

# Post-traumatic stress disorder in Sanctuary Seekers. How does it affect them and what are the major risk factors?

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ii



*"We must see all scars as beauty. Okay? This will be our secret. Because take it from me, a scar does not form on the dying. A scar means, 'I survived'."* iii

## Abstract

**Background:** Asylum seekers are a vulnerable group in society. They often arrive in the UK in a state of poor health, many having experienced serious trauma in their home countries that has forced them to flee. As a result, psychological conditions such as post-traumatic stress disorder are prevalent.

**Aims:** There is a significant lack of research into the mental health of asylum seekers in the UK. Failings in diagnosing mental disorders can often conceal the issue and studies carried out on refugees do not give an accurate representation of the asylum seeker demographic. The aim of this report is to investigate the occurrence and progression of PTSD in asylum seekers and to discuss the possible risk factors through reviewing relevant literature and obtaining evidence from direct contact with asylum seekers.

**Method:** A literature review was carried out, including significant background reading into current asylum seeker issues and an Internet search of the databases MEDLINE, EMBASE and PsycINFO. Specific criteria were used to elucidate relevant articles to post-traumatic stress disorder in asylum seekers. Visiting various asylum centres provided first-hand accounts of the troubles asylum seekers face.

**Results:** Two articles were reviewed, each documenting the high prevalence of post-traumatic stress disorder in asylum seekers. Direct contact in asylum centres revealed personal worries that could be relevant to PTSD onset. Symptoms were shown to deteriorate upon exposure to certain risk factors upon arrival in the UK including detainment, the stresses of the asylum process, unemployment, a lack of social support and failings in health provision. Symptoms were shown to improve when asylum status was obtained.

**Conclusion:** Post-traumatic stress disorder is prevalent in asylum seekers. Symptoms of sufferers often get worse upon arrival into the UK, their health needs not being met and disorders being left undiagnosed and untreated. There still remains much research to be done in relation to the health needs of asylum seekers in the UK and the extent to which exposure to certain risk factors can aggravate conditions. It is however certain that much improvement in screening and mental health support is required to deal with the problem.

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## Useful Definitions

- In accordance with the 1951 UN Refugee convention the term *refugee* refers to:

“Any person who owing to a well-founded fear of being persecuted on account of race, religion, nationality, member of a particular social group, or political opinion is outside the country of his nationality and is unable or, owing to such fear is unwilling to avail himself of the protection of that country.”<sup>iv</sup>

- The term *asylum seeker* refers to:

A person who has applied for refugee status having fled their home country and is awaiting a response.

In this review, the term asylum seeker will be replaced by a more up to date term, *sanctuary seeker*.

- *Health*, as defined by the World Health Organization is:

“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”<sup>v</sup>

- The *inverse care law* states:

“The availability of good medical care tends to vary inversely with the need for it in the population served”<sup>vi</sup>. In summary, those who need healthcare least use it most and vice versa. This can be seen in both health treatment and promotion.

- The term *sanctuary* refers to:

A place of safety, protection and refuge.

## Introduction

Patients put their trust in doctors. Health professionals have a duty to their patients; to provide utmost care, promoting their health and well being in accordance with the 'GMC Duties of a doctor' (see Appendix 1)<sup>7</sup>.

Beauchamp and Childress' 4 principles of medical ethics must also be accorded to (see Appendix 2)<sup>8</sup>. Sanctuary seekers are a vulnerable group in society. They often arrive in the UK in a state of poor health and current healthcare methods discourage them from seeking treatment. Many suffer from psychological conditions such as post-traumatic stress disorder.

