

FACTSHEET

Health and Medical Treatment



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Being in prison can have a huge impact on your physical and mental health. Unfortunately, conditions in prison (for example, overcrowding, poor diet and poor sanitation) may also cause health problems, or make existing health conditions worse.

This factsheet helps explain the international standards that are relevant to health and medical treatment. These set out the ideal standard of health care that should be provided in prisons. Whilst these standards are not legally binding, they may carry political or moral weight and can be cited by governments, lawyers or individuals.

As a result, the standard of medical care will vary according to where you are. In many countries, the standard can be very poor and only limited treatment and medication is available. You may feel that you face inequalities and exclusion in accessing medical services.

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1 International human rights standards relating to health

There is a range of international human rights standards. Some of the standards are from international treaties, which are binding on all states which become parties to them. Other standards are from the United Nations and other organisations. Standards can also come from judgments and recommendations of expert bodies set up to monitor the implementation of human rights treaties – for example, the UN Human Rights Committee monitors implementation of the International Covenant on Civil and Political Rights. Other standards are from regional organisations and apply to countries in those regions. Many of the standards quoted in this factsheet set out the ideal level of health care that should be provided in prisons.

1.1 *Universal Declaration of Human Rights (UDHR)*

The Universal Declaration of Human Rights is a declaration by the United Nations. It contains principles for the protection of recognised human rights (such as the right to life, the prohibition of torture etc.).

Article 25 of the Universal Declaration of Human Rights is relevant to health. It states “everyone has the right to a standard of living adequate for the health and well-being of himself...including...medical care and necessary social services”.

Whilst this Declaration is not binding on State authorities, it can be a powerful tool in applying diplomatic and moral pressure to ensure the principles are upheld.

1.2 *International Covenant on Economic Social and Cultural Rights (ICESCR)*

The ICESCR is an international treaty by the United Nations. It commits States to progressively work toward granting economic, social and cultural rights to individuals including rights to health, education and an adequate standard of living. The ICESCR requires countries to act as best they can within their means. The ICESCR has 160 State parties. **See annex A** for a list of countries.

Whilst the ICESCR is binding on the State Parties, the obligation is that States will progressively implement ICESCR rights. **It acknowledges that some of the rights, such as the right to health, may be difficult in practice to achieve and that states may be subject to resource constraints, but States are required to act as best they can within their means.**

Article 12 of the ICESCR recognises the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. This recognises that the standard of health that is “attainable” varies country to country.

The Committee on Economic, Social and Cultural Rights (the monitoring body of the ICESCR) has given some guidance on Article 12. The Committee has stated that Article 12 means that State Parties are obliged to refrain from denying or limiting equal access for all persons, **including prisoners or detainees**, to preventative, curative, and palliative health services (Committee General Comment 14, paragraph 34).

The Committee has also said that Article 12 includes the right to provision of essential drugs as defined by the United Nations World Health Organisation Action Programme on Essential Drugs (Committee General Comment 14, paragraph 43(d)). **See annex B** for examples of essential drugs recommended by the World Health Organisation.

Article 2.2 of the ICESCR is also relevant. Article 2.2 requires that the rights enshrined in the ICESCR are recognised without any discrimination. This means that you are entitled to a standard of medical care which is at least the same as that provided in the wider community in the country you are in. You should not face any discrimination in accessing this medical treatment because you are a prisoner or a foreigner. The Committee further stated that countries have an immediate obligation to guarantee that the right to health will be exercised without discrimination of any kind (Committee General Comment 14, paragraph 30).

Please note that these Committee General Comments are not legally binding on countries but they form useful moral guidelines on which to operate.

1.3 International Covenant on Civil and Political Rights (ICCPR)

The International Covenant on Civil and Political Rights is an international treaty adopted by the United Nations. There are 165 countries that are party to the ICCPR. **See annex C** for a list of countries.

