



The Amsterdam Declaration Towards Migrant-Friendly Hospitals in an ethno- culturally diverse Europe - An introduction to underlying assumptions and principles

Amsterdam, December 10, 2004



■ Changing Composition of European Local Communities

Due to worldwide migration, globalisation and European enlargement, communities are becoming more and more diverse also on the local level. Local communities have to deal with more diverse needs of different ethnic and cultural minorities.



■ Members of Minority Groups have Higher Health Risks

The health status of migrants and ethnic minority groups is often worse than that of the average population. There are barriers in their access to health care and they are at higher risk to receive inadequate treatment.



■ Hospital Patients (and Staff) are Getting more Diverse

In hospitals, patients, staff and visitors are getting more heterogeneous and their diverse needs ask for more complex hospital routines.



■ Migrants and Ethnic Minorities are Diverse in themselves

There is a lot of diversity also among migrants and minorities – in ethnicity, colour, language, cultural background, religion, legal status and social resources – so just more diversity in ethnic and cultural stereotyping cannot be the solution.



Cultural Diversity especially Matters for Health

Diversity is not without consequences for health care – for issues of birth and death, of health and disease, lifestyle and living conditions culture matters a lot.



■ Communication is Central in Hospital Care

Dealing with diverse populations makes it very clear that beyond all technical progress, hospitals cannot do without adequate communication

- To reach a workable diagnosis
- To carry out an effective and acceptable therapy
- To adequately manage discharge and continuation of care.



■ Migrant-Friendliness and Patient Orientation as Quality Criteria

So language and cultural competence - in other words: migrant-friendliness – have to become core criteria for patient orientation of a hospital, to assure and improve its quality.

Migrant friendliness means striving for more equity by sensitivity for and acceptance of diversity and compensating for disadvantages in participation by measures of empowerment.



■ Comprehensive Implementation Supported by many Stakeholders

Like all quality criteria, migrant-friendliness has to be implemented in a comprehensive way - from admission to discharge of patients, in services and settings, in clinical, hotel and administrative functions – therefore all professionals and stakeholders of the hospital have to make their specific contribution.



■ The Role of Owners, Management and Quality Management

For migrant-friendliness to be lived by everybody, management and owners have to put migrant-friendliness high on their agenda and support its implementation by principles, methods, instruments and structures of quality management.



■ Investing in Migrant-Friendliness is investing in Quality for all Patients

Migrant-Friendliness is not about privileging underprivileged groups. By strengthening quality for the most vulnerable, quality for all patients will be improved in the direction of more personalised services, taking the specific individuality of each person into account.



■ No Improvement of Patient-Orientation without Improvement of Staff-Orientation

Patient orientation will not become sufficiently effective if it is not supported by complementary measures improving staff orientation in hospitals. That also includes accepting and using ethnic and cultural diversity of staff.



■ Hospitals Need Specific Support by other Social Actors

Hospitals already are under high pressure for efficiency.

To help hospitals to put migrant-friendliness with priority on their quality agenda, political, legal and financial arrangements have to provide resources and incentives.

For that, MFH need the support from many partners from different sectors on the local, regional, national and European level of society.

