



## 27. Shackling prisoners and detainees in hospitals

Published in December 2008

### Background

The medical profession contains a unique commitment to ensure the physical and mental welfare of every person, as a person, regardless of his actions or status in society, while respecting his dignity and privacy. This commitment is even more prominent in conditions of detention or imprisonment, where there is a tangible threat to these values because of society's need to protect itself against law breakers.

How, therefore, should a physician behave when he is required to treat a prisoner or detainee brought to him in the hospital, handcuffed? Law authorities have already found that they meet the conditions obligating that they be kept under lock and key. These conditions are met even when the prisoner or detainee enters the hospital, and consequently, chaining in the hospital is the proper substitute for imprisonment. However, we should remember that although the prisoner has been denied freedom, he should not also be denied his dignity.

Giving medical treatment to a handcuffed person without a doubt harms his dignity and privacy. The chaining causes suffering and sometimes even injury and is also liable to harm the quality of the medical treatment. The very act of consent to treat a handcuffed person is liable to be interpreted as if the physician has become part of the enforcement system and has abandoned the ethical code of medicine for the benefit of the regime.

The ethical code presented here bridges, in the opinion of members of the Ethics Board, between the conflicting obligations of the physician – the obligation to treat an individual prisoner or detainee on one hand, and the broad commitment to the security and welfare of society in general on the other.

The members of the Ethics Board had before them a previous position paper on the subject, by the Ethics Board in its previous composition, dated August 6, 1997, the report of the committee for evaluation of the procedures for handcuffing prisoners and detainees in hospitals, headed by the then deputy Attorney-General, Meni Mazuz, published in December 1998, and the guidelines of the Medical Administration at the Ministry of Health (44/2005) dated November 30, 2005.

### Position paper

- A physician has the ethical obligation to respect the dignity, privacy, and health of every person and to prevent him from experiencing suffering and pain. This obligation is even more important under conditions of imprisonment or detention.



- On the other hand, this ethical obligation sometimes conflicts with the need of society in general to limit the freedom of the individual in order to protect itself.
- The rule is that every prisoner or detainee is entitled to be examined and to receive treatment like any other person, without being handcuffed.
- The authority to determine the need for handcuffing is held by the law enforcement authority holding the patient.
- Handcuffing is not a routine procedure and is done only in the absence of some other, less serious, means.
- Handcuffing is not a substitute for a shortage of manpower required to guard the patient.
- If the handcuffing prevents medical treatment, endangers the life of the person handcuffed or is liable to cause him real and irreversible injury, the patient shall be released from his handcuffs even at the price of the risk involved.