It commits countries to respect the civil and political rights of individuals, including the right to life, freedom of religion, freedom of speech and rights to a fair trial. The following rights guaranteed by the ICCPR are relevant to health -

1.3.1 Dignity

Article 10 of the ICCPR provides for the right to respect of the dignity of the person. Your health and need for treatment concern this right to dignity. Prison authorities should comply with their obligation to respect the prisoner’s human dignity and fulfil their duty of care. Serious illness should not result from the prison conditions or lack of care.

1.3.2 Cruel, inhuman and degrading treatment

To deny a person life-saving treatment could be regarded as a breach of article 7 of the ICCPR which prohibits cruel, inhuman or degrading treatment.

1.3.3 The right to life

It may be possible to base your right to health (and the need to be treated) on the right to life if you need potentially life-saving treatment or if you suffer from a life-threatening disease. The right to life is guaranteed by article 6 of the ICCPR and is recognised by most countries. In non-life threatening cases, the right to health is linked to more general arguments such as human dignity and physical integrity.

1.3.4 Non-discrimination

Article 2.1 of the ICCPR requires that the above rights contained in the ICCPR are recognised without any discrimination.

1.4 Other international instruments

There are some other international instruments which set out general guidelines for the provision of healthcare to prisoners. These are not binding, but again form a moral basis for countries to follow.

The United Nations has issued guidance called the Body of principles for the Protection of All Persons under Any Form of Detention or Imprisonment. Principle 24 states that "...medical care and treatment shall be provided whenever necessary. This care and treatment shall be provided free of charge."

Another instrument by the United Nations called the Standard Minimum Rules for the Treatment of Prisoners serves to outline the minimum conditions which are accepted as suitable by the United Nations. **See annex D** for the text of rules 22-25 which cover medical services in prison, including specific standards relating to –

- Pre-natal and post-natal care for women
- Dental care
- Mental health care

2 Regional standards on the right to health

2.1 European Convention on Human Rights (ECHR)

The ECHR is a treaty to protect human rights in Europe. It is drafted by the Council of Europe. The ECHR also established the European Court of Human Rights. **See annex E** for countries that are parties to the ECHR.

The right to health is not specifically provided for under the ECHR. However, the Court has held in some cases that the right to health can be read into article 2 (the right to life), article 3 (prohibition of cruel, inhuman, degrading treatment) and article 8 (which protects an individual's integrity) of the Convention. This depends on the facts and circumstances of each case.

There is also useful guidance relating to health in the Council of Europe's European Prison Rules, which are not legally binding. **See annex F for the text of the European Prison Rules** relating to health and medical care, including specific provisions on mental health.

2.2 American Convention on Human Rights (ACHR)

The ACHR is an international human rights instrument adopted by the nations of the Americas. It is legally binding for those countries. **See annex G** for a list of countries that are party to the ACHR.

The right to health is not provided for under the ACHR. However, medical assistance for prisoners has been read into Article 5 of the ACHR, which protects the right to humane treatment. Again, this depends on the facts of each case.

2.3 African Charter on Human and Peoples' Rights (ACHPR)

The ACHPR is an international human rights instrument that promotes and protects human rights and basic freedoms in the African continent **See annex H** for a list of countries.

The Charter directly recognises the right to health in Article 16 which provides –

- Every individual shall have the right to enjoy the best attainable state of physical and mental health, and
- State Parties to the ACHPR shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick.

Whilst there may be provision for health in the ACHPR, the reality is that health care may not be available or is very limited in many African countries.

3 Domestic law provisions on the right to health

The law in some countries may provide for the right to health. For example, the following countries recognise the right to health in the national constitutions - Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, India, Nigeria, Panama, San Salvador, South Africa, and Venezuela.

It may also be possible to bring a case before the domestic courts regarding your right to health or access to medical treatment. Examples of cases where this has been successful include HIV/AIDS, leukaemia, renal and liver transplantation. This will depend on the local laws and the facts of your case.

For further information on the law of the country you are in and on whether your case could be brought before the local courts, it may be necessary to speak to a local lawyer. The British consulate can provide you with a list of local lawyers.

