

Geneva Declaration 2012 on health care in prison



The 6th European Conference on Health Promotion in Prison was held from February 1st to 3rd 2012 in Geneva under the theme « Patient or Prisoner? - towards equivalence of care in prison ». Geneva, the world capital of human rights was the city where Jacques Bernheim developed the first prison medical service independent of prison and judicial authorities. Bernheim, a tireless defender of human rights of detainees, was one of the driving forces leading to the European Prison Rules and other documents of reference supported by the Council of Europe, the Committee for the Prevention of Torture (CPT), the World Medical Association (WMA), the International Council of Nurses (ICN), the World Health Organization (WHO) and the Swiss Academy of Medical Sciences.

These guidelines and recommendations are based on international humanitarian law and basic constitutional rights and are organized around seven principles:

1. Access to a doctor
2. Equivalence of care
3. Patient's consent and confidentiality
4. Preventive health care
5. Humanitarian assistance
6. Professional Independence
7. Professional competence.

These principles have not been incorporated into the penitentiary laws of most European countries. In addition, we, the participants of the 6th European Conference on Health Promotion in Prison note that the application of these principles is weak or lacking. We deplore the non-respect of these principles and regular and repeated convictions of European countries by the European Court of Human Rights due to inhuman or degrading treatment towards prisoners.

Given the global economic crisis and legislative initiatives that favor security instead of assistance to vulnerable populations, we express our growing concern about the deterioration of prison conditions, particularly health care in prison.

We call on European states to include the seven principles of reference and the European prison rules in their legislation and to take urgent measures to ensure their strict respect.

Furthermore, we emphasize the need to clarify the role of health professionals working in prisons, in particular to ensure that their actions can be conducted solely in the interest of the health of their patients. As dual loyalty conflicts are common in prison, we stress the importance to enable professional independence of every health care professional.

A 3-step approach will help achieve the goal of professional independence:

1. Widen the training and information, particularly in the fields of medical law and ethics, of all personnel implicated with health issues in prison, to:

- Allow identification of situations of dual loyalty and improve management of the patient's interest.
- Clarify roles and missions of all professional bodies working in prison and foster mutual respect.

2. Strengthen the involvement of supervising health care authorities, professional societies and medical ethics committees.

3. Separate judicial and penitentiary tasks from health care; place the latter under the responsibility of the health authority.

Germany : B. Knorr, H. Stöver

Austria : J. Pont

Belgium : V. Saliez, JM Verdebout

France : C. Canetti, L. Michel

Switzerland : A. Diemand, S. Enggist, A. Eytan, L. Gétaz, B. Gravier, F. Hübner, A. Iten, E. Mouton, JP Restellini, JP Rieder, D. Roth, B. Willen, H. Wolff