. (p. 21).

Re 20a) We agree that the sentence appears obscured and it has now been rephrased (p. 3)
Re 20b) We have clarified this point (p.4)

Re 20c) We have tried to formulate this sentence in a better way (p.5)

Re 20d) We have made the sentence clearer (p. 8)

Re 20e) We have clarified that the sentence was referring to undocumented migrants access to healthcare and health professionals practice.

20 f) We have elaborated on these sentences regarding future studies (p. 21)

20g) Accordingly, we have used the terms in a more consistent way and use the term “medical rights” throughout the paper.

Re 21) It is difficult to say if we have documented any positive effect. But as we have mentioned participants were aware of the importance of good self-care.

Re 22) Yes, we mean: “in this study we examine” (p. 5). We have gone through the paper with a view to add more assertiveness to selected statements.

Re 23) We have enlarged the font size and made it uniform throughout the paper.

As requested by the editor, we have included two references which support the statement that no ethical approval is needed for this kind of study. According to Danish law, only investigations which include human biological material ought to be reported to and approved by The Danish National Committee on Biomedical Research Ethics and not questionnaire survey, interview studies and register research surveys (p. 7).

Moreover, we have elaborated on the public health implications of undocumented migrants’ access to healthcare (p. 21-22).

The manuscript has been read and approved by all authors.

We look forward to hearing from you.

Yours sincerely,
Dan Biswas