4 Putting your rights into practice

4.1 Access to medical care in prison

Most prisons in developed countries (Europe, North America, Australasia) provide general medical care, but in other areas of the world the care provided may vary hugely. This is usually provided within the prison by a prison doctor or you may be transferred to separate medical facilities to receive medical treatment. The medical care provided by the prison should be at least comparable to what is available in the outside community.

4.2 What if the treatment I need cannot be provided in the prison medical facilities?

Where the prison is unable to provide sufficient medical care (for example, when you need specialist treatment e.g. surgery) you are entitled to access the same specialist care that is available to the general population. When specialist treatment is required, the prison should transfer you to an outside hospital or clinic for this treatment.

Security measures may be put in place by the prison to allow you to be treated in an outside hospital for the required period of time. For example, you may be placed in a secure part of the hospital, a guard may be present, and you may be handcuffed or possibly shackled. The use of physical restraints should be for legitimate security reasons only; should not make your medical condition worse; and should not be excessive or disproportionate. For example, we have heard of pregnant women having to give birth while handcuffed to the bed. If you have concerns about this, try to raise it with the doctor, and speak to the Prisoner and Family Support Service at Prisoners Abroad or the British consul.

If the general population can only access certain specialist treatment (e.g. dialysis) privately, then you will also have to receive this treatment privately. The prison authorities should not prevent you from accessing this if the treatment is essential.

4.3 Do I have to pay for medical treatment?

If the general population has to pay for medical treatment, then it is likely that you will also have to pay for the treatment. If specialist treatment is only available privately, it is likely that you will have to pay.

4.4 I cannot afford medical treatment. What should I do?

The UN Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment states "...medical care and treatment shall be provided whenever necessary. This care and treatment shall be provided free of charge" (Principle 24).

This standard suggests that prisons have a duty of care to look after you while you are in detention. The decision whether to pay for medical treatment should be taken by the prison authorities based on your needs and resources. If you have no means to pay for the treatment that you need, the authorities should consider whether they should pay for the treatment. Medical treatment should not be denied on the grounds that it is deemed to be too expensive or because you are a prisoner.

This standard does not, however, create a legal obligation on the prison to provide free healthcare. This is intended to be guidance for prisons. It may be necessary for you to pay for medical treatment.

Please see below for information on Prisoner's Abroad Emergency Medical Fund.

4.5 I feel like I am being denied medical treatment because I am a prisoner or because I am a foreigner.

Discrimination is prohibited under a range of international, regional and domestic standards. It can be a potentially powerful argument when certain medical treatments are unequally available within a country, for example, only in certain types of hospitals, or only for certain categories of people. If you feel you are being denied treatment because you are a prisoner or a foreigner, speak to the casework team at Prisoners Abroad or the British Consul.

4.6 Early release from detention based on medical grounds

Countries may allow early release from detention due to compassionate or medical reasons. For example, if you are terminally ill. Speak to a local lawyer about this. The FCO may also consider supporting a pardon application on compassionate grounds. Ask for our Factsheet on the FCO clemency policy or speak to the British Consulate for more information.

4.7 Transfer back to the UK

It may be possible for you to transfer back to the UK to serve the rest of your sentence in the UK, where provision of medical care may be better than in the country of your detention. In applying for a transfer, it may be relevant to refer to any medical problems that you have. Speak to a lawyer and the local and UK authorities responsible for transfers (in the UK it is NOMS). The FCO and Prisoners Abroad can also provide some information on transfers.

4.8 What to do if you have any concerns about access to medical care

Talk through any concerns with a local lawyer. They will be able to advise you on the local system and any entitlements. You should also speak to the British Consulate and Prisoners Abroad.

4.9 Possible sources of help

PA Medical Emergency Fund - Prisoners Abroad has an emergency medical fund which may be able to contribute towards any essential medication or treatment you may need which is not provided by the prison, if you are not receiving funding from other sources.

The FCO Medical Panel – in certain circumstances, the FCO may refer your case to its Medical Panel. This is a group of UK doctors. A doctor from the Panel will examine your prison medical records and give an assessment of what treatment may be required. Speak to the British Consulate for more information.

