



RECOMMENDATIONS

of 18 June 2009

of the Contrôleur général des lieux de privation de liberté
concerning the Esquirol hospital in Limoges (Haute-Vienne)

Four inspectors duly authorised by the Contrôleur général des lieux de privation de liberté (CGLPL) visited the Esquirol hospital in Limoges from 9 to 11 December 2008.

The observations made during this visit gave rise to an initial report which was sent to the director of the establishment on 19 December 2008.

The director submitted his comments on this report in a letter dated 6 January 2009.

On 10 February 2009, the full report of the visit was sent to the Minister for Health and Sports.

The Minister submitted his remarks, which have been added to the report as an appendix, in a letter dated 6 April 2009.

In the wake of this procedure, and in accordance with law No. 2007-1545 of 30 October 2007, the CGLPL has decided to make public the following recommendations:

1/. Although information on patients admitted to hospital without their consent is supplied quickly and consistently throughout the entire establishment, the exercise of rights of appeal for patients is, however, not sufficiently guaranteed: the explanations given are provided exclusively by nursing staff in little accessible legal terms. A model national document targeting a non-specialised public should be developed, notably in cooperation with user associations.

2/. The right to privacy is not respected when letters sent by patients are subject to monitoring, even if the envelopes are not opened. The right to correspondence of patients hospitalised without their consent cannot be contested, including for measures to address health care and safety objectives.

3/. The hospitalisation of persons without their consent is not carried out under the best conditions, as fewer and fewer patients have the opportunity to take part in organised activities outside of hospital wings. Care for patients without their consent, especially when the latter are hospitalised for often long periods, must be integrated into the organisation of services, to enable them to participate in activities as regularly as their state of health permits.

4/. In the absence of a regulatory obligation to outpatient care, the recourse to the release test procedure results in some patients being held under a regime of legal restraint which is no

longer justified by their state of health and for a duration unrelated to a true transitional period. This question should be subject to discussion at the national level.

5/. The