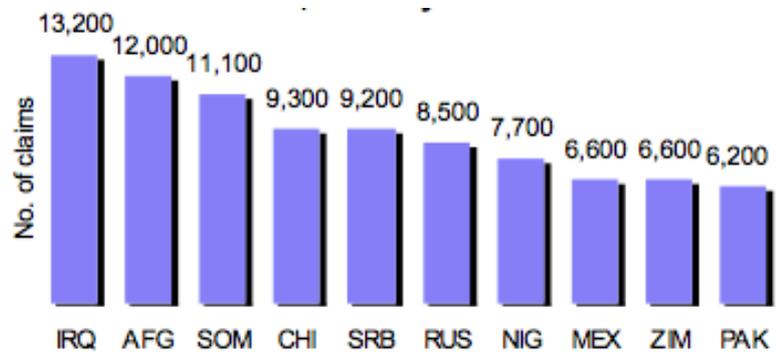
### Current Asylum Statistics

By the end of 2008, 42 million people were forcibly displaced from their homes worldwide.<sup>9</sup> Amongst these were 15.2 million refugees and 827,000 sanctuary seekers.<sup>9</sup>

Developing countries play host to 4/5 of the world's refugees, Pakistan accommodating the largest number by the end of 2008, at a total of 1.8 million.<sup>9</sup> The UK received 292,100 during this time.<sup>9</sup> Approximately ¾ of all asylum claims are rejected in the UK.

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This chart outlines the most common origin countries of refugees and sanctuary seekers from January-June 2009



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This chart shows the countries with the most asylum applications in 2008



## The Asylum Process in the UK

The Asylum process can be a lengthy and stressful period of time for the applicant. In the UK, immigration aims to respond to each asylum case within 30 days<sup>11</sup>, however in reality the process can take much longer. Upon applying for refugee status, each individual asylum seeker is allocated a case owner.

Case owner = responsible for informing and providing support to the claimant during the process. Responsible for making the final decision on the case.<sup>11</sup>

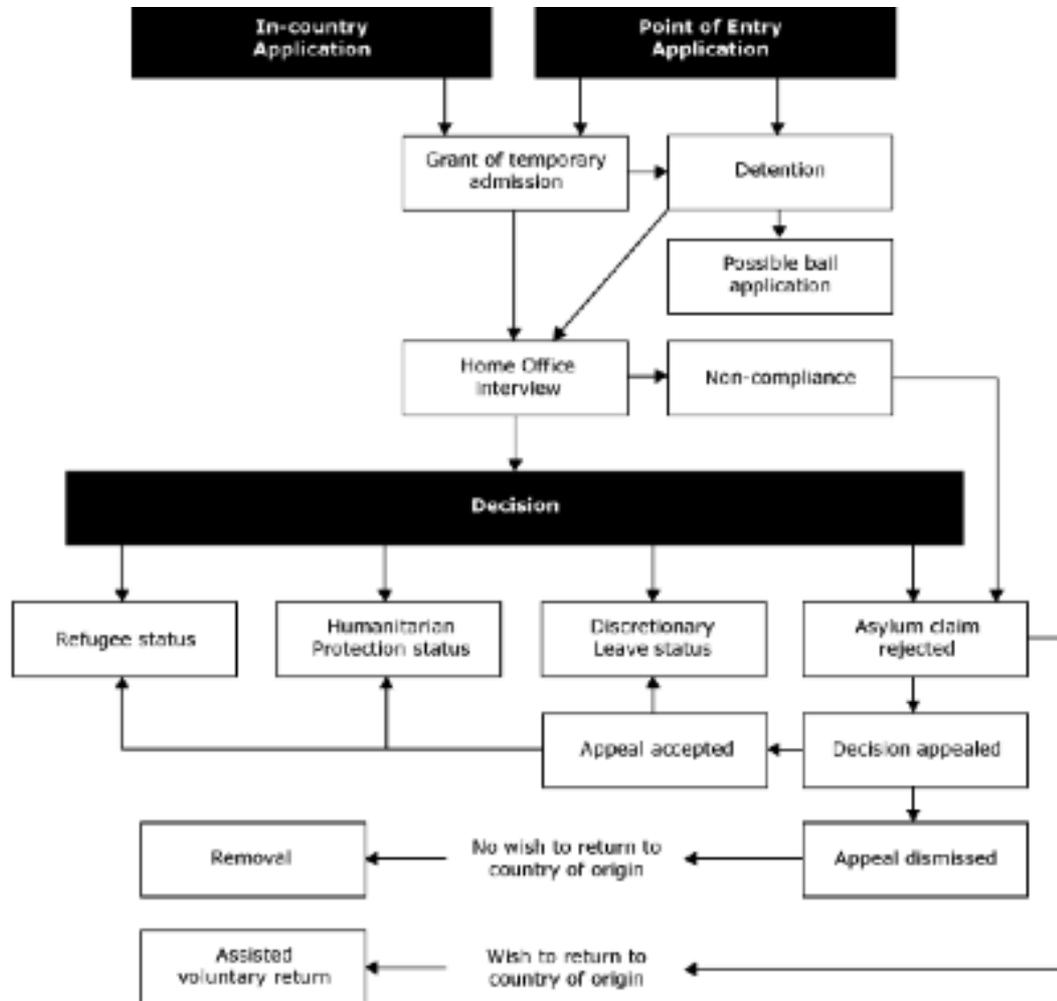
Once an application has been made, the process involves 5 steps<sup>11</sup>:

