

**COE/EU PROGRAM
“STRENGTHENING HEALTH CARE
AND HUMAN RIGHTS PROTECTION
IN PRISONS IN ARMENIA”**

INTERNATIONAL STANDARDS & COMPARATIVE
RESEARCH ON PRISONERS' HEALTH RIGHTS
France, UK and Slovenia

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WHY TO INTEGRATE PRISON HEALTH SERVICES INTO HEALTH AUTHORITIES?

REASONS:

- International standard of equality of care
- Denial of medical care amounts to ill-treatment under article 3 of the ECHR
- Independent professional judgment
- Number of mentally-ill persons in prisons (UK)

INTERNATIONAL & REGIONAL STANDARDS

UNIVERSAL

- UN BILL OF RIGHTS
- WHO



Int. Covenant on Economic, Social & Cultural Rights: Equality & quality of care (art.12)
Everyone to enjoy the highest attainable standard of health

REGIONAL, EUROPEAN

- **CoE**

*what to do **CPT**
standards: medical health, living conditions, crowding, hygiene, light, heat, fresh air, food and drink, safety of restraint techniques, privacy and confidentiality, prevention

*what not to do **ECHR**
-art. 2, art.3, art. 8, art. 13

CASE OF MCGLINCHEY AND OTHERS V. UK ("99-"03)

Facts: An asthmatic and heroin-addict prisoner dies in hospital, after 28 days of her imprisonment. She was convicted for theft to 4 m. imprisonment.

The deceased was screened at entry, provided with anti-asthma and anti-opiates medications, anti-biotic; however they were not administered regularly.

She was vomiting, did not eat regularly & experienced weight loss for days. Prison doctor was absent during the weekend. Independent investigation was carried out regarding her death.

Complaints under ECHR: 1. Failure regularly to administer proper medications/ timely denial of adequate medical aid amounts to ill-treatment - art. 3.

2. The deceased was denied adequate legal remedy – art. 13.

COURT'S ASSESSMENT AND CONCLUSION - ART. 3

1. Did the treatment attain the minimal threshold of severity?

A person is kept in conditions which 1. do not subject her to distress or hardship of an intensity exceeding the unavoidable level of suffering of being locked up and 2. her health and well-being are adequately secured by the requisite medical assistance.

C: *There was a gap in the monitoring of her condition by a doctor over the weekend when there was a further significant drop in weight and a failure of the prison to take more effective steps to treat her condition, such as her admission to hospital to ensure the intake of medication and fluids intravenously, or to obtain more expert assistance in controlling the vomiting.*

COURT'S ASSESSMENT AND CONCLUSION - ART. 13

- **Did the applicants have effective and adequate legal remedy for arguable breach of adequate medical care (omission to act) under ECHR?**

C: Existing remedies in prison system did not offer any right to compensation for sufferings already endured when no physical or psychological damage was actively caused .

For breach of Art. 3 (examining the standard of medical care) there must be effective remedy (non-pecuniary damage)

Damages awarded: 22,900 euro + 7,500 euro costs

HOW TO INTEGRATE HEALTH CARE PRISON SERVICES?

- **Three countries as an example:**

- *France, UK (England) – “Integration model”**

- Joint characteristic: 1. leaders of the integration model, 2. “old democracies”, 3. prison population equals size of a town**

- *Slovenia – Gradual integration model**

- Characteristics: 1. Smaller sized country with smaller sized prison population, underwent health reform during its transition from socialism**

PRISONS FRESNES - FRANCE
BIRMINGHAM - ENGLAND
HOSTEL CELICA - SLOVENIA



	Integr. start date	Who	How	What
France	1994	Regional penitentiary health & prison authorities, prisons & public hospitals	Sign protocols for providing health care	Primary & secondary care
England	1997 2002 2003 - budget	NHS – England commissions health care services	Public tender: NHS providers, social org. & private providers	Primary & secondary care
Slovenia	1995 2009- legal framework	Execution of Sanctions Department, MoJ Prisons	-Public tender -Full time employment -Agreements with public hospitals	Primary & secondary care

PRIMARY CARE PACKAGE

- **GP services**
 - **Medical Examination**
 - **Basic medical care**
 - **Addiction services**
 - **Dental care**
 - **Screening/control/monitoring of communicable diseases**
 - **Distribution of medications**
- *As a rule & depending on the type of the health care it is available 24hrs**
- *Prison health care centers/secured wards in hospitals/prison hospitals**

OTHER SERVICES

- **They may be available few days in a week in some prisons:**

Kinesiotherapy, cardiac, diabetes, end of life care, cancer care, neurology, nutrition, occupational therapy, speech therapy, sexual health, anti-smoking therapy, immunization & vaccination, laboratory, radiology exams, dermatologists, pulmonologist, ophthalmologist.

