

## The College

### Ethical issues concerning psychiatric care in prison

#### Report from the Special Committee on Unethical Psychiatric Practices

This interim report has been prepared by the Committee for consideration by those bodies who are planning a new system for providing medical care for prisoners from the National Health Service. The report is concerned only with psychiatric care.

A basic ethical principle is that prisoners, while losing certain rights in prison, retain most of the rights to which all citizens are entitled. In particular, prisoners have the right of access to medical and nursing care, which should be of the same standard as that available to other citizens – the standard set by the National Health Service. Medical and nursing staff have the right to provide this standard of care. This principle should govern all the arrangements for contracting for psychiatric care in prisons.

#### *General standards of care*

##### (a) *The need for College approval*

The College sets certain standards of care when approving job descriptions of consultants. These concern facilities in terms of space, equipment and staff: medical, nursing, psychology and secretarial, for instance. The College must be involved in the setting of the standards for posts for consultants who will be contracted to work for the prison service and in approving such posts, before they are permitted to be advertised.

The College and the Joint Committee on Higher Psychiatric Training must be involved with setting standards for, and approving, any psychiatric training posts in the prison service, before they are permitted to be advertised.

##### (b) *Services provided by psychiatrists*

The system, to be efficient and effective, must provide facilities and time for the consultants to:

- (i) make psychiatric assessments and reports
- (ii) provide training, advice and support, not only for psychiatric trainees, but for all the staff in the prison who are involved in the

- care and assessment of mentally ill or vulnerable prisoners
- (iii) provide an efficient emergency service – similar to domiciliary visits for other citizens – for the rapid assessment and care of acutely ill, e.g. suicidal prisoners.

Consultants who are contracted to provide care for a prison have an ethical responsibility to ensure that appropriate emergency psychiatric care is available for *any* prisoner – not just those living in the consultant's catchment area. This might involve transfer to an NHS hospital. Access to the necessary hospital facilities must therefore be available as part of the consultant's contract to the prison service. Following emergency treatment, a prisoner should be transferred to an appropriate facility, bearing in mind any requirements of security, or returned to the prison.

Where a psychiatric ward within a prison is managed by a team led by a psychiatrist, the admission and discharge decisions shall be at the discretion of that psychiatrist.

Consultants working in general psychiatric hospitals have an ethical as well as a clinical responsibility for providing hospital facilities necessary for the care of prisoners from their catchment areas.

#### *Medical records*

##### (a) *Confidentiality*

Psychiatrists have an ethical duty to ensure that their records remain confidential. At present, medical records in prisons are not confidential and, in some prisons, records are disorganised and not easily available to professional staff. An efficient system for the maintenance of confidential medical records should be specified in the contract.

##### (b) *Accessibility*

Prisoners have the same rights as other citizens of access to their own health records, under the Access to Health Records Act 1990, or by any alternative voluntary arrangement. At the same time,

psychiatrists have an ethical duty to protect third parties who may be important informants and thus to scan records before they are made available to the prisoner

### *Psychiatric reports*

#### (a) *The purpose of this report*

Many reports will be regarded by prisoners as *about* them, but *for the benefit* of the prison or legal system.

Before interviewing a prisoner for a report, a psychiatrist has the ethical responsibility to obtain the informed consent of the prisoner, after explaining to him/her the purpose of the assessment and to whom the report will be sent. The prisoner should be informed of his/her rights to refuse to talk to the psychiatrist.

#### (b) *Professional expertise*

The preparation of a psychiatric report on a prisoner should only be done by a properly qualified psychiatrist, or by a psychiatric trainee under supervision. Consultants have an ethical responsibility to provide assessments, if requested to do so, for the patients who are already known to them, and/or are living in their catchment area.

### *"Whistle-blowing"*

All medical staff in the National Health Service are not only entitled, but have a duty, to disclose situations which they believe to be damaging to the standards of care for their patients. These could be inadequate facilities, or the behaviour of a member of the staff. Exactly the same opportunities for disclosure should be available to psychiatrists working

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under contract to the prison service. As in the NHS, they should be made aware of the appropriate channels for disclosure or complaint but if these are exhausted and their concerns remain, they are entitled to take them outside the local system, to their own professional organisations and to the professional or ordinary press. On no account should the Official Secrets Act be used to "gag" staff if they are complaining about standards of care or of other practices which they regard as unethical.

The College – and the BMA – should listen sympathetically to "whistle-blowers" and support them and, if thought appropriate, take up their complaints on their behalf.

### *Audit and research*

In accordance with NHS good practice, consultants should expect to participate in regular medical audit of their work in prisons.

High quality psychiatric research is essential to the future development of the Prison Medical Service. Certain ethical issues arise in this work, particularly concerning informed consent. Ethical scrutiny of such research is therefore essential, as for all research projects on human subjects. Once approved, research should be allowed to proceed to completion and publication, following the same procedures as those applying to any other NHS or academic research study. Psychiatric research in prisons should not rely entirely on funds provided by the Home Office.

Dr J.L.T. BIRLEY  
*Chairman*

*Special Committee on Unethical Psychiatric Practices*

Approved by Council of the Royal College of Psychiatrists  
14 January 1992

## **Administration of radionuclides for research purposes**

The Executive and Finance Committee has recently discussed the issue of the administration of radionuclides to patients for research purposes. The Committee wishes to draw to members' attention the fact that, in accordance with the Medicines (administration of radioactive substances) Regulations 1978, the administration of radionuclides requires an ARSAC (Administration of Radioactive Substances

Advisory Committee) Research Certificate. The Regulation states that separate certification is required for the administration of these substances for the purpose of diagnosis, treatment and research.

PROFESSOR ANN GATH  
*Registrar*

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