1. **Screening** – the sanctuary seeker is invited to a brief interview during which identity documents must be produced.
2. **Case owner meeting** - a meeting is held with the case owner during which the procedure and any support available to the sanctuary seeker is explained.
3. **Asylum interview** - a more in depth interview is held in which the sanctuary seeker must explain why they are claiming refuge and back up their explanation with any evidence.
4. **Awaiting response** –during this period a sanctuary seeker cannot work but may be entitled to housing and living costs for themselves and their dependents.
5. **Asylum decision** – a response is expected within 30 days. A decision is made based upon grounds of previous interviews, evidence provided and the country of origin of the sanctuary seeker.

If the application is successful, the person is given refugee status with initial permission to stay in the UK for a period of 5 years.

If the application is refused, the claimant has the right to appeal. Their case owner can offer temporary permission to stay in the country. If any further attempts at application are unsuccessful the person must either leave the UK voluntarily or be detained and eventually deported.

The process is outlined in the diagram below:



Case History of a Somali Sanctuary Seeker

The following case history documents the story of a Somali sanctuary seeker who arrived in the UK in 1999.

*“ I had been a member of the Bujuni Clan in Somalia, living in the area of Kismayo. I was close to my family, which comprised of my mother, father, brother and two sisters. My family trade was fishing and having received a limited education as a child, I joined my father in the fishing trade as a teen.*

*At this time, things were fine in Somalia. Although there was some competition between clans, I felt safe and happy. Things changed however, in 1990, when the government leader at that time was overthrown by an opposition clan. Violence became more common, clans attacked each other for leadership; killing, raping and looting houses of opposition members. Civil war developed, leaving the country in complete chaos.*

*The civil war reached its peak in 1992 and during this time my village was attacked on many occasions. Houses were destroyed and women raped. If any men put forward opposition, they would be killed.*

*One day in June 2009, I went out to work on the seas. After a 3-day fishing trip, I returned to my village. It had been completely destroyed, houses burnt and the land scattered with dead bodies. Amongst them I found my mother. I searched all over for my two sisters but returned with no success.*

*I decided to flee for my safety with another surviving family in my village. We traveled in my fishing boat for a week, through rough seas and stormy weather until we reached Yemen.*

*In Yemen, I managed to get into contact with an agent to whom I paid \$2,500 to travel to the UK. The agent organized flights and documentation and I finally arrived at Heathrow Airport in July 2009. We traveled by train to Reading, where I was left by the agent in a shopping centre. Confused and frightened I was pitied upon by a Somali woman who took me to her home and contacted a solicitor. Through the solicitor, I made my asylum claim to the Home Office.*

*Now, nearly 11 years after I made my initial asylum claim, I am still awaiting a final response. I am unable to work and rely on a British family to provide me with housing and money. Under the 1951 United Nations Convention, I qualify for refugee status.*

## Post-traumatic Stress Disorder

Sanctuary seekers come to the UK from many different countries, with differing pasts and reasons for migration. Many have been subject to trauma e.g. physical and sexual abuse, torture, war or imprisonment. This persecution forces them to flee.

