Chained health care: Health concerns in immigration detention

Summary

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Introduction
Providing health care in centres for immigration detention is a difficult and complex task. Care givers have to deal with patients who are in a vulnerable position. In addition, detention itself is a major stress factor. Research shows that immigration detention can cause adverse health effects, particularly for vulnerable people. National and international (regulatory) authorities have been critical of medical care in immigration detention centres.
In 2012 and 2013 the Immigration Detention Hotline (hereafter: the Hotline) received a total of 130 complaints relating to medical care provided to patients held in immigration detention from patients, their lawyers or third parties. In some cases there were serious health problems. For this reason Amnesty International, Doctors of the World and the Hotline decided to conduct further research into complaints about medical care. The organisations hoped this research would provide more of an insight into the seriousness and nature of the complaints.

Method
A retrospective study by means of a qualitative analysis of medical files was used for the research. The cases were selected from the notifications received by the Hotline. Patients gave their consent to participate in the research. Fifteen medical records of vulnerable patients who suffered from serious or complex problems existed were included. Doctors performed a systematic analysis of each medical record using a format. The problems highlighted were divided into different problem areas.

Findings
Based on the analysis of selected medical records, four problem areas can be distinguished:
1. Special vulnerability: In several cases the health problems were such that the immigration detention entailed (avoidable) health risks. There existed barriers in access to appropriate care, avoidable delay in the provision of care and a lack of a clear treatment plan.
2. Continuity of care: There existed problems with continuity of care upon arrival, transfer, deportation or release from detention, resulting in risks to health.
3. Isolation:. Isolation was used frequently and several cases involved repeated isolation. A clear and prior risk assessment, appropriate ground for the isolation and evaluation of the isolation, aimed at the welfare of the patient and not just at the risk of suicide, was lacking in most reports.
4. Conflicting interests: In some cases, a balancing of interests had to be made between the detention policy and the health of the patient. This led to situations which were harmful to patients. Some records showed that medical opinions to waive or discontinue isolation were ignored by the management. Some files also showed that caregivers did not (were unable to) advocate sufficiently for the health interests of their patients.

Considerations and conclusion
The relatively small number of cases examined and the limitations under which this research took place mean that only tentative conclusions can be drawn. However, the findings of this research are not new and tie in closely with the results of other research and reports from various regulatory bodies and NGOs.
The promotion of health and the realization of good health care in immigration detention centres is difficult. Aliens in detention are a vulnerable group, given their migratory background, the uncertain situation in which they find themselves and the deprivation of liberty. If there exists also a complex health problem, it seems impossible, within the setting of immigration detention practices, to provide adequate healthcare and protect the health interests of the patients.

Where continuity of care is concerned, caregivers have to make concessions in order to provide good aftercare for patients because of deportation policy. Health professionals therefore have difficulty meeting their professional standards of continuity of care. This in turn exposes patients to avoidable risks of adverse health effects.

The (frequent) use of isolation in immigration detention is worrying. It is precisely the people who are already suffering from psychiatric disorders who run the most risk of being placed in isolation, since isolation is used as a management tool in the interest of order in detention centres. This leads to a further deterioration in their mental health. There are no risk assessments or structural evaluations of the use of isolation. Isolation in immigration detention centres involving medical (psychiatric) problems, is not monitored in the same way as in the mainstream mental healthcare system. In the mainstream mental health care, much attention is given to eliminating isolation. It is doubtful whether the current way of monitoring is sufficient to evaluate the use of isolation carefully, and also to dramatically limit its use.

Based on this research, the question may be asked whether the setting of immigration detention – in which the practitioners are not ultimately responsible for implementing medical policy – provide adequate safeguards for appropriate care to vulnerable people. Health professionals are in a difficult position if the interests of migration policy clash with the health interests of their patients. The literature shows that this situation creates conflicts of loyalty. To provide appropriate care, it is imperative that doctors and other health professionals can take autonomous clinical decisions.

This report is a publication of the Working Group on Medical Care in immigration detention, represented by Amnesty International the Netherlands, LOS Foundation/ Immigration Detention Hotline and Doctors of the World/ Médecins du Monde Netherlands.

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Link to full report (in Dutch): http://www.amnesty.nl/sites/default/files/public/geketende_zorg_def.pdf