

Presidenza del Consiglio dei Ministri



Abstract

HEALTH “WITHIN THE WALLS”

27th of September 2013

Health is set in the general framework of fundamental human rights. As for inmates, the right to health gains particular ethical relevance, for several reasons: first of all, because the inmate population represents a highly bio-psycho-social vulnerable group, whose level of health, even prior to incarceration, is on average lower than the general population level. Moreover, the principle of equal opportunities (between inmates and free individuals) of access to good health, on the one hand encounters obstacles in the requirement of security, on the other hand it comes into conflict with a practice of detention which leads to suffering and disease. It follows for all competent authorities, in particular for health authorities, a supervision and verification duty of the effective compliance of the inmates' right to health.

In line with international bodies and the 2008 healthcare prison reform, the right to health, even and especially in prison, does not end in the provision of adequate healthcare services: further consideration should be given to environmental components, ensuring people adequate restricted living conditions and prison systems, which allow a dignified and fully human life. Therefore, problems such as overcrowding, poor hygiene, lack of working and education activities, staying in the cell for most of the day, the difficulty in maintaining emotional relationships and contacts with the outside world, are considered crucial obstacles in the exercise of the right to health: the healthcare system should take care of these matters, in order to fight them in a preventive perspective.

The transition of the prison healthcare system to the National Health Service has represented an important step towards the achievement of equal levels of health among prisoners and free individuals. However, after five years, there are still several unsolved issues, from the inadequate health planning based on the peculiarities of the prison population, to the different healthcare services levels amongst regions that disrupt the inmate's right to care continuity, when transferred from one prison to another, the shortcomings in the relationship with the physician or department; the inadequate information to the patient and his relatives, privacy protection is not always assured. Worse still, there are delays in specialist visits and in surgeries to be carried out of the prison facility, up to cases of seriously ill people to whom the incompatibility with the detention condition is not recognized or is recognized too late.

A number of key action areas have been identified: the establishment of a national computerized medical record, the development of telemedicine, mental health (ensuring not only adequate health care specialists, but the reduction of environmental stress elements), the prevention of suicide and self-destruction acts; greater attention to female inmates with regards to gender difference issues; the adjustment of the prison programs to local service standards for individuals addicted to psychoactive substances, the prevention of HIV transmission and appropriate treatment of HIV-positive people, equal treatment for migrants, the closure of identification and expulsion centres, to be considered in exceptional cases, given that the NHS would provide healthcare services.

Out of Italy's condemnation by the European Court of Strasbourg in January 2013 due to prison overcrowding, in its recommendations the NBC stresses the importance of prevention, in order to guarantee prisoners an environment respectful of the rights and principles of humanity. Finally, in order to avoid resource contraction the NBC fosters the monitoring of the prison sector which certainly requires significant efforts in order to reach acceptable living standards.