The FCO Lawyers Panel – in some circumstances, the FCO may refer your case to its Lawyers Panel. This is a group of UK lawyers. A lawyer from the Panel will work directly with your local lawyer to help prepare your case. This may be relevant if you and a local lawyer are considering taking legal action about your medical treatment.

5 Conclusion

This factsheet aims to give an overview of some international standards that are relevant to health and medical treatment. These standards are difficult to rely upon as they are not legally binding. You may wish to discuss with a lawyer whether there are any international standards or domestic law provisions that are relevant to your case.

Your health is very important. It is essential that you receive adequate medical attention if you are unwell. If you have any concerns about your health or access to medical care, contact the Prisoner and Family Support Service at Prisoners Abroad or speak to your local British consular staff.

Annex A - Countries Party to the ICESCR

Afghanistan	France	Panama
Albania	Gabon	Papua New Guinea
Algeria	Gambia	Paraguay
Angola	Georgia	Peru
Argentina	Germany	Philippines
Armenia	Ghana	Poland
Australia	Greece	Portugal
Austria	Grenada	Republic of Korea
Azerbaijan	Guatemala	Republic of Moldova
Bahamas	Guinea	Romania
Bahrain	Guinea-Bissau	Russian Federation
Bangladesh	Guyana	Rwanda
Barbados	Honduras	San Marino
Belarus	Hungary	Sao Tome and Principe
Belgium	Iceland	Senegal
Belize	India	Serbia
Benin	Indonesia	Seychelles
Bolivia	Islamic Republic of Iran	Sierra Leone
Bosnia and Herzegovina	Iraq	Slovakia
Brazil	Ireland	Slovenia
Bulgaria	Israel	Solomon Islands
Burkina Faso	Italy	Somalia
Burundi	Jamaica	South Africa
Cambodia	Japan	Spain
Cameroon	Jordan	Sri Lanka
Canada	Kazakhstan	St Vincent and the Grenadines
Cape Verde	Kenya	Sudan
Central African Republic	Kuwait	Suriname
Chad	Kyrgyzstan	Swaziland
Chile	Lao People's Democratic Republic	Sweden
China	Latvia	Switzerland
Colombia	Lebanon	Syrian Arab Republic
Comoros	Lesotho	Tajikistan
Congo	Liberia	Thailand
Costa Rica	Libyan Arab Jamahiriya	The former Yugoslav Republic of Macedonia
Cote d'Ivoire	Liechtenstein	Timor-Leste
Croatia	Lithuania	Togo
Cuba	Luxembourg	Trinidad and Tobago
Cyprus	Madagascar	Tunisia
Czech Republic	Mauritius	Turkey
Democratic Republic of Korea	Mexico	Turkmenistan
Democratic Republic of the Congo	Monaco	Uganda
Denmark	Mongolia	Ukraine
Djibouti	Montenegro	United Kingdom

Dominica	Morocco	United Republic of Tanzania
Dominican Republic	Namibia	United States Of America
Ecuador	Nepal	Uruguay
Egypt	Netherlands	Uzbekistan
El Salvador	New Zealand	Venezuela
Equatorial Guinea	Nicaragua	Vietnam
Eritrea	Niger	Yemen
Estonia	Nigeria	Zambia
Ethiopia	Norway	Zimbabwe
Finland	Pakistan	

Annex B

Full list of WHO recommended Essential drugs at -

http://www.who.int/medicines/publications/essentialmedicines/Updated_sixteenth_adult_list_en.pdf

Examples of WHO recommended Essential drugs. Lists can vary country to country.