Upon arrival in the UK, sanctuary seekers often have to suffer a long and complex asylum process, a period of time that can be very worrying due to fear for their future. A condition known as Home Office Syndrome is commonplace.

Home Office Syndrome = A syndrome that develops during the time in which sanctuary seekers are awaiting the response to their asylum claim. During this period they “often give no attention to their other needs; in particular, their health needs. This is because they fear that they will be killed or tortured if they are returned to the countries from which they came.”<sup>12</sup>

It is therefore unsurprising that many sanctuary seekers suffer from psychological conditions. Anxiety disorders such as post-traumatic stress disorder can become a serious problem therefore adequate support and treatment from health professionals is vital.

**Post-traumatic stress disorder** is an anxiety condition that develops after exposure to or threat of life-threatening danger. Such stimuli include physical or sexual assault, war, torture or natural disasters.<sup>13</sup> It is natural to feel afraid when under threat, “fear triggers many split-second changes in the body to prepare to defend against the danger or to avoid it.”<sup>14</sup> This response is however altered in sufferers of PTSD. Even when danger is removed, the sufferer experiences heightened anxiety and fear that can remain for many years after exposure.

Symptoms include re-experiences of the past trauma through flashbacks and nightmares. Sufferers avoid stimuli that remind them of the event and often experience heightened emotions, being constantly anxious or on edge.<sup>13</sup>

## Media Portrayal of Sanctuary Seekers

There is no doubt that the portrayal of sanctuary seekers in the media is often negative, building upon existing stereotypes that stigmatize an already vulnerable group in our society.

*'The Human tide we can't control'*<sup>15</sup>– 03/09/01, The Telegraph  
*'Asylum seekers overwhelming family doctors'*<sup>16</sup> – 15/03/02, The Daily Mail

Terms such as “chaos”<sup>17</sup> are often used to describe the influx of sanctuary seekers into the UK. Articles such as those listed above emphasize the idea that our country is overburdened with an increasing sanctuary seeker population, stretching our resources to their limits. However, when you consider the statistics it is surprising to see that in fact numbers are relatively stable. In 2007, 23,430 people claimed asylum in the UK, around the same level as in 1989.<sup>18</sup>

Reasons behind sanctuary seeker claims, for example, conflict and human rights abuse are rarely covered, leaving the public ignorant to the stresses these people go through and how desperate many are.

*'Asylum seeker jailed for rape'*<sup>19</sup>– 01/09/10, The Sun  
*'Asylum teen who murdered two could be allowed to stay'*<sup>20</sup> – 18/01/07, The Daily Mail

Sanctuary seekers are also often associated with criminality, articles as those above expressing individual cases that often create a negative, wider stereotypical view of the population. They are also often confused with illegal immigrants, and the negative images associated with these people linked to those seeking refugee status legally.

## Methodology

A MEDLINE search was carried out across the NHS online health information library. Relevant articles were found using a combination search with key words 'asylum seeker\*' and 'post-traumatic stress disorder\*' and mapping to thesaurus with the required headings selected to be exploded and major descriptors. 'Sanctuary seeker\*' was also used as a synonym to asylum seeker in the search to elucidate articles that may use this as an alternative term.

A similar search was carried out over the databases EMBASE and PsycINFO.

The Internet searches produced results as follows:

No.	<input type="checkbox"/>	Database	Search term	Hits
4	<input type="checkbox"/>	EMBASE, MEDLINE, PsycINFO	("asylum seeker*" OR "sanctuary seeker*").ti,ab [Limit to: Humans and English Language]	975
5	<input type="checkbox"/>	EMBASE, MEDLINE, PsycINFO	exp *STRESS DISORDERS, POST-TRAUMATIC/ [Limit to: Humans and English Language]	19017
6	<input type="checkbox"/>	EMBASE, MEDLINE, PsycINFO	4 AND 5 [Limit to: Humans and English Language]	61

The searches were limited to English language articles that used human studies. Articles were also limited to just those that studied migration into western countries with a clear legal definition of an asylum seeker in order to ensure the situation of the study population was relevant to this investigation. A total of 61 relevant articles were produced.

