Health is complex, discrimination is unacceptable: Call for government legislation

Stuart W. Flint [a,b]*

[a]School of Psychology, University of Leeds, Leeds, UK, LS2 9JT
[b]Scaled Insights, Nexus, University of Leeds, Leeds, UK, LS2 3AA

eClinicalMedicine 2022;52: 101583
Published online 22 July 2022
https://doi.org/10.1016/j.eclinm.2022.101583

Extensive empirical evidence demonstrates the complexity and multifactorial nature of health. As such there are copious models that highlight the many controllable, partially and non-controllable factors that determine health status.[1,2] This means that there is no one cause, nor is there one combination of factors that determine whether someone does or does not experience ill-health or a disease. We must remember, and appreciate, that we are first individuals with different biological make up, and second, influenced through very diverse life experiences. We should also appreciate that based on our backgrounds, we have varying amounts, or in some cases, no opportunities to engage in certain societal domains that impact health status and life expectancy.

Based on the wealth of empirical evidence, briefly alluded to above, I ask the question, is it time to amend or develop legislation to prohibit discrimination on the grounds of health status? If this is the right approach, should this policy be applicable throughout society? Whether in workplaces, education or healthcare, discrimination towards people based on actual or perceived health status should not be accepted and should be outlawed. Overtime there have been improvements in legislation which has prohibited discrimination towards people based on specific health status such as HIV AIDS. This has contributed to greater awareness and understanding, improved education and respect towards people living with HIV AIDS and improved life outcomes and expectancy due to the greater opportunities to engage and participate in society (e.g., protected from employment discrimination leading to enhanced employment opportunities, greater empathy and understanding of the complex and wide ranging causes). Thus, development of this and other similar legislation has fostered more equal opportunities to contribute to the betterment of society. Important strides have been seen and understood, which has led to a reduction in stigma and discrimination such as in the case of mental health; it is noted that whilst there have been improvements, stigma and discrimination towards people living with mental health concerns persists where, for example, people living with psychosis report employment-based stigma and barriers, which can have a detrimental impact (e.g., non-disclosure to employers, reduced longevity of employment, absenteeism).[3] In the case of mental health, the lack of supporting legislation represents an impactful, but currently missing, part of equality which is applicable for other health conditions where legislation is likewise lacking. For instance, questions have been raised regarding the lack of legislation that protects a person from experiencing discrimination relating to weight status, despite empirical evidence demonstrating that people living with obesity experience discrimination in many settings including employment.[4,5] Research has demonstrated that the discrimination people living with obesity experience includes harassment, victimization, and bullying which may be both direct and indirect, and thus, represent experiences that are described in legislation and should therefore protect a person from discrimination.[6] The issue of discrimination towards people living with obesity and the lack of legislation to protect a person has been studied, with action taken by regions such as the city of Reykjavik who amended their Human Rights Policy[7] to include a specific section that specifies "persons may not be discriminated against due to their build, appearance or body type", and the US state Michigan where weight was included as a protected characteristic in their civil rights act.[8]

Given that there is ample evidence and awareness of people experiencing discrimination based on health status, and by not explicitly outlawing discrimination towards people based on health status, implicitly it is accepted. As such, this means that there is a structural process that fosters health inequalities whilst favouring people who are either perceived to be healthy or in some instances, have no visible health decrement or indicator. Moreover, and importantly, this means that people who have a health condition, are not afforded legislative protection that would both support and allow people to contribute equally to society and, where relevant, improve the management of health conditions, potentially speeding up recovery that can reduce associated societal costs (e.g., healthcare, workplace

*Correspondence to: School of Psychology, University of Leeds, Leeds, UK, LS2 9JT
E-mail address: s.w.flint@leeds.ac.uk

absenteeism). Thus, legislating against health discrimination is not only the 'right thing to do', but will contribute to improvements throughout society (e.g., improved workplace productivity and access to appropriate healthcare) and for individuals with the benefits of employment well understood (e.g. improved health, wellbeing, and life expectancy). Taking this idea forward, and in alignment with the intention of this correspondence, to take a global, cross-cutting approach to address health-related stigma and discrimination rather than one health condition, The Health Stigma and Discrimination Framework (HSDF)[9] provides a method of conceptualising health-related stigma and discrimination that can inform policy, interventions and research. The HSDF Framework encompasses both communicable and non-communicable conditions and disease, and that importantly acknowledges how stigma related to race, gender, sexual orientation, social class, education and occupation intersect with health-related stigma (see Stangl et al.[9] for a detailed overview). This model may provide policy-makers both at a national, regional or institutional level to implement policy that supports a more effective response to health-based stigma and discrimination that can lead to poorer health outcomes, and supports the overall collective aim of removing health-based stigma and discrimination across society.

In sum, discrimination towards people based on their health status should at no point, be considered acceptable, and thus I call on governments to act through the development of appropriate legislation that protects people from health-based discrimination.

Funding
None.

Declaration of interests
SWF reports grants from Novo Nordisk, grants from Johnson & Johnson, other from Novo Nordisk, other from Johnson & Johnson, outside the submitted work.

Acknowledgement
None.

References
1 Butland B, Jebb S, Kopelman P, et al. *Tackling Obesities: Future Choices — Project Report*. London: Government Office for Science; 2007.
2 Marmot M. Commission on Social Determinants of Health. Achieving health equity: from root causes to fair outcomes. *Lancet*. 2007;370(9593):1153–1163.
3 Hampson ME, Watt BD, Hicks RE. Impacts of stigma and discrimination in the workplace on people living with psychosis. *BMC Psychiatry*. 2020;20(1):1-1.
4 Flint SW, Snook J. Obesity and discrimination: the next 'big issue'? *Int J Discrim Law*. 2014;14(3):183–193.
5 Pomeranz JL, Puhl RM. New developments in the law for obesity discrimination protection. *Obesity*. 2013;21(3):469–471.
6 UK Government. *The Equality Act*. 2010. https://www.legislation.gov.uk/ukpga/2010/15/contents. Last Accessed 29 June 2022.
7 *Reykjavík Co. Human Rights Policy*. 2016. Available from: https://2021.reykjavik.is/en/city-of-reykjaviks-human-rights-policy. Last Accessed 29 June 2022.
8 Legislative Council, State of Michigan. *Elliot-Larsen Civil Rights Act*. 2012. https://www.michigan.gov/-/media/Project/Websites/mdcr/public-act-453-of-1976-elliott-larsen.pdf?rev=c15451b0a9f943d78ae818259a38c8dc. Last Accessed 29 June 2022.
9 Stangl AL, Earnshaw VA, Logie CH, et al. The Health Stigma and Discrimination Framework: a global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. *BMC Medicine*. 2019;17(1):1–3.