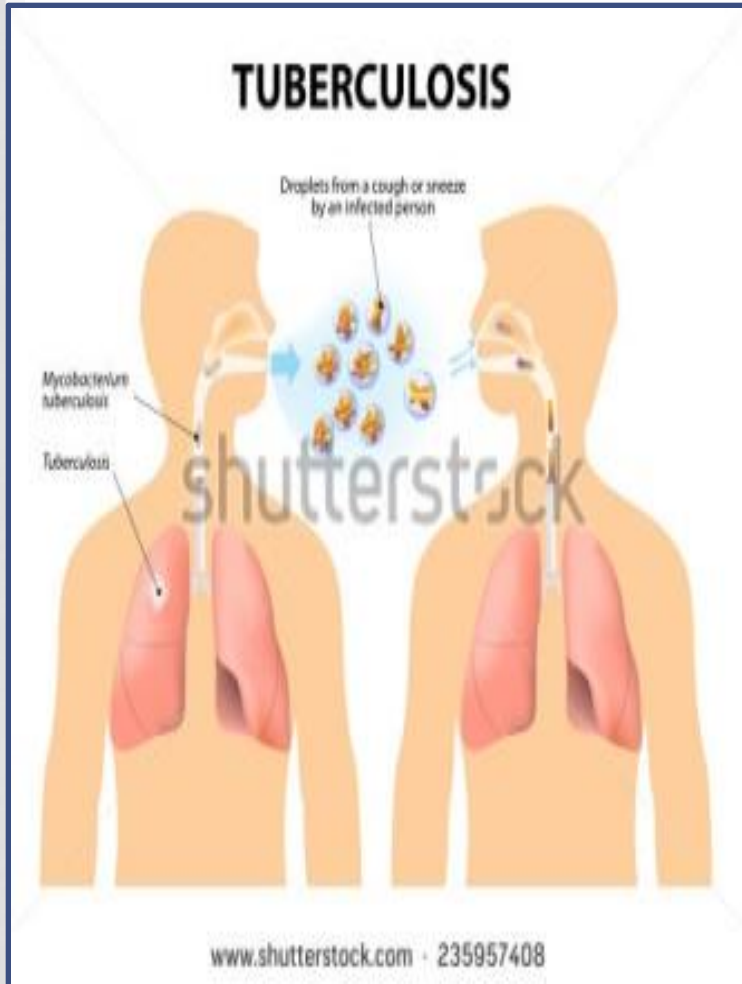
***Mouisel v. France – prisoner must be transferred to appropriate medical facility, or released for treatment, if he cannot get adequate care**

PSYCHIATRIC CARE

- In all three countries psychiatric services are provided in the penitentiary, or in regional/public hospitals (e.g. Slovenia secure facility for forensic patients)
- Secured hospitals for long-term institutionalization.
- *Good practice
 - In France greater compensation for prison psychiatrists
 - In UK cooperation with civic sector for treatments of substance abuse
- Keenan v. UK – suicide in segregation unit, inadequate medical care and lack of precise medical records

TRANSMITTABLE DISEASES

HEALTH AUTHORITIES GUIDANCE



- *Prevention*

Distribution of bleach, systematic upon consent/ compulsory testing, voluntary, condoms, vaccination, hair cutting, hand cleansing stations, whitening out, disinfection tablets, education, first aid training

ACCREDITATION

	France	England	Slovenia
Authority	HAS public financial independent	QHA Trent private health-care providers UKAS – private -national accreditation body	Slovenian sole accreditation body public, established by law
Function	Health establishment & practitioner	QHA Trent health-care providers UKAS –services, laboratories and products (not only health)	Laboratories, products (not only health)
Governance	Board 8 members appointed by the President	UKAS (members) Department of Health, Public Health England, Academy of medical royal college, Health and Safety Executive	Board (Min. of Health, other Ministries, industry) Director Accreditation Committee (experts and gmnt.)