*My chosen articles were:*

Journal	Authors	Title	Date Published
The Lancet	Keller AS et al.	Mental health of detained asylum seekers	22 November 2003
The British Journal of Psychiatry	Silove D, Sinnerbrink I, Field A, Manicavasagar V, Steel Z.	Anxiety, depression and PTSD in asylum-seekers: associations with pre-migration trauma and post-migration stressors	1 January 1997

## Literature Review

### *1. Mental Health of Detained Asylum Seekers<sup>21</sup>*

The article estimates that 5000 sanctuary seeker are currently being held in detention in the US.<sup>21</sup> Previous research into this topic has been limited due to difficulties in accessing detainees<sup>21</sup>.

The study aims to examine the effect of detainment on the psychological health of sanctuary seekers. A follow up was used to investigate differences in symptom changes between those still detained and those freed.

Initially the researchers aimed to take a random sample of sanctuary seeker detainees from both detention centres and government run jails. However this was not permitted, so a sample was created by contacting clients of pro-bono legal advisers<sup>21</sup>. A total of 70 eligible sanctuary seekers were referred to the study<sup>21</sup>. Follow up interviews were carried out at a median of 101 days on 61 remaining contributors<sup>21</sup>.

To assess psychological conditions the Hopkins Symptoms checklist and Harvard trauma questionnaire were used. Demographic data and exposure to traumatic events were examined from each asylum application.<sup>21</sup>

The results were as follows:

<b>Psychological condition</b>	<b>Percentage of sufferers at initial interview</b>
Anxiety	77%
Depression	86%
Post-traumatic stress disorder	50%
Suicidal thoughts	26% (2 out of the 7 in this group had made attempts to take their own lives) <sup>21</sup>

At follow up, participants still being detained had increased symptom scores for all three conditions studied<sup>21</sup>.

Those that had been released, on the other hand showed improvement. The article concluded, “Detention of asylum seekers exacerbates psychological symptoms”<sup>21</sup>.

The study had many positive features. Firstly, the fact that it was a cohort study, clearly defining those still in detainment at follow-up and those freed as two different cohorts provided a reliable way of measuring detainment as a risk factor. The length of time between initial interview and follow-up was significant, allowing enough time for changes to occur. In addition, the results of the study showed a sizeable improvement in symptoms in the freed cohort and a smaller, but still clear deterioration in those still detained. Differences were significant therefore conclusions made were believable and backed up with evidence. Lastly, ethical issues were covered; informed consent was gained from each participant, as well as study approval.

There were also, however, some limitations to the methodology. Firstly, the study used self-report questionnaires therefore may be open to response bias<sup>21</sup>. As no clinically diagnostic tools were employed it is difficult to say whether accurate diagnosis was made based solely upon the participants answers to set questions. Secondly, random sampling could not be used. As a result the sample may not be a fair representation of the entire detainee population; those who were represented by pro-bono legal advisers may differ from others<sup>21</sup>. In addition, although effort was made to inform asylum seekers that participation in this study would have no effect on their asylum claim, participants could have exaggerated their symptoms to enhance their claim<sup>21</sup>. Finally, there was variation in the time period between initial interview and follow-up for each participant. Results therefore may not be reliable as follow-up results were obtained at different stages of change for different people.

It would be useful for further studies in this topic to use a random sample of detainees in order to ensure an accurate representation of all detained sanctuary seekers. Evidence based, clinically diagnostic tools could be used to establish psychological disorders accurately and also perhaps more interview-style questions which would elucidate a more subjective response.

*2. Anxiety, depression and PTSD in asylum-seekers: associations with pre-migration trauma and post-migration stressors<sup>22</sup>*

The researchers in this study aimed to examine the possible relationship between pre and post-migration trauma experienced by sanctuary seekers and prevalence of psychological disorders.

40 consecutive sanctuary seekers attending English classes at a community resource centre in Sydney, Australia were interviewed using structured instruments and questionnaires<sup>22</sup>. Demographic variables were assessed.

