Ville de Lausanne
Bureau lausannois pour
les immigrés (BLI)

Lausanne Declaration

Towards equity in healthcare

Recommendations to combat structural and institutional racism

This document in French has been translated into English and German by ECCAR.
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In its International Convention on the Elimination of All Forms of Racial Discrimination, the UN defines racial discrimination as "any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life"(1).

Various studies highlight that Switzerland, like other countries, is not immune to racial discrimination. A study conducted on behalf of the Swiss Federal Commission against Racism FCR (2022) documented the impact of institutional discrimination on the health of racialised populations(2). To resolve the issue, those involved in the healthcare sector must take prompt action. To this end, the following declaration sets out recommendations based on national and international scientific research for good practice in distinguishing between different forms of racism:

- **Structural racism :** Refers to how economic, political, social and colonial systems reproduce and perpetuate racial inequalities, whether consciously or not.(3)

- **Institutional racism :** Refers to the rules and practices specific to an institution that can perpetuate racial discrimination and inequality.(3)

- **Interpersonal racism :** "Manifests itself through discriminatory attitudes and behaviour by one individual towards another on the grounds of race or ethnic origin. It often stems from deep-rooted racial stereotypes and manifests itself in everyday interactions, ranging from overtly hostile comments to more subtle gestures, such as microaggressions."(4)

- **Health inequities :** Specific to the health sector, this term refers to systematic differences in health that negatively affect economically or socially disadvantaged groups, as is often the case for racialised groups.(5)

It should also be noted that manifestations of institutional racism are not necessarily voluntary or conscious on the part of their perpetrators. The aim is not to denounce individuals but to identify and transform the practices that have discriminatory effects at individual, institutional, and structural levels. Those practices are always interwoven with other power relations (sexism, poverty, homophobia, etc.).

This declaration is structured around three main themes and seven recommendations :

A. Structural organisation of healthcare

Objective : To foster a multicultural working environment

Greater cultural diversity among healthcare professionals can be linked to better access to care for racialised minority patients, a broader range of patient choice, higher satisfaction levels towards healthcare professionals, more effective patient-clinician communication, and better educational experiences for healthcare students.(6)

A more diverse healthcare workforce can also strengthen patient and healthcare providers' relationships. A similarity of language, religion, or cultural references between the patient and provider has been associated with greater participation in care processes, higher patient satisfaction, and greater adherence to treatment.(7)

Actions :

1. Ensuring non-discrimination in recruitment and the operation of the health facilities

Racism in employment is a reality in Switzerland and elsewhere.(8) Health facilities must prohibit discrimination in recruitment and the workplace to ensure a multicultural and equitable working environment. This involves reviewing and implementing policies and regulations prohibiting discrimination, including an equality representative on the recruitment committee.

In line with the WHO's recommendations(9), reviewing, strengthening, and applying standards, working conditions, and ethical rules is essential to ensure fair and inclusive treatment in health facilities.

2. Raising awareness of rights and offering effective redress mechanisms

a. Upholding Rights and Strengthening Accountability in Health Facilities

Additionally, it is necessary to make healthcare service users aware of their rights and encourage them to assert them. This would enable health facilities to take responsibility for discrimination issues, particularly through patient protection charters and social responsibility monitoring, as it implies a commitment to equity, inclusion, and accessibility to care, as well as support for communities.(9)

b. Implementing complaint mechanisms

It is crucial to ensure access to effective redress and accountability mechanisms by implementing appropriate remedies for those affected by discrimination. These mechanisms must also include constructive systems to prevent future violations and promote equity in the healthcare sector.6) For example, in Lausanne, Switzerland, employees of the Centre Hospitalier Universitaire Vaudois (CHUV) and Unisanté can report, for instance, racist behaviour to a specialised Employees' Complaint Unit or directly by telephone.

