



Cite this as: *BMJ* 2024;384:q531
<http://dx.doi.org/10.1136/bmj.q531>
 Published: 01 March 2024

Doctors should not declare anyone fit to be held in immigration detention centres

A campaign by Italian doctors aims to raise awareness of the harmful conditions and health risks associated with immigration detention. The campaigners explain why in this open letter

On 4 February 2024, a 22 year old Guinean man died by suicide in Ponte Galeria detention centre in Rome, Italy. In the previous weeks he had been transferred from another immigration detention centre, despite his poor mental health and the risk of self-harm being extensively documented.¹ This case illuminates the urgency of denouncing the inadequate and unsuitable conditions within these facilities, which expose people detained there to serious health risks, or premature death.²

In 2022, the World Health Organisation Regional Office for Europe published a document describing the health risks for people subject to immigration detention.³ WHO confirms that detention sites across Europe constitute a substantive risk for the mental health of detainees, risk the spread of infectious diseases, and adhere to low quality standards in managing non-communicable diseases. Studies highlight how immigration detention erodes people's health status by exposing them to unsuitable conditions and barriers to accessing healthcare.⁴ In 2024, WHO also endorsed a joint-advocacy brief calling for the adoption of explicit legal prohibition of detaining children.⁵

In Italy, despite the administrative nature of immigration detention, these facilities are prison-like environments, but without the basic safeguards usually guaranteed in prison in many European countries, including the right to healthcare access. Immigration detention centres are managed by private for-profit organisations that sign memorandums of understanding with prefectures (local branches of the Ministry of Interior) and local health authorities, who should guarantee the rights of the detained people. Health management in immigration detention is contracted to healthcare personnel employed by private contractors, and staff are not required to have specific qualifications or training to work with migrant people and/or in detention contexts. Numerous independent reports and investigations, including by the Italian National Guarantor for the Rights of Persons Detained or Deprived of Liberty, have highlighted the degrading hygienic and sanitation conditions of detention sites and suboptimal healthcare provision. Detained individuals often face serious physical and mental health challenges, exacerbated by confinement and by the barriers in accessing care as per standards guaranteed by the Italian national health system.⁶⁻⁹ Abuse and misuse of psychotropic drugs prescribed by healthcare staff for security purposes within these custodial sites have also been documented.¹⁰

At an international level, a recent analysis of existing qualitative evidence highlights how, alongside

degrading living conditions, people subject to immigration detention face communication barriers which make it difficult to navigate legal systems, or to understand what is happening. They also bear the trauma of having their life projects disrupted, and the effects of psychotropic drugs.¹¹

In Italy, when entering a detention centre, people must undergo a clinical assessment performed by a doctor affiliated with the national health system. Over the years this medical assessment has increasingly taken the form of an administrative *nihil obstat* to the detention, just excluding the risk of communicable diseases, without a thorough evaluation of the person's overall health status.

This procedure raises substantial concerns.

Firstly, from a public health perspective, multiple reliable sources have shown that immigration detention is pathogenic and a risk to people's health, yet doctors are tasked with certifying the health status of individuals during a short consultation, often without sufficient information on their personal backgrounds, the conditions of the detention sites where they will be held, or the availability and quality of healthcare services offered in detention.

From an ethical perspective, physicians need adequate time and medical settings to thoroughly evaluate a person's health status. Additionally, informed consent to undergo a medical examination is essential according to international norms, but currently not required in Italy for migrants destined for detention. More importantly, medical doctors have a deontological duty to protect vulnerable people (such as undocumented migrant people), in particular when they believe the environment in which the person lives is not suitable for protecting their health, dignity, and quality of life.

From a medical-legal perspective this process is problematic. If detainees develop health conditions, the health assessment issued could be contested and the doctor signing it could become involved in legal proceedings.

Based on these considerations, and in line with existing WHO guidelines for the protection of the health of people subjected to detention (WHO, 2022), the Italian Society of Migration Medicine, the network "Mai più lager—No ai CPR," and the Association for Legal Studies on Immigration, have jointly released a call for action for all healthcare personnel to be aware of the harmful conditions and health risks associated with immigration detention.¹² On the bases of the aforementioned public health, ethical, and legal issues, the campaign aims to increase awareness and provide documentary and organisational support

to doctors to encourage them not to declare any migrant person suitable for administrative detention.^{13 14}

Immigration detention centres are invisible settings where the right to health and access to healthcare are systematically neglected. Bearing in mind the fundamental principles and ethics of the medical profession, healthcare practitioners should be firm in saying that no one should ever be considered fit to be “locked up” in pathogenic environments where health is disregarded and fundamental human rights are at risk. Ultimately, as Ousmane Sylla’s recent death sadly reminds us, people at these sites are exposed to group-differentiated vulnerability to premature death.¹⁵

Nicola Cocco, infectious diseases and prison health specialist, Italian Society of Migration Medicine, Milan, Italy