To assess psychological conditions the Hopkins Symptoms checklist, Harvard trauma questionnaire, Dartmouth coop functional health assessment chart and Composite international diagnostic interview schedule were used. The sample was also asked about possible stressors that they had experienced whilst living in Australia through a checklist.<sup>22</sup>

79% of those that took part had experienced a traumatic event such as witnessing a killing, being assaulted, torture or imprisonment. 37% showed symptoms of PTSD<sup>22</sup>. The article concluded that an increased prevalence of PTSD was associated with past trauma. Subjects with PTSD reported almost double the amount of traumatic events compared with those without.<sup>22</sup>

Post-migratory stresses also showed correlation to PTSD; conflict with immigration officials, boredom and loneliness, poverty, unemployment, delays in processing their asylum application and racial discrimination all having a significant effect<sup>22</sup>.

The article discussed the fact that those who entered the country having experienced trauma would deal with the process of asylum application worse, stresses affecting them more<sup>22</sup>. As a result, effective health care in treating their symptoms is vital to address the problem.

The study had a number of key positive features. Firstly, it was readable and easy to understand, free from medical jargon. Secondly, socio-demographic variables were identified and compared with responses to detect any confounding factors. Lastly, the method of results analysis was rigorous. The authors compared their data with previous, similar studies carried out, noting similarities which backed up their research. Reasons behind their findings were also thoroughly discussed.

Limitations included the fact the sample used was small, and as it was carried out in 1997 may not be up to date. Secondly, selection methods may be biased. The study sampled asylum seekers who visited a community centre and this may not be a fair representation of the entire population. For example, those with serious psychological conditions may not be motivated to visit<sup>22</sup>. Lastly, the validity of the assessment instruments used had not been tested in the population sample used. Although the tests were translated, cultural differences in the participants could affect their response and this could produce bias in the results.

Further research into this topic could use a larger sample size in order to ensure results are reliable. Instead of solely using sanctuary seekers who visited a community centre, a random sample should be taken, perhaps by looking at legal documents that list sanctuary seekers and taking a random sample of these. Follow-up studies could also be used, in order to assess the progression of psychological disorders over time.

## Discussion

Post-traumatic stress disorder is particularly prevalent amongst sanctuary seekers in comparison with the rest of the population. This can be considered unsurprising; many sanctuary seekers have had to flee their homes from danger and threat. In the study carried out by Silove D et al., the majority of those interviewed had been subject to some sort of traumatic experience in their home countries:

- 57.9% had witnessed the murder of a loved one
- 44.7% had been close to death
- 42.1% had been forced to leave their loved ones
- 36.8% had been subject to brain washing
- 31.6% had suffered a serious injury
- 26.3% had been subject to torture <sup>22</sup>

It may be thought that once an asylum seeker reaches 'sanctuary' at their destination country, levels of anxiety disorders should reduce as the threat of danger is diminished.

However in reality this is often untrue. Why, upon arrival into such 'safety' does PTSD remain such a problem?

It is true that past threats may often no longer be present, however worries associated with uncertainty over their future can take over.

The asylum screening process has become increasingly stringent over the past few decades<sup>23</sup>. It can be a significant contributory factor to symptoms of PTSD, being very long and stressful for the applicant. Language and cultural barriers, as well as a lack of understanding of the judicial process can make the situation worse<sup>23</sup> and fear of repatriation can become overburdening. It has been claimed that sanctuary seekers suffering from PTSD when interviewed "may experience psychological dissociation under pressure and in such an altered state or awareness may fail to give appropriate answers"<sup>23</sup>. Their asylum case may be unfairly rejected without taking into account the effect of their psychological status.

Detention is another key risk factor associated with PTSD. There are currently 10 detention centres across the United Kingdom holding failed sanctuary seekers as well as those who have been detained upon arrival.<sup>24</sup> Sanctuary seekers can also be held in state prisons amongst regular

prisoners. Britain is one of the only two countries of the EU where it is legal to indefinitely detain a sanctuary seeker, the government opting out of the EU Returns Directive which limits maximum detention to 18 months.<sup>25</sup> “Allegations of abuse, untreated medical and psychiatric illnesses, suicidal behavior, hunger strikes, and outbreaks of violence among asylum seekers in detention centres have been reported”<sup>23</sup>, detainment being proven as a key risk factor to psychological conditions such as PTSD<sup>21</sup>.