It is essential that this type of mechanism guarantees its independence from interested parties and promotes an impartial and objective approach in all investigations and decisions made. It is also important to ensure that the individuals concerned are informed of this mechanism and that those affected are assured that their complaints will be considered. Finally, to provide easy and secure access, it should be possible to lodge complaints via various channels, such as a dedicated mailbox, a telephone line, or a specific message service, thereby ensuring the confidentiality and anonymity of the complainants.(3) (10) (11)

3. Dealing with the problem of health literacy and/or allophonia

People from migrant communities who speak languages other than the official local language can find it challenging to navigate a complex healthcare system, particularly in understanding and exercising their rights, as well as navigating the administrative procedures and the available healthcare services. This can limit their access to care and directly impact their health(12).

a. Making health-related information more accessible

To address low health literacy, it is crucial to provide clear and accessible information on treatments, illnesses, and preventive measures, as well as on how the healthcare system operates and on patients' rights. This information must be adapted both linguistically and in terms of health literacy.

b. Offering a systematic, free interpreting service

Language differences can be a significant barrier to patient understanding. This is particularly true for some racialised people, especially those from immigrant backgrounds, who may have low health literacy. When a person cannot communicate or lacks the words or expressions to state their needs and wishes, there is a clear risk of misdiagnosis, leading to inappropriate treatment.(13)

To overcome this barrier, it is therefore necessary to offer a free interpreting service to improve the safety, quality, and efficiency of healthcare, enhance its practice and service provision, and transmit knowledge.(13)

B. Training of healthcare professionals

Objective : To understand racism and its impact

The first step in combating racism is education and recognition of the problem. This includes developing skills to understand how socio-political conditions lead to racial inequalities and inequities in health.(14)
A recent UN report on people of African descent explains that: "Medical staff should receive specific guidance on structural racism in medical practice, including research showing how doctors' decisions may reflect anti-black prejudice, and mechanisms to confront and mitigate their prejudices, as well as training on racial differences in health, risk and symptom manifestation."(15) All racialised minorities must be concerned by these measures, not just people of African descent.
It also seems necessary to emphasise the importance of deconstructing specific racist diagnoses, such as the "Mediterranean syndrome", which is based on the idea that patients from around the Mediterranean express their pain excessively. This stereotype stigmatises and undermines the quality of care for the populations concerned.(16) In addition, there is evidence of the effectiveness of training courses designed to reduce implicit biases, based on the idea that awareness of and consideration for the impact of one's own biases, along with the adoption of appropriate strategies, help to mitigate them.(17)

Actions :

4. Incorporating the acquisition of transcultural competence into training

To provide equitable and high-quality care to as many people as possible, it is essential to understand and respond to the cultural factors that influence people's view of health, illness and health-related behaviours. Transcultural competence is "the ability to perceive and understand individuals in their lived experiences and contexts, and to act appropriately."(18)
It is based on attitudes, knowledge, and skills that enable the provision of quality care to patients from diverse cultural backgrounds.(19) (20)

The training of healthcare professionals must include modules on acquiring such competence.

5. Teaching about racism in the healthcare system

The Association for the Study of Medical Education (ASME) emphasises that, to rectify historical injustices and dismantle racism in medicine, faculty training healthcare professionals must incorporate anti-racist education into their curricula. Such education is not limited to a passive approach. Still, it requires a thorough understanding of the notion of 'race' - a term commonly used in Anglo-Saxon contexts - and 'ethnicity', more widely used in Europe, as well as racism and its impact on access to care, the quality of health services, and patient outcomes. This includes the integration of comprehensive modules on the social and economic determinants of health, societal prejudice, the social construction of race/ethnicity, implicit biases, as well as the historical, social, and political context of racism in medicine, particularly in its colonial dimension. These aspects should be considered as core skills in medical and nursing education. Curricula need to be revised to ensure that issues related to racism are adequately addressed.(21)

Test proposed to measure one's own implicit biases:
https://implicit.harvard.edu/implicit/user/agg/blindspot/indexrk.htm

C. Data collection and research

Objective: To develop research incorporating data specific to racialised minorities

Structural racism influences the participation of racialised communities in medical research, limiting their inclusion. Historical abuses, including studies conducted without informed consent or with documented and condemned abuses, have fuelled a persistent distrust towards medical institutions in racialised communities. Furthermore, the underrepresentation of these minorities in studies limits, for example, the data available on the effectiveness of treatments, the progression of diseases, or diagnostic management within these groups. The failure to take account of racial disparities in the documentation of specific data makes it difficult to understand the associations or causal links between race/ethnicity and clinical outcomes.(22)

Actions:

6. Measuring racial/ethnic data

High-quality data on race/ethnicity is necessary to identify and eliminate health inequities.(23)
However, in Switzerland, very little data is recorded on patients' ethnicity and cultural characteristics. This lack of data prevents the identification of associated problems and, therefore, the implementation of appropriate solutions.(15)

It is essential to measure both quantitatively and qualitatively how racism occurs, how it persists, what the consequences are and how it is experienced. This data will provide input for research and contribute to the international effort to reduce health inequalities in the context of institutional racism in healthcare.