Antiallergics and medicines used in anaphylaxis	Vaccines -
Antibacterials	- BCG vaccine
Antidotes and other substances used in poisonings	- cholera vaccine
Antifungal medicines	- diphtheria vaccine
Antiherpes medicines	- hepatitis A vaccine
Antiinfective medicines	- hepatitis B vaccine
Antiinflammatory medicines	- haemophilus influenzae type b vaccine
Antileprosy medicines	- influenza vaccine
Antimigraine medicines	- Japanese encephalitis vaccine
Antiparkinsonism medicines	- measles vaccine
Antiretrovirals	- meningococcal meningitis vaccine
Antituberculosis medicines	- mumps vaccine
Antiviral medicines	- pertussis vaccine
Blood products and plasma substitutes	- pneumococcal vaccine
Cardiovascular medicines	- poliomyelitis vaccine
Dermatological medicines	- rabies vaccine
Disinfectants and antiseptics	- rotavirus vaccine
General anaesthetics and oxygen	- rubella vaccine
Insulin and other anti-diabetic agents	- tetanus vaccine
Laxatives Medicines used in diarrhea	- typhoid vaccine
Local anaesthetics	- varicella vaccine
Medicines acting on the respiratory tract	- yellow fever vaccine
Medicines affecting the blood	- Vitamins and minerals
Medicines used in heart failure	
Medicines used in palliative care	
Morphine	
Psychotherapeutic medicines	
Thyroid hormones and anti-thyroid medicines	

Annex C – Countries party to the ICCPR

Afghanistan	Gabon	Niger
Albania	Gambia	Nigeria
Algeria	Georgia	Norway
Andorra	Germany	Pakistan
Angola	Ghana	Panama
Argentina	Greece	Papua New Guinea
Armenia	Grenada	Paraguay
Australia	Guatemala	Peru
Austria	Guinea	Philippines
Azerbaijan	Guinea-Bissau	Poland
Bahamas	Guyana	Portugal
Bahrain	Haiti	Republic of Korea
Bangladesh	Honduras	Republic of Moldova
Barbados	Hungary	Romania
Belarus	Iceland	Russian Federation
Belgium	India	Rwanda
Belize	Indonesia	Samoa
Benin	Iran (Islamic Republic of)	San Marino
Bolivia	Iraq	Sao Tome and Principe
Bosnia and Herzegovina	Ireland	Senegal
Botswana	Israel	Serbia
Brazil	Italy	Seychelles
Bulgaria	Jamaica	Sierra Leone
Burkina Faso	Japan	Slovakia
Burundi	Jordan	Somalia
Cambodia	Kazakhstan	South Africa
Cameroon	Kenya	Spain
Canada	Kuwait	Sri Lanka
Cape Verde	Kyrgyzstan	St Vincent and the Grenadines
Central African Republic	Lao People's Democratic Republic	Sudan
Chad	Latvia	Suriname
Chile	Lebanon	Swaziland
China	Lesotho	Sweden
Colombia	Liberia	Switzerland
Comoros	Libyan Arab Jamahiriya	Syrian Arab Republic
Congo	Liechtenstein	Tajikistan
Costa Rica	Lithuania	Thailand
Cote d'Ivoire	Luxembourg	The former Yugoslav Republic of Macedonia
Croatia	Madagascar	Timor-Leste
Cuba	Malawi	Togo
Cyprus	Maldives	Trinidad and Tobago
Czech Republic	Mali	Tunisia
Democratic People's Republic of the Congo	Malta	Turkey

Denmark	Mauritania	Turkmenistan
Djibouti	Mauritius	Uganda
Dominica	Mexico	Ukraine
Dominican Republic	Monaco	United Kingdom
Ecuador	Montenegro	United Republic of Tanzania
Egypt	Morocco	United States of America
El Salvador	Mozambique	Uruguay
Equatorial Guinea	Namibia	Uzbekistan
Eritrea	Nauru	Venezuela
Estonia	Nepal	Vietnam
Ethiopia	Netherlands	Yemen
Finland	New Zealand	Zambia
France	Nicaragua	Zimbabwe

Annex D – Extract of the UN Standard Minimum - Rules 22-25

Medical services

22. (1) At every institution there shall be available the services of at least one qualified medical officer who should have some knowledge of psychiatry. The medical services should be organized in close relationship to the general health administration of the community or nation. They shall include a psychiatric service for the diagnosis and, in proper cases, the treatment of states of mental abnormality.

