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Hospital Detention Practices: Position Statement of a SIOP PODC Global Taskforce

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Hospital detention practices may be defined as refusing release of either living patients after medical discharge is clinically indicated or refusing release of bodies of deceased patients if families are unable to pay their hospital bills.¹⁻³ Each additional day that patients are detained in hospital adds to their bills. This increasingly hinders families' ability to obtain patients' release.² It creates traumatic separations since families often must leave the hospital to seek funds.¹⁻³ Some patients are detained for months in hospitals or mortuaries.¹⁻³ Occasionally patients are completely left behind in hospital when families are unable to pay.¹⁻³ Unclaimed patients' bodies may be disposed of in mass graves.^{1,3}

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Declaration of interests

We declare no competing interests.

The magnitude of the problem is unknown, but may be more widespread than currently documented.⁴ Hospital detention has been reported by human rights organizations, clinicians, journalists and laypeople in Africa, Asia, Latin-America and Eastern-Europe.¹⁻⁷ These reports concern patients of all ages with acute conditions (e.g., emergency care for road accident victims, women with birth complications) and chronic diseases (e.g., cancer, HIV/AIDS).^{1,3,8} Reports currently lack consistent terminology.¹⁻⁸ For example, human rights organizations have used terms such as “hospital detention practices” and “insolvent patients”,^{1,8} whereas clinicians have referred to “hospital retention policies” and “retained patients”.^{2,6} Journalists and laypeople have variously described “patient kidnapping, illegal incarceration, health-care horror” involving “patient prisoners, hostage cadavers”.^{1,3,6} Shared recognition and consistent terminology are required to enable comparisons of studies worldwide and effectively unite forces.

The Taskforce’s objectives are to: 1) augment critical awareness, 2) introduce a consistent terminology, 3) help reliably map the global scope, 4) elucidate adverse consequences, 5) address root causes, and 6) identify and support implementation of effective solutions to stop hospital detention practices.

The Taskforce endorses the following core statements related to each objective:

- Detention of patients in hospital for lack of payment of hospital bills violates international human rights, including the right not to be imprisoned as debtors and the right to have medical care access.^{1,8,9}
- Recommended terminology to describe detention should include “hospital detention practices” and “detained patients.” The term “detention” aligns with Human Rights Watch reports and minimizes confusion with positive health-care retention in medical literature.^{1,9} The term “practices” more accurately describes reality than “policies.” In many low- and middle-income countries, both official and unofficial procedures for government institutions’ activities are present.¹⁰ Although hospital detention may not be the official policy publicly defended by governments, it may be a widespread unofficial practice.
- To map the problem’s global scope, the Taskforce calls on professionals and advocates to report hospital detention practices in international scientific journals, media and public venues.
- Recognition and reporting of adverse consequences of hospital detention is vital. The Taskforce’s focus on detained children with cancer in Kenyan hospitals documented that families’ fear of detention may prevent or delay conventional medical help seeking, and encourages abandonment of potentially curative treatment after patients’ release. Progressive or relapsed disease and unnecessary death often result.^{2,6} Detention aggravates hospital overcrowding, increases infection risk and denies schooling to children. These consequences may also apply to other conditions and settings.

- Hospital detention practices often reflect mismanagement, corruption, dysfunctional health-care system structures, inadequate health-insurance coverage and unfair waiver procedures warranting urgent attention.^{1,8}
- Advocacy by international organizations and institutions is urgently required to end hospital detention practices through collaboration of 5 key groups of stakeholders: i) International financial institutions, health-organizations and donor countries: Demand that governments stop hospital detention practices. Apply diplomatic pressure. Employ aid to address health-system governance, implement health-insurance coverage and stop hospital detention, ii) United Nations: Establish a global monitoring framework to investigate and report on hospital detention. Counsel governments on how these abuses must be addressed. Coordinate funding for projects to eliminate it. Consider an International Convention on Protection of Patients' Rights which specifically addresses hospital detention, iii) National governments: Free all detained patients. Stop hospital detention. Implement legislation to make it actionable by law.^{1,7} Implement health-insurance coverage, iv) National and local civil-society organizations: Foster awareness. Provide legal support to detained patients. Press governments to stop hospital detention, v) International medical organizations and scientific journals: Raise awareness. Encourage research application in devising evidence-based strategies to address hospital detention. Promote partnerships to take positive, concerted action.

Our Taskforce endorses this position statement in the conviction that detention of patients is unethical, inhumane and must stop.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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Abbreviations

SIOP	International Society of Pediatric Oncology
PODC	Pediatric Oncology in Developing Countries

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