7. Developing research that takes diversity into account

Historically, medicine and science have marginalised racialised minorities, leading to inequities in access to care and treatment. Therefore, the medical and healthcare community must adopt an approach based on quantitative and qualitative data, including these populations in clinical trials and researching their health problems. It must also challenge existing data and their interpretative frameworks that perpetuate racist biases, such as certain equations used in paraclinical testing that adjust results according to ethnicity.(3) (24)

These recommendations aim to promote equity, quality and accessibility of care for all, to combat institutional and structural racism in healthcare, and to foster respectful and safe healthcare environments. Investment to better meet the needs of racialised and vulnerable populations is an essential step towards improving the overall quality of care, thereby strengthening confidence in healthcare systems and helping to reduce inequalities. On this basis, the authors of the Lausanne Declaration encourage its dissemination and invite all healthcare institutions, hospitals, medico-social establishments, health centres and private practices to implement the recommendations to become inclusive, culturally competent organisations adapted to the needs of racialised populations.

Genesis of these recommendations :

In 2023, Unisanté (University Centre for General Medicine and Public Health) devoted its symposium on health equity in French-speaking Switzerland to the issue of racism. Entitled 'Racism in healthcare', the event brought together various actors from the healthcare sector, research, and civil society. It highlighted the extent of the issues surrounding racism in healthcare while at the same time generating a broad response within the professional circles concerned.

In 2024, the City of Lausanne, via its Lausanne Office for Immigrants (BLI), and its partners decided to extend the debate by dedicating the 2024 edition of the Lausanne Anti-Racism Week to the same thematic focus. A symposium on racism in healthcare, entitled 'Racism and health, how to act', was organised in collaboration with Unisanté. It brought together patients, healthcare professionals, researchers, associations, and institutions to collectively "diagnose" racial discrimination in the medical field and outline possible courses of action. These discussions led to the desire to continue with a framework document with lasting repercussions, containing concrete recommendations for preventing and combating racism in healthcare. This is how the Lausanne Declaration came into being.

At the end of May 2025, the City of Lausanne hosted the Steering Committee Meeting of the European Coalition of Cities against Racism (ECCAR). During the meeting, the City presented and promoted the Lausanne Declaration in front of many European cities.

Who authored these recommendations ?

The Lausanne Declaration is the product of collaboration between the Lausanne Bureau for Immigrants (BLI) and the Department of Vulnerabilities and Social Medicine (DVMS) of Unisanté (University Centre for General Medicine and Public Health). The following people contributed to its drafting:

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Thanks to the involvement of these many players, the Lausanne Declaration aims to become a reference tool for promoting equity in health and combating racism in healthcare, in Lausanne and beyond.

References :

1. OHCHR [Internet]. [last accessed 27 January 2025]. Convention internationale sur l'élimination de toutes les formes de discrimination raciale. Available at: https://www.ohchr.org/fr/instruments-mechanisms/instruments/international-convention-elimination-all-forms-racial

2. Mugglin L, Efionayi D, Ruedin D, D'Amato G. Racisme structurel en Suisse : un état des lieux de la recherche et de ses résultats. Service de lutte contre le racisme (SLR).

3. Ngassop JB, Morisod K, Tan R, Blandenier E, Grazioli V, Bühler Viredaz N, et al. Racisme dans les soins (partie 1) : un enjeu d'équité en santé. Rev Med Suisse. 4 déc 2024;898:2302-6.

4. D'Almeida yaotcha. Impact des microagressions et de la discrimination raciale sur la santé mentale des personnes racisées : l'exemple de femmes noires en France. Paris: l'Harmattan; 2022.

5. Bodenmann P, Vu F, Morisod K, Jackson Y. Équité en santé : un concept souvent galvaudé. Rev Med Suisse. 5 juill 2023;834:1294-7.

