When Healthcare Isn't One-Size-Fits-All: Europe's Migrant Challenge

Luca Arfini
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At a busy clinic in Milan or a hospital waiting room in Berlin, a new reality is unfolding in Europe's healthcare systems. The continent's population of international migrants — now at 94 million and counting — brings countless stories and a staggering range of languages, beliefs, and expectations about care. Europe hosts the world's largest international migrant community, according to 2024 data, and that community is changing what it means to deliver healthcare — and who gets it.

The challenge, and the promise, is clear: As Europe grows more diverse every year, can it build health systems that are not just available to everyone but accessible, understandable, and genuinely welcoming?

While official statistics and pandemic disruptions reveal cracks in healthcare capacity, the deeper test is whether systems can see, hear, and meet the needs of patients who speak different

languages, come from unfamiliar traditions, and too often feel shut out before they even walk through the door. Ongoing research and lived experience from the field highlight both stubborn barriers and innovative responses — lessons Europe can't afford to ignore.

Language Gaps, Lost Information

Chiara Allegri, PhD, a postdoctoral researcher at Bocconi University, Milan, Italy, found language is still the first wall that many migrants hit. "In reviewing 22 studies that directly asked migrants about their barriers to healthcare, we found that about 30% of the sample interviewed had language problems," she explained.

Chiara Allegri, PhD

These challenges start long before a patient sees a doctor. Mamata Pandey, PhD, research scientist at the Saskatchewan Health Authority in Canada, explained: "If you aren't fluent in the local language, you may struggle to discover the full range of healthcare services that are available."

Mamata Pandey, PhD

Michael Knipper, MD, professor for global health, migration, and medical humanities at the University of Giessen, Giessen, Germany, added that it's a mistake to act as if most patients know — or should know — the national language. "We cannot expect them to speak the local language, especially when they're unwell. When you are sick, you're afraid, nervous, and even if you know a bit of the local language, you might not know the specific terms related to your illness," he said.

Communication breakdowns go beyond grammar and vocabulary. Allegri stressed that even migrants with some language skills often don't know how to find a general practitioner, what services they're entitled to, or how to navigate a new health system. "In all the studies that investigated this barrier, about 60%-70% of migrants reported difficulties understanding how the health system works. This lack of information and understanding is a significant obstacle to accessing care."

The Role of Culture — and

the Cost of Missing It

For Pandey, cultural sensitivity can be as big a stumbling block as language. “In some countries and cultures, there are alternatives to standard pharmacology, herbs, traditional remedies, and even specific exercises. If you’re not from that culture, you may not know about them. And patients may hesitate to mention them, fearing their provider won’t understand why they want to use these remedies alongside prescribed medications,” she explained.

Sometimes the stakes are especially high. In Italy, rates of female genital cutting have risen due to migration, and Allegri warns most healthcare professionals lack the training to respond. “Healthcare professionals should receive specific training on how to communicate with women in a nonjudgmental way so that women feel safe to discuss topics such as female genital mutilation. These are very sensitive subjects, and you should be thoroughly prepared to discuss them.”

Competence, Not Just Compassion

What does it take for a health system to truly meet people where they are? For Knipper, it’s about genuine self-scrutiny and ongoing reflection. “Cultural competence means listening to people and having the skills to genuinely reflect on your own stereotypes, preconceived

notions, and biases. It involves being open to talking with others, not just speaking but also listening and asking the right questions. It requires looking beyond the culture itself to understand what is at stake for the people, including their fears, concerns, and suffering."

Michael Knipper, MD

Despite the centrality of these skills, the World Health Organization Regional Office for Europe notes that there's still no consistent, standardized training for intercultural competence across healthcare systems. Many medical schools offer some material on diversity, but what is taught — and how it's assessed — varies dramatically. The lesson is that isolated workshops aren't enough. "We need to acknowledge that cultural and structural social competencies, as well as ethical competencies, are not something that can be covered in one course and then considered complete. It's more about introducing theoretical knowledge and other essential skills, then applying them and receiving feedback and ongoing training. That's the key," Knipper said.

Practical Tools and Policy Changes

Making equity real requires practical solutions, not just ideals. Allegri notes that many migrants in Italy miss out on cancer screening because they don't know it's free or available. "That's why providing written information, such as leaflets in multiple languages, can be really helpful. Using visuals to convey scientific information can also contribute to a more transparent communication, reaching also those who don't speak the local language well," she said.

Pandey points to tangible fixes that make a difference at the bedside. "Healthcare providers can use diagrams and simple language to explain things directly to patients. For instance, when prescribing medication, they might use diagrams to show that two blue pills should be taken after meals. This approach seems to work well if also paired with regular checks on patients to ensure they understand," she said.

Language access will require investment. Knipper argues for structural reforms giving all patients access to interpreting services, while Allegri suggests phone or video interpreting to reach more people efficiently. For Pandey, it's critical that interpreters are not just bilingual but are culturally aware. "They should know how to discuss medical terms while keeping in mind that the information being shared by individuals can be confidential and private," she said.

Europe’s migrant healthcare challenge may look daunting, but these experiences show that adapting is both possible and necessary. Only by recognizing the complexity of the problem — and embracing flexible, creative solutions — can Europe’s healthcare systems live up to their promise of care for all.

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Luca Arfini is an Italian science journalist and communications specialist based in Amsterdam, the Netherlands, with expertise in health, sustainability, and EU policies.

Credits
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