(2) Sick prisoners who require specialist treatment shall be transferred to specialized institutions or to civil hospitals. Where hospital facilities are provided in an institution, their equipment, furnishings and pharmaceutical supplies shall be proper for the medical care and treatment of sick prisoners, and there shall be a staff of suitable trained officers.

(3) The services of a qualified dental officer shall be available to every prisoner.

23. (1) In women's institutions there shall be special accommodation for all necessary pre-natal and post-natal care and treatment. Arrangements shall be made wherever practicable for children to be born in a hospital outside the institution. If a child is born in prison, this fact shall not be mentioned in the birth certificate.

(2) Where nursing infants are allowed to remain in the institution with their mothers, provision shall be made for a nursery staffed by qualified persons, where the infants shall be placed when they are not in the care of their mothers.

24. The medical officer shall see and examine every prisoner as soon as possible after his admission and thereafter as necessary, with a view particularly to the discovery of physical or mental illness and the taking of all necessary measures; the segregation of prisoners suspected of infectious or contagious conditions; the noting of physical or mental defects which might hamper rehabilitation, and the determination of the physical capacity of every prisoner for work.

25. (1) The medical officer shall have the care of the physical and mental health of the prisoners and should daily see all sick prisoners, all who complain of illness, and any prisoner to whom his attention is specially directed.

(2) The medical officer shall report to the director whenever he considers that a prisoner's physical or mental health has been or will be injuriously affected by continued imprisonment or by any condition of imprisonment.

Annex E - Countries party to the ECHR

Albania	Lithuania
Andorra	Luxembourg
Armenia	Malta
Austria	Moldova
Azerbaijan	Monaco
Belgium	Montenegro
Bosnia and Herzegovina	Netherlands
Bulgaria	Norway
Croatia	Poland
Cyprus	Portugal
Czech Republic	Romania
Denmark	Russia
Estonia	San Marino
Finland	Serbia
France	Slovakia
Georgia	Slovenia
Germany	Spain
Greece	Sweden
Hungary	Switzerland
Iceland	The former Yugoslav Republic of Macedonia
Ireland	Turkey
Italy	Ukraine
Latvia	United Kingdom
Liechtenstein	

ANNEX F – Extract of the European Prison Rules - Part III - Health

Health care

39. Prison authorities shall safeguard the health of all prisoners in their care.

Organisation of prison health care

40.1 Medical services in prison shall be organised in close relation with the general health administration of the community or nation.

40.2 Health policy in prisons shall be integrated into, and compatible with, national health policy.

40.3 Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation.

40.4 Medical services in prison shall seek to detect and treat physical or mental illnesses or defects from which prisoners may suffer.

40.5 All necessary medical, surgical and psychiatric services including those available in the community shall be provided to the prisoner for that purpose.

Medical and health care personnel

41.1 Every prison shall have the services of at least one qualified general medical practitioner.

41.2 Arrangements shall be made to ensure at all times that a qualified medical practitioner is available without delay in cases of urgency.

41.3 Where prisons do not have a full-time medical practitioner, a part-time medical practitioner shall visit regularly.

41.4 Every prison shall have personnel suitably trained in health care.

41.5 The services of qualified dentists and opticians shall be available to every prisoner.

Duties of the medical practitioner

42.1 The medical practitioner or a qualified nurse reporting to such a medical practitioner shall see every prisoner as soon as possible after admission, and shall examine them unless this is obviously unnecessary.

42.2 The medical practitioner or a qualified nurse reporting to such a medical practitioner shall examine the prisoner if requested at release, and shall otherwise examine prisoners whenever necessary.

42.3 When examining a prisoner the medical practitioner or a qualified nurse reporting to such a medical practitioner shall pay particular attention to:

- a. observing the normal rules of medical confidentiality;
- b. diagnosing physical or mental illness and taking all measures necessary for its treatment and for the continuation of existing medical treatment;
- c. recording and reporting to the relevant authorities any sign or indication that prisoners may have been treated violently;
- d. dealing with withdrawal symptoms resulting from use of drugs, medication or alcohol;
- e. identifying any psychological or other stress brought on by the fact of deprivation of liberty;
- f. isolating prisoners suspected of infectious or contagious conditions for the period of infection and providing them with proper treatment;
- g. ensuring that prisoners carrying the HIV virus are not isolated for that reason alone;
- h. noting physical or mental defects that might impede resettlement after release;
- i. determining the fitness of each prisoner to work and to exercise; and
- j. making arrangements with community agencies for the continuation of any necessary medical and psychiatric treatment after release, if prisoners give their consent to such arrangements.