6. Institute of Medicine (US) Committee on Institutional and Policy-Level Strategies for Increasing the Diversity of the U.S. Healthcare Workforce. In the Nation's Compelling Interest : Ensuring Diversity in the Health-Care Workforce [Internet]. Smedley BD, Stith Butler A, Bristow LR, éditeurs. Washington (DC) : National Academies Press (US); 2004 [cité 27 janv 2025]. Disponible sur: http://www.ncbi.nlm.nih.gov/books/NBK216009/

7. Cooper-Patrick L, Gallo JJ, Gonzales JJ, Vu HT, Powe NR, Nelson C, et al. Race, gender, and partnership in the patient-physician relationship. JAMA. 11 août 1999;282(6):583-9.

8. Pas raciste, le marché du travail suisse ? Lisez plutôt - Heidi.news [Internet]. 2023 [cité 27 janv 2025]. Available at: https://www.heidi.news/explorations/racisme-en-suisse-un-flagrant-deni/pas-raciste-le-marche-du-travail-suisse-lisez-plutot

9. Déclaration conjointe des Nations Unies pour mettre fin à la discrimination dans les établissements de soins [Internet]. [last accessed 27 January 2025]. Available at: https://www.who.int/fr/news/item/27-06-2017-joint-united-nations-statement-on-ending-discrimination-in-health-care-settings

10. Schaad B. Un hôpital peut-il améliorer ses soins grâce aux plaintes des patients ? Rev Med Suisse. 23 mars 2022;774:539-41.

11. Chêne M. Mecanismes de plaintes à l'échelle locale : bonne pratiques. Transpar Int. 5 avr 2013.

12. Roberts J. Local action on health inequalities : improving health literacy to reduce health inequalities. UCL institue of Health equity; 2015.

13. Hadziabdic E, Hjelm K. Working with interpreters : practical advice for use of an interpreter in healthcare. Int J Evid Based Healthc. mars 2013;11(1):69-76.

14. Metzl JM, Hansen H. Structural Competency and Psychiatry. JAMA Psychiatry. 1 févr 2018;75(2):115-6.

15. Déclaration adressée aux médias par le groupe de travail d'experts de l'ONU sur les personnes d'ascendance africaine, à l'issu de sa visite officielle en Suisse. 2022.

16. Dergham M, Charles R. Le « syndrome méditerranéen » : une stigmatisation par catégorisation des conduites de maladies. Médecine. 2020;16(10):460-4.

17. Devine PG, Forscher PS, Austin AJ, Cox WTL. Long-term reduction in implicit race bias : A prejudice habit-breaking intervention. J Exp Soc Psychol. nov 2012;48(6):1267-78.

18. Domenig D. Transkulturelle Kompetenz. Huber. 2007.

19. Karmali K, Grobovsky L, Levy J, Keatings M. Enhancing cultural competence for improved access to quality care. Healthc Q Tor Ont. 2011; 14 Spec No 3:52-7.

20. Bodenmann P, Jackson Y, Vu F, Wolff H. Vulnérabilités, diversités et équité en santé. 2e éd. RMS édition; 2022.

21. Dismantling the Discrimination : The Imperative of Anti-Racist Education in Medical School - ASME [Internet]. 2024 [cité 27 janv 2025]. Available at : https://www.asme.org.uk/blog/dismantling-the-discrimination-the-imperative-of-anti-racist-education-in-medical-school/

22. WMA - The World Medical Association-Déclaration de Berlin de l'AMM sur le racisme dans la médecine [Internet]. [last accessed 5 March 2025]. Available at : https://www.wma.net/fr/policies-post/declaration-de-berlin-de-lamm-sur-le-racisme-dans-la-medecine/

23. National Research Council (US) Panel on DHHS Collection of Race and Ethnic Data. Eliminating Health Disparities : Measurement and Data Needs [Internet]. Ver Ploeg M, Perrin E, éditeurs. Washington (DC) : National Academies Press (US); 2004 [last accessed 27 January 2025]. Available at : http://www.ncbi.nlm.nih.gov/books/NBK215751/

24. Overcoming racism in science : A Nature special issue [Internet]. [last accessed 27 January 2025]. Available at : https://www.nature.com/immersive/d42859-022-00031-8/index.html

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