Another key contributory factor to the high prevalence of PTSD amongst sanctuary seekers is their forced unemployment. It is illegal for a sanctuary seeker to work in Britain. “Work does much more than supply the means for meeting physical needs; it also can satisfy creative urges, promote self-esteem, and provide an avenue for achievement and self-realization”.<sup>26</sup> Unemployment can therefore have a detrimental affect on the development of an asylum seeker, boredom and the lack of money also contributing to a decline in mental health.

The government provides a sanctuary seeker with a weekly sum of £35<sup>27</sup> to support them and their dependents. Limited funds can develop into a significant worry. Although housing is provided during the application process, it can often involve sharing with others in overcrowded conditions and being relocated regularly. The limited social support provided barely cover the sanctuary seeker’s basic needs, it is a struggle for them and their dependents to survive. According to Maslow’s Hierarchy of Needs (see Appendix 3) an individual must fulfil their basic survival and safety needs before being able to fulfil other needs such as love, intimacy, self-esteem and self-actualization<sup>28</sup>. Social support barely covers sanctuary seeker’s basic survival needs, food budgets are tight and many do not feel safe in their housing. As a result, more social and personal emotional needs are not met, they have no opportunity to develop as a person, no ambition or self-esteem, and psychological conditions therefore remain prevalent<sup>29</sup>.

In order to address the high prevalence of anxiety disorders amongst sanctuary seekers, it is essential that health provision services are adequate. In Britain sanctuary seekers are entitled to free primary NHS care, however current findings show this service is not meeting their health needs<sup>30</sup>. Failings in provision of healthcare could be another significant reason why PTSD remains prevalent after sanctuary seekers arrive in our country. Limited translation facilities as well as a lack of

understanding in the sanctuary seeker population over their entitlement to healthcare reduce the numbers who present to GP's<sup>30</sup>. Basic medical testing does not consistently take place and as a result psychological conditions are often missed. PTSD is not diagnosed and symptoms are not treated.

Some people argue that the apparent willingness of healthcare professionals to diagnose sanctuary seekers with PTSD prevents an accurate psychological analysis and consequently appropriate treatment. However others dispute this assertion, claiming that in fact it is too often left undiagnosed. Both sides of the argument represent failings in our health system towards sanctuary seekers, thorough mental health screening does not take place and as a result PTSD often goes undiagnosed and untreated.

## **Conclusion**

Addressing the title of this investigation, the following conclusions can be made:

- PTSD is particularly prevalent amongst sanctuary seekers upon arrival in their host country due to pre-migratory trauma.
- The complex asylum process, lack of social support available, forced unemployment and public stigmatization can limit improvement and even aggravate PTSD symptoms.
- Not enough is being done to meet sanctuary seeker health needs, PTSD is often left undiagnosed and so symptoms are untreated.

## **Recommendations and Areas of future study**

Health provision to sanctuary seekers upon their arrival into the UK is far from perfect. The following recommendations could be put into place at a national and local level to improve treatment.

### *Nationally:*

- Routine psychological screening should be carried out by qualified health professionals on each sanctuary seeker upon entry into the country.
- The asylum application process should be revised to deal with the negative effects it is having on sanctuary seeker health.
- More research into the progression of PTSD in sanctuary seekers should be carried out to assess the extent of the problem.

### *For Liverpool:*

- A healthcare centre tailored specifically to sanctuary seeker needs should be set up, integrating social support with physiological care.
- Education programmes for sanctuary seekers should be launched to ensure they know their entitlements to healthcare and what should be their first point of call when they are ill.

- Interpreting services should be available at all health centres, provided by qualified professionals.