QUALIFICATION OF DOCTORS

	Bodies	Requirement	Revalidation of medical license
France	HAS National Council of Medical Order (private ass. –ethics discipline)	CPD (continuous training, seminars, exchange of experience) defined by HAS	Every 5 years compulsory
England	Doctors – General Medical Council (independent) Nurses – Central Council (statutory body)	CPD (no. of hrs. in 1 and 5 years)	Every 5 years compulsory
Slovenia	Medical Chamber registration	Continuous education defined by MoH	Every 7 years compulsory

SUPERVISION

	France	England	Slovenia
B	General Inspection for Social Affairs (health, hygiene, sanitary, communicable diseases, safety)	Q. care comm. Independent regulator health care (inspect)	Supervisory Judge
O			
D	Inspection of Penitent. Admin.		
I	Prison evaluation board (Prefect, judges, prosecutors, defense- lawyers, mayor)	Inspectorate of prisons (Gmnt) food, sanitary	Ombudsperson & NPM (+ NGOs)
E	The General Controller of Places of Deprivation of Liberty -NPM	Ombudsperson	Sanitary Inspection
S	Court of Audit	Local Independent Board (citizens)	MoJ

DOCUMENTATION

- **Joint characteristics**

- ***Confidentiality**

- **electronic medical files**

- transfer of medical file in case of transfer/release**

- access prison doctor, patient, inspection and other health bodies as necessary and information that is adequate, as well as upon prisoner's consent**

- **France electronic medical files of juveniles that are shared with prison administration must not contain medical secrets**

PATIENTS' RIGHTS

- Patients' rights of general population applicable to prisoners
- Treatment upon prisoners' consent
- Assisted by doctor of their choice

***Good practice – Slovenia**

-Special representative for patients' rights, as well as for the rights of mentally ill persons

-Informal mediation to solve disputes regarding patients' rights

***Willkinson v. UK** – mentally ill treated without his consent based on medical necessity, imposed in a manner that avoided harm.

FINANCING

- **France** – public health security scheme
Regional Health agencies plan resources,
procurement is done by union of groups of public
purchasers (hospitals)
- **England**- free medical treatment, budgets NHS,
procurement clinical commissioning groups
(doctors)
- **Slovenia** - compulsory insurance or prison budget.
Selected pharmacy procures medications,
community public hospitals equipment.



DISABLED PRISONERS

1. LIFE IMPRISONMENT – RELEASE AFTER CERTAIN TIME, PROGRAMMES AGAINST REOFFENDING

2. SOLITARY CONFINEMENT



England – Initial medical assessment within 2hrs

Segregation Review Board
Mental Health Assessment

France - medical visits 2 per week min.

Slovenia – daily visits
- 2hrs daily walk outdoors

INSTITUTIONAL RELATIONS AND PROFESSIONAL INDEPENDENCE

France

- **Integration in stages**
- **Inter-ministerial groups**
- **Prison health care - options for integration in public hospitals**
- **Joint pieces of legislation**
- **Health education programmes include everybody**

Identified problems

- **Fear of prison personnel for unfavorable assessments**
- **Reluctance of prison staff to work with outside colleagues**
- **Overwhelmed public service**
- **Medical staff –intrusion in prisons**
- **Medical confidentiality**

INSTITUTIONAL RELATIONS AND PROFESSIONAL INDEPENDENCE

ENGLAND

- Integration in stages
- 2000 Prison health policy unit & task force in the Ministry of Health
- Partnerships
- Prison health care staff integrated in medical associations and attend their trainings

SLOVENIA

- Gradual transfer
- Cooperation and joint instructions
- Division of work
- Applicability of health-connected legislation to prison health care
- MoH link safeguard independence of HC staff

Conclusions and recommendations

Long-term commitment

1. **Coordination**
2. **Legal bases**
3. **Integration of specialized services**
4. **Transfer to public hospitals**
5. **Accreditation rules, certification**
6. **Transfer of budget**
7. **Staff integration**

France & UK



Improved services
Stronger links with communal health services
Professional independence



Increased expenses
Lot of work
Monitoring for effectiveness