

Health Care of Asylum Seekers and Refugees - 2011

Preamble

The Australian Medical Association affirms that those who are seeking, or who have been granted, asylum within Australia have the right to receive appropriate medical care without discrimination, regardless of citizenship, visa status, or ability to pay. Like all seeking health care, asylum seekers and refugees in Australia should be treated with compassion, respect, and dignity.

Definitions

The United Nation's 1951 Convention Relating to the Status of Refugees (the Refugee Convention), and the 1967 amendment entitled the Protocol Relating to Refugees, to both of which Australia is a signatory, define refugees as persons who are:

- outside their country of nationality or their usual country of residence, and
- unable or unwilling to return or to seek the protection of that country due to a well-

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5. All asylum seekers and refugees, independent of

21. Detention center staff and management should ensure that the instructions provided by medical practitioners for the health and wellbeing of detainees are implemented.

22. Doctors providing services in immigration detention centres should be experienced medical professionals. Where junior doctors are contracted, they must have available to them appropriate medical professional support and advice, and their welfare should be ensured.

23. Continuity of medical care for detainees should be ensured as much as is reasonably possible and steps should be taken to avoid a high turnover of medical and other staff in services provided to detainees.

24. Reviews of detainees' health status must occur regularly.

25. The provision of health care is potentially constrained due to the physical and social environment of detention centres, particularly those located 'offshore'. Those in detention should have timely access to good quality ongoing health care, including emergency and specialist services, to the same standard as is available to Australian citizens. Those who require assessment or treatment that cannot be undertaken within the detention centre environment should be transferred to an appropriate centre in a timely manner.

26. Those in detention should have access to appropriate specialist services including obstetric and gynaecological services, antenatal and postnatal care, paediatric services, mental health, rehabilitation, allied health services, and dental services.

27. Continuity of care needs to be maintained for refugees and asylum seekers released into the community. They should be fully informed about the Medicare and PBS schemes and

33. An unaccompanied child should never be placed in detention.

34. An accompanied child should be kept in detention for the shortest possible time, but no more than one month. By the end of one month, a suitable placement for the child with at least one adult family member must be identified.

35. Children and their families should never be placed among the general detention centre community, but should reside in a separate living area.

Hunger Strikers

36. The AMA believes that the detention centre environment should never become so intolerable that asylum seekers would consider going on a hunger strike as a means of protesting about their living conditions. Similarly, visa-processing procedures should be expedited to avoid self-harm due to frustration.

37. Where an individual voluntarily refuses nourishment and is considered by a medical practitioner to be capable of forming an unimpaired and rational judgment concerning the consequences of such a voluntary refusal of nourishment, the practitioner should be free to refuse to co-operate in artificial feeding. The decision as to the capacity of the individual to form such a judgment should be confirmed by at least one other independent medical practitioner. The practitioners must explain to the

