

Access of the Chinese immigrant community to healthcare worldwide (247)

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Access to healthcare is a fundamental human right; however, like other immigrant communities, Chinese immigrants may face some barriers when accessing health services, such as language and cultural barriers, discrimination and limited knowledge of the host country's healthcare system. These barriers can condition the Chinese immigrant community's access to healthcare, leading to poor health outcomes and health disparities. Understanding barriers to the Chinese immigrant populations' access to healthcare and overcoming them can lead to better health outcomes and quality of life for this community. Additionally, as Chinese immigrants represent a significant portion of the immigrant population in many countries, addressing their health needs and improving their access to healthcare can positively impact overall health outcomes and healthcare costs. Improving access to healthcare for Chinese immigrants can promote health equity and ensure that all individuals have access to the care they need to lead healthy lives. Therefore, it seemed essential to carry out a systematic review of the access of the Chinese immigrant community to healthcare worldwide. The results of this systematic review will be disclosed and discussed during this presentation.

Biological sex, legal gender and gender identity in public-legal space. A few remarks on Polish interpretive moment (111)

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The topic of the conflict between biological sex (gender identity) and legal sex is one of the pressing challenges at the interface of modern bioethics, medicine and law. The discoveries of post-war medicine (imaging, genetics, endocrinology) have made previous legal standards obsolete. However, the Polish situation to this day still differs significantly in this area from other European countries. This is because the Polish legislator closes his eyes to the importance of a person's gender identity as a factor that should have a determining effect on an individual's legal status. Despite attempts to do so (2015), legal standards have not been introduced to give trans and intersex people an appropriate level of medical care, as well as legal protection (especially in the context of the lack of standards for the procedure of legal gender reconciliation). Limitations in access to health services may be either connected with medical sex correction or separate from that process. They may concern both adult and underage patients. In Poland, although informal medical standards are being developed, there are no binding legal standards to ensure patient safety and well-being. In my speech, I want to present the risks and disadvantages faced by trans and intersex patients in Poland, as well as proposals for standards that could improve their situation.

A Call for Paternalism in Online Porn Consumption (301)

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The aim of paternalistic policies in public health is to improve people's well-being by limiting their available options. Examples of such policies include restrictions on who can purchase and consume harmful and addictive products. In this paper, I argue that public health paternalism should be applied to the consumption of online pornography. Based on neuroscientific evidence, I claim that online pornography is both harmful and addictive. Therefore, I call for paternalistic health interventions to be implemented. I consider two challenges to my claim. The first challenge is the well-being challenge, which asks whether people are truly better off for having their options reduced. The second challenge is the distribution challenge, which asks whether such a policy is justified since it produces both losers and winners. However, I believe these challenges can be overcome. I propose that access to online pornography should be more strictly regulated, and I offer practical proposals for policymakers on how to alleviate the harms of pornography through paternalistic interventions.

Health Data Risks In 2026 - The Future European Health Data Ecosystem (309)

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There are two types of purposes for the European Health Data Ecosystem - EHDE (scheduled to come into force in 2026). The primary uses are for healthcare delivery, so it is important to have access to health information for citizens outside their country to prescribe and buy medicines. A novelty is the secondary use of data, i.e. sharing information for scientific research purposes, given its relevance for medical innovation as well for the development of health policies and regulations. The European Union believes that the EHDE will strengthen patients' rights. However, the protection of personal data is unclear. The information includes several categories of elements: patient summary, electronic prescription, electronic dispensation, medical image and image report, laboratory result and discharge report. The aim of this study is to analyze the vulnerabilities of the future EHDE for the protection of personal data. Indeed, being more universal, it creates greater vulnerability than if the data were contained in a Member State (MS). Moreover, the system does not create special rules for information security, referring to the General Data Protection Regulation (GDPR), which, paradoxically, states that it has not had uniform application in all MS.