

Preface

A high and possibly increasing prevalence of mental disorders in prisoners has been demonstrated in recent surveys. In comparison to the general population, prisoners have an increased risk of suffering from a mental disorder. It is a risk not restricted to any particular country/region. Mental disorders increase the risk of suicide, which is considerably higher in prisoners than in the general population. Suicide is the leading cause of death in penal institutions, especially during the early stage of confinement. For mentally disordered prisoners, there is often an increased risk of being victimized, as well as the potential for high rates of decompensation and deterioration. Risk assessment for legal-prognostic purposes has many methodological similarities to that dealing with risk of suicide of prisoners. The increased consultation of forensic psychiatry in this area reflects the interest of the relevant agencies in reducing the high suicide rate in prisons and jails. Some authors have suggested that the suicide rate among prisoners is a marker of the inadequate or even inhumane treatment in prisons.

A number of guidance documents by the United Nations International Resolutions (esp. Standard minimum rules for the treatment of prisoners), the Council of Europe (esp. Recommendation No R (98) 7 on the Ethical and organizational aspects of health care in prison), the World Medical Association (esp. Declaration of Tokyo 1975), the World Psychiatric Association (esp. Declaration of Hawaii 1977) as well as the Oath of Athens (International Council of Prison Medical Services 1979) touch upon prison psychiatry but lack more detailed guidelines for dealing with mentally disordered prisoners.

The ‘principle of equivalence’ states that prisoners should have access to the same standard of treatment as patients in the community. The objective of this notion is justice for the vulnerable who should not be subjected to additional punishment through deprivation from healthcare. However, this principle is rarely achieved, partly due to limited resources for the delivery of care to a particularly complex and multi-morbid population. Opponents of equivalent healthcare have argued that prisoners do not deserve the same (or even better healthcare) as they have often declined appropriate interventions in the community.

Ethical dilemmas in prison psychiatry do not only arise from resource allocation but also include issues of patient choice and autonomy in an inherently coercive environment. Furthermore, ethical conflicts may arise from the dual role of forensic psychiatrists giving rise to tension between patient care and protection of the public. This book will describe models of psychiatric healthcare in prison in several countries and discuss the ethical issues arising in this field. Relevant issues to be dealt with are the professional medical role of a psychiatrist and/or psychotherapist working in prison; the involvement of psychiatrists in disciplinary or coercive measures; and consent to treatment, especially the right to refuse treatment, the use of coercion, hunger strike and confidentiality amongst others. Perspectives from different countries will be presented. The book will end with conclusions and some considerations on good practice in prison psychiatry.

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