Filipa Alves da Costa, assistant professor, WHO Regional Office for Europe, Copenhagen, Denmark; Faculty of Pharmacy, University of Lisbon, Portugal

Francesca Esposito, lecturer, School of Social Sciences, University of Westminster, London, UK; research fellow, Instituto de Ciências Sociais da Universidade de Lisboa, Lisbon, Portugal; associate director, border criminologies, University of Oxford, UK

Marie Claire Van Hout, professor of international health policy and practice, Faculty of Health, Liverpool John Moores University, UK

Federica de Cordova, assistant professor, Department of Human Sciences, University of Verona, Verona, Italy

Lara Tavoschi, senior researcher, Department of Translational Research and New Technologies in Medicine and Surgery, University of Pisa, Pisa, Italy

Patrizia Borsellino, professor, Department of Philosophy of Law and Bioethics, University of Milan-Bicocca, Milan, Italy

Chiara Montaldo, head of medical unit, MSF-Italy Programs Department, Médecins Sans Frontières–Brussels Operational Center

Camilla Ponti, psychologist, Network “*Mai più lager - No ai CPR*,” Milan, Italy

None of the co-authors has competing interests to declare.

F AdC works as a public health consultant for WHO Regional Office for Europe. The author alone is responsible for the views expressed in this publication and these do not necessarily represent the decisions or the stated policy of the World Health Organisation.

FE’s work was supported through the Portuguese Foundation for Science and Technology (CEECIND/00924/2018/CP1541/CT0004).

Provenance and peer review: not commissioned; not externally peer reviewed.

- 1 Camilli A. “Una morte annunciata nel centro di detenzione di Ponte Galeria” [Italian]. *Internazionale* 2024 Feb 6. <https://www.internazionale.it/notizie/annalisa-camilli/2024/02/06/suicidio-cpr-ponte-galeria-roma>
- 2 Peterie M, ed. *Immigration detention and social harm—the collateral impacts of migrant incarceration*. Routledge, 2024.
- 3 World Health Organization Regional Office for Europe. Addressing the health challenges in immigration detention, and alternatives to detention: a country implementation guide. WHO Regional Office for Europe. 2022. <https://apps.who.int/iris/handle/10665/353569>
- 4 Van Hout MC. Environmental health rights and concepts of vulnerability of immigration detainees in Europe before and beyond covid-19. *J Hum Rights Pract* 2023;15:-45doi: 10.1093/jhuman/huac063 .
- 5 United Nations Task Force on Children Deprived of Liberty. End Immigration Detention of Children. Advocacy brief. 2024. <https://www.unicef.org/media/151371/file/Advocacy%20Brief:%20End%20Child%20Immigration%20Detention%20.pdf>
- 6 De Falco G. “Mai più lager—No ai CPR” (Punishments without crimes. Snapshot of the CPR of Milan.) Report on access to the Permanence Center for Repatriation in Milan, via Corelli 28. 2021. [Italian]
- 7 Association for Legal Studies on Immigration. Punishments without crimes. Snapshot of the CPR of Milan—one year later) [Italian]. <https://www.asgi.it/tag/cpr/>
- 8 NAGA. Beyond that door. One year of observation from the keyhole of the CPR in Milan. <https://naga.it/wp-content/uploads/2023/11/BEYOND-THAT-DOOR-summary-EN.pdf>
- 9 National Guarantor of the rights of people deprived of personal liberty. [Italian] https://www.garantenazionaleprivatiliberta.it/gnpl/pages/it/homepage/dettaglio_contenuto?contenuto=CNG15448&modelld=10019.

- 10 Rondi L, Figoni L. Rinchiusi e sedati: l’abuso quotidiano di psicofarmaci nei CPR italiani [Italian]. *Altreconomia* 2023 April 1. <https://altreconomia.it/rinchiusi-e-sedati-labuso-quotidiano-di-psicofarmaci-nei-cpr-italiani/>
- 11 Van Hout MC, Lungu-Byrne C, Germain J. Migrant health situation when detained in European immigration detention centres: a synthesis of extant qualitative literature. *Int J Prison Health* 2020;16:-36. doi: 10.1108/IJPH-12-2019-0074 pmid: 33634662
- 12 Mahase E. Italian doctors launch campaign to fight “harmful” practice of detaining migrants. *BMJ* 2024;384:.
- 13 Mai più lager—No ai CPR” [Italian] https://www.facebook.com/photo/?fbid=777244574433504&set=a.644531801038116&locale=it_IT
- 14 ASGI. <https://www.asgi.it/chi-siamo/english-version/#:~:text=The%20Association%20for%20Juridical%20Studies,all%20legal%20aspects%20of%20immigration.>
- 15 Gilmore RW. *Golden gulag: prisons, surplus, crisis, and opposition in globalizing California*. University of California Press, 2007.