COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

PRACTICE STANDARD

Treating Incarcerated Patients in Isolation

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Related topic(s):	Access to Medical Care Without Discrimination; Indigenous Cultural Safety, Cultural Humility and Anti-racism; Medical Records Documentation

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by CPSBC of its registrants (all physicians and surgeons who practise medicine in British Columbia). Standards also reflect relevant legal requirements and are enforceable under the *Health Professions Act*, RSBC 1996, c.183 (*HPA*) and CPSBC Bylaws under the *HPA*.

Preamble

This document is a practice standard of the Board of CPSBC.

Registrants may be confronted with ethical challenges regarding the persistent use of segregation or solitary confinement for incarcerated patients, despite evidence of its detrimental impact on mental health. The *Mandela Rules* consider solitary confinement for more than 15 days for anyone, to constitute torture or cruel treatment (Rule 43(1) and Rule 44), and prohibit using solitary confinement for any amount of time for someone with a physical or mental disability that would be exacerbated by its use (Rule 45(2)), based on the United Nations position that using solitary confinement on people with mental disabilities is cruel treatment.

CPSBC emphasizes the urgent need to address the treatment of incarcerated Indigenous peoples, particularly regarding prolonged solitary confinement. Over-incarceration of Indigenous peoples is rooted in historical injustices, systemic racism, and the enduring impacts of colonialism. Indigenous peoples are often facing harsher conditions, which can lead to severe mental and physical health consequences. CPSBC supports the integration of culturally relevant and trauma-informed healthcare practices for Indigenous individuals in custody, aiming to respect their rights and dignity.

CPSBC recognizes that registrants do not make placement decisions about where incarcerated individuals are housed within institutions and practise in settings which often have limited institutional resources. However, CPSBC expects registrants to balance professional duties with ethical obligations and to prioritize human dignity to advocate for high standards of patient care.

Registrants are reminded to obtain independent legal advice or contact the Canadian Medical Protective Association (CMPA) for advice on their legal obligations in specific circumstances.

CPSBC's position

In all circumstances, registrants who care for incarcerated persons must:

- familiarize themselves with the United Nations *Mandela Rules* which summarize the human rights principles that inform the Canadian Medical Association (CMA) *Code of Ethics and Professionalism*
- comply with the *Mandela Rules* when consulting or treating incarcerated patients
- comply with the CMA *Code of Ethics and Professionalism,* specifically section 10:
    - never participate in or condone the practice of torture or any form of cruel, inhuman, or degrading procedure
- **recommend** removal of a person from isolation (including segregation, separate confinement, supported integration placement, structured intervention unit

placement, lockdown or restrictive movement routines) that meets the definition of solitary confinement[1] contained in the *Mandela Rules* when the:

  - person's physical and/or mental health is negatively impacted by isolation;
  - person has an existing mental and symptomatic health disability or disorder including, but not limited to, depression and anxiety; or
  - person has been held in isolation for 22 or more hours per day for a period in excess of 15 consecutive days.

- where the institution continues solitary confinement despite a recommendation for removal, recommend providing the individual with human contact that is meaningful for more than two hours each day
- be aware of, identify, document and offer to treat the mental and physical health implications of isolation on their patients
- report, in writing, signs of torture or cruel treatment to a higher legal or medical authority
  - provincially a higher authority includes the responsible physician, the appropriate division of the Provincial Health Services Authority's Safe Reporting Office, the Investigation and Standards Office, the Minister of Health and the Minister of Public Safety
  - for registrants working in federal penitentiaries in BC, a higher authority includes the penitentiary's Chief of Health Services, the Office of the Correctional Investigator, the Minister of Health and the Minister of Public Safety
- in accordance with Rule 35(1) of the *Mandela Rules,* regularly assess the patient's environment for potential negative impacts to their health including overall sanitation of the cell, irregular temperatures, lack of access to proper nutrition, and cleanliness of clothing and bedding, and document any concerns in medical record and recommend that those concerns be addressed

Resources

Proposed guidelines for medical professionals working in BC Corrections: Compliance with the Mandela Rules

[1] Recognizing that when removing a patient from isolation, time spent outside of the cell does not necessarily equate with meaningful human contact when assessing the impact of isolation on a patient's mental health.