

Centre, Her Majesty's Chief Inspector of Prisons identified 57 such "torture reports" sent to the immigration department over the first half of 2006.³ Not one of these is known to have resulted in any action by the department to investigate the accuracy of such reports.

In the past 18 months, colleagues in the Medical Justice Network and I have seen at least 25 detained asylum seekers with strong physical evidence of torture (including cigarette burn scars and stigmata of falaka (beating of the feet)) as well as fulfilling all necessary criteria for a diagnosis of post traumatic stress disorder. In some cases, we have been able to provide medicolegal reports that have helped their release by judicial decision. This has usually been resisted by the Home Office.

Doctors, especially general practitioners, whose asylum seeking patients have evidence they were tortured before coming to the United Kingdom, who have PTSD as a result and who are at risk of detention, may wish to supply them with a letter (or full medicolegal report) outlining evidence that detention would be unduly harmful. This would go some way to reducing the very substantial numbers who suffer re-traumatisation while seeking refuge.

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Competing interests: FWA helped to found the Medical Justice Network (www.medicaljustice.org.uk). For helping detained hunger strikers to obtain adequate medical care, he was reported to the GMC by the management of a detention centre, against the wishes of the patients concerned. He is occasionally paid, under legal aid, for medicolegal reports.

- 1 Bisson JI. Post-traumatic stress disorder. *BMJ* 2007;334:789-93. (14 April.)
- 2 Detention Centre Rules 2001 (item 35). www.aviddetention.org.uk/avidddefault.htm
- 3 HM Chief Inspector of Prisons. Report on an unannounced inspection of Harmondsworth Immigration Removal Centre 17-21 July 2006. http://inspectorsates.homeoffice.gov.uk/hmiprison/inspect_reports/irc-inspections.html/

Highest attainable standard of health is a human right

Since my editorial explaining how the denial of failed asylum seekers' access to free hospital care violates their fundamental human rights was published, there has been a deafening silence from the BMA.¹ Yet the BMA has a proud record of promoting human rights—its website claims that "Action by medical associations ... to ensure that resources [reach] the most vulnerable populations, have played an important role in supporting the realisation of the right to health."² Not for over

400 000 failed asylum seekers living in the UK, it hasn't.

In contrast, the parliamentary Joint Committee on Human Rights recently recommended that free secondary health care be provided "to comply with the laws of common humanity and the UK's international human rights obligations," and an innovative Department of Health policy document that requires health professionals to respect human rights acknowledges the government's responsibility to comply with international treaties.^{3,4} The BMA's reticence, given its influence and reputation on human rights, means that it has become part of the problem.

In 1984 the BMA withdrew from the World Medical Association (WMA) in protest at the reinstatement of a white dominated Medical Association of South Africa that supported apartheid. The protest was prompted by a representative organisation following government policy which violated international human rights law—a practice the BMA now seems to be emulating. In an ironic twist, the current South African government's deliberate obfuscation of the cause of AIDS violates the same international covenant and may ultimately be responsible for more suffering and death than apartheid.⁵ Now human rights are to be engaged as best practice,⁴ doctors will have to understand that international human rights law is there to be respected not cherry picked.

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Competing interests: PH played a part in developing the General Comment 14 of the International Covenant on Economic, Social and Cultural Rights.

- 1 Hall, P. Failed asylum seekers and health care. *BMJ* 2006;333:109-10.
- 2 BMA. An introduction to the right to health. BMA website www.bma.org.uk/ap.nsf/Content/righttohealthintro?OpenDocument&Highlight=2,health,rights
- 3 Joint Committee on Human Rights. *The treatment of asylum seekers*. London: Stationery Office, 2007:5.
- 4 Equality and Human Rights Group. *Human rights in health—a framework for local action*. Sn 1.3a. London: Department of Health, 2007.
- 5 United Nations. *The right to the highest attainable standard of health*. Geneva: UN, 2000. Para 36. (General comment No 14.)

BMA's response

The plight of failed asylum seekers in the United Kingdom is a matter of serious humanitarian concern. The BMA's medical ethics department receives regular inquiries about the rights of extremely ill individuals to vital health services where

legal entitlement is in doubt. We did not respond immediately to Hall's thoughtful comments (previous letter), but this is not the same as silence. The BMA is a membership organisation, and its overall policy is decided at its annual representative meeting (ARM). This year, for example, we understand a motion is being taken to the ARM calling on the BMA to lobby the government to ensure the provision of appropriate health services for failed asylum seekers. If the motion is passed then we have a mandate to lobby directly. In the absence of such a mandate, our job is to interpret so far as possible existing policy and apply it to emergent circumstances.

Hall is right, the BMA does have a record of promoting human rights in health, and it is out of this background that we have shaped our policy. The medical ethics department has, for example, published guidance on rights of access to health care.¹ Largely as a result of Hall's vigilance, we have clarified that general practitioners have the discretion to register failed asylum seekers for routine primary care, although they are not obliged to do so.

In secondary care failed asylum seekers, who are not "ordinarily resident" in the UK, are entitled to free care only when it is "immediately necessary." Despite these legal restrictions, the BMA has met with representatives of the Department of Health and the Home Office and established that what constitutes "immediately necessary" is a matter of medical judgment and, therefore, medical discretion. The government also undertook to set up a working party, with BMA representation, to look at broader questions of access to health care among migrants without entitlement, but despite our efforts, the group has yet to convene.

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Competing interests: JS is the BMA's lead on health and human rights.

- 1 BMA. Access to health care for asylum seekers. January 2001. www.bma.org.uk/ap.nsf/Content/asylumhealthcare.

DEPENDENCE ON OTC DRUGS

Over the counter drugs can be highly addictive

The development of dependency on over the counter (OTC) drugs is often forgotten.¹ In the past three months we have seen three patients with addictions to Nurofen plus (ibuprofen and codeine phosphate). All three had started using the product for