

WMA STATEMENT ON SOLITARY CONFINEMENT

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PREAMBLE

In many countries substantial numbers of prisoners are held at times in solitary confinement. Prisoners are typically kept in isolation for most of the day, and are allowed out of their cells only a short period of time of solitary exercise. Meaningful contact with other people (prisoners, prison staff, outside world) is kept to a minimum. Some countries have strict provisions on how long and how often prisoners can be kept in solitary confinement, but many countries lack clear rules on this.

The reasons for the use of solitary confinement vary in different jurisdictions. It may be used as a disciplinary measure when a prisoner does not respond to other sanctions intended to address his or her behaviour, for example, in response to seriously disruptive behaviour, threats of violence or suspected acts of violence.

The legal authorities in some nations allow individuals to be held in solitary confinement during an on-going criminal investigation or to be sentenced to solitary confinement, even when the individual poses no threat to others. Individuals with mental illness may be kept in high-security or super-maximum security (supermax) units or prisons. Solitary confinement can be imposed for hours to days or even years.

Reliable data on the use of solitary confinement are lacking. Various studies estimate that tens of thousands or even hundreds of thousands of prisoners are currently held in solitary confinement worldwide.

People react to isolation in different ways. For a significant number of prisoners, solitary confinement has been documented to cause serious psychological, psychiatric, and sometimes physiological effects, including insomnia, confusion, hallucinations and psychosis. Solitary confinement is also associated with a high rate of suicidal behaviour. Negative health effects can occur after only a few days, and may in some cases persist when isolation ends.

Certain populations are particularly vulnerable to the negative health effects of solitary confinement. For example, persons with psychotic disorders, major depression, or post-traumatic stress disorder or people with severe personality disorders may find isolation unbearable and suffer health harms. Solitary confinement may complicate treating such individuals and their associated health problems successfully later in the prison environment or when they are released back into the community.

Human rights conventions prohibit the use of torture, cruel, inhuman or degrading treatment or punishment. The use of prolonged solitary confinement against a prisoner's own will or the use of solitary confinement during pre-trial detention or against minors can be regarded as a breach of international human rights law, and must be avoided.

RECOMMENDATIONS

The WMA urges National Medical Associations and governments to promote the following principles:

1. Solitary confinement should be imposed only as a last resort whether to protect others or the individual prisoner, and only for the shortest period of time possible. The human dignity of prisoners confined in isolation must always be respected.
2. Authorities responsible for overseeing solitary confinement should take account of the individual's health and medical condition and regularly re-evaluate and document the individual's status. Adverse health consequences should lead to the immediate cessation of solitary confinement.
3. All decisions on solitary confinement must be transparent and regulated by law. The use of solitary confinement should be time-limited by law. Prisoners subject to solitary confinement should have a right of appeal.
4. Prolonged solitary confinement, against the will of the prisoner, must be avoided. Where prisoners seek prolonged solitary confinement, for whatever reason, they should be medically and psychologically assessed to ensure it is unlikely to lead to harm.
5. Solitary confinement should not be imposed when it would adversely affect the medical condition of prisoners with a mental illness. If it is essential to provide safety for the prisoner or other prisoners then especially careful and frequent monitoring must occur, and an alternative found as soon as possible.
6. Prisoners in isolation should be allowed a reasonable amount of regular human contact. As with all prisoners, they must not be subjected to extreme physical and mentally taxing conditions.
7. The health of prisoners in solitary confinement must be monitored regularly by a qualified physician. For this purpose, a physician should be allowed to check both the documentation of solitary confinement decisions in the institution and the actual health of the confined prisoners on a regular basis.
8. Prisoners who have been in solitary confinement should have an adjustment period before they are released from prison. This must never extend their period of incarceration.

9. Physician's role is to protect, advocate for, and improve prisoners' physical and mental health, not to inflict punishment. Therefore, physicians should never participate in any part of the decision-making process resulting in solitary confinement.

10. Doctors have a duty to consider the conditions in solitary confinement and to protest to the authorities if they believe that they are unacceptable or might amount to inhumane or degrading treatment.

RESCINDED