### Limitation of the study

- The 3000 word count limited the amount of detail and evidence put into the report.
- Limited research into the topic, due to difficulties in diagnosis of PTSD and confusion in defining the term 'sanctuary seeker' restricted findings.
- Non-English articles had to be discarded, limiting research into the topic which, due to its nature, could have significant studies carried out in different languages.
- There was restricted research into sanctuary seekers living in Britain. As a result, I had to review studies of other western countries that may not be relevant to the UK.

### Reflection

I would like to thank Dr O'Neil and the other organisers of the programme for providing a fascinating, out of the ordinary SSM. I came in on the first day ignorant to the extent of the problems many sanctuary seekers suffer. My experiences were eye opening and will undoubtedly benefit me in my future career.

I would also like to express my gratitude to the asylum seeker centres we visited, in particular the Asylum Women's Group where I had the opportunity to learn a great deal from the women there. Their stories were heart rendering and have motivated me to want to pursue a career in global health.

**Appendix 1: The duties of a doctor registered with the General Medical Council<sup>7</sup>**

Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and you must:

- Make the care of your patient your first concern
- Protect and promote the health of patients and the public
- Provide a good standard of practice and care
  - Keep your professional knowledge and skills up to date
  - Recognise and work within the limits of your competence
  - Work with colleagues in the ways that best serve patients' interests
- Treat patients as individuals and respect their dignity
  - Treat patients politely and considerately
  - Respect patients' right to confidentiality
- Work in partnership with patients
  - Listen to patients and respond to their concerns and preferences
  - Give patients the information they want or need in a way they can understand
  - Respect patients' right to reach decisions with you about their treatment and care
  - Support patients in caring for themselves to improve and maintain their health
- Be honest and open and act with integrity
  - Act without delay if you have good reason to believe that you or a colleague may be putting patients at risk
  - Never discriminate unfairly against patients or colleagues
  - Never abuse your patients' trust in you or the public's trust in the profession.

You are personally accountable for your professional practice and must always be

Sophie Jain

prepared to justify your decisions and actions.

**Appendix 2: Beauchamp and Childress 4 principles of medical ethics<sup>8</sup>**

Beauchamp and Childress' Four Principles are one of the most widely used frameworks for ethics in medicine.

**Respect for autonomy:** respecting the decision-making capacities of autonomous persons; enabling individuals to make reasoned informed choices

**Beneficence:** this considers the balancing of benefits of treatment against the risks and costs; the healthcare professional should act in a way that benefits the patient

**Non maleficence:** avoiding the causation of harm; the healthcare professional should not harm the patient. All treatment involves some harm, even if minimal, but the harm should not be disproportionate to the benefits of treatment

**Justice:** distributing benefits, risks and costs fairly; the notion that patients in similar positions should be treated in a similar manner.

Appendix 3: Maslow's Hierarchy of Needs<sup>28</sup>



An individual must fulfill their basic needs at the bottom of the pyramid before moving up and addressing other parts of their life.



## **Key Resources**

### Useful Contacts

- Maggi, Asylum Link Merseyside  
St Anne's, 7 Overbury St Liverpool, L7 3HJ  
Tel: 0151 709 1713  
[info@asylumlink.org.uk](mailto:info@asylumlink.org.uk)
- Laurie Wilson, STAR Liverpool  
[Liverpoolstargroup@googlemail.com](mailto:Liverpoolstargroup@googlemail.com)
- FADE Library  
Regatta Place, Brunswick Business Park, Summers Road, L3 4BL  
Tel: 0151 285 4493  
[www.fade.nhs.uk](http://www.fade.nhs.uk)

### Useful Websites

- United Nations High Commissioner for Refugees  
<http://www.unhcr.org/>
- UK Border Agency  
[www.bia.homeoffice.gov.uk/](http://www.bia.homeoffice.gov.uk/)
- About Immigration  
<http://www.aboutimmigration.co.uk/>
- Student Action for Refugees  
<http://www.star-network.org.uk/>

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- <sup>ii</sup> The British National Party [image on Internet] c2009. Available from: <http://bnp.org.uk/2009/07/'one-million'-failed-asylum-invaders-get-free-nhs-treatment/>
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