43.1 The medical practitioner shall have the care of the physical and mental health of the prisoners and shall see, under the conditions and with a frequency consistent with health care standards in the community, all sick prisoners, all who report illness or injury and any prisoner to whom attention is specially directed.

43.2 The medical practitioner or a qualified nurse reporting to such a medical practitioner shall pay particular attention to the health of prisoners held under conditions of solitary confinement, shall visit such prisoners daily, and shall provide them with prompt medical assistance and treatment at the request of such prisoners or the prison staff.

43.3 The medical practitioner shall report to the director whenever it is considered that a prisoner's physical or mental health is being put seriously at risk by continued imprisonment or by any condition of imprisonment, including conditions of solitary confinement.

44. The medical practitioner or other competent authority shall regularly inspect, collect information by other means if appropriate, and advise the director upon:

- a. the quantity, quality, preparation and serving of food and water;
- b. the hygiene and cleanliness of the institution and prisoners;
- c. the sanitation, heating, lighting and ventilation of the institution; and
- d. the suitability and cleanliness of the prisoners' clothing and bedding.

45.1 The director shall consider the reports and advice that the medical practitioner or other competent authority submits according to Rules 43 and 44 and, when in agreement with the recommendations made, shall take immediate steps to implement them.

45.2 If the recommendations of the medical practitioner are not within the director's competence or if the director does not agree with them, the director shall immediately submit the advice of the medical practitioner and a personal report to higher authority.

Health care provision

46.1 Sick prisoners who require specialist treatment shall be transferred to specialised institutions or to civil hospitals, when such treatment is not available in prison.

46.2 Where a prison service has its own hospital facilities, they shall be adequately staffed and equipped to provide the prisoners referred to them with appropriate care and treatment.

Mental health

47.1 Specialised prisons or sections under medical control shall be available for the observation and treatment of prisoners suffering from mental disorder or abnormality who do not necessarily fall under the provisions of Rule 12.

47.2 The prison medical service shall provide for the psychiatric treatment of all prisoners who are in need of such treatment and pay special attention to suicide prevention.

Other matters

48.1 Prisoners shall not be subjected to any experiments without their consent.

48.2 Experiments involving prisoners that may result in physical injury, mental distress or other damage to health shall be prohibited.

Annex G - Countries party to the ACHR

Argentina	Guatemala
Barbados	Haiti
Bolivia	Honduras
Brazil	Jamaica
Chile	Mexico
Colombia	Nicaragua
Costa Rica	Panama
Dominica	Paraguay
Dominican Republic	Peru
Ecuador	Suriname
El Salvador	Uruguay
Grenada	Venezuela

Annex H - Countries party to the ACHPR

Algeria	Liberia
Angola	Madagascar
Benin	Mali
Botswana	Malawi
Burkina Faso	Mozambique
Burundi	Mauritania
Cameroon	Mauritius
Central African Rep	Namibia
Cape Verde	Nigeria
Chad	Niger
Côte d'Ivoire	Rwanda
Comoros	South Africa
Congo	Sahrawi Arab Democratic Republic
Djibouti	Senegal
Democratic Rep. of Congo	Seychelles
Egypt	Sierra Leone
Equatorial Guinea	Somalia
Eritrea	Sao Tome & Principe
Ethiopia	Sudan
Gabon	Swaziland
Gambia	Tanzania
Ghana	Togo
Guinea-Bissau	Tunisia
Guinea	Uganda
Kenya	Zambia
Libya	Zimbabwe
Lesotho	

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If you spot any errors or inaccuracies in this factsheet please let us know by emailing info@prisonersabroad.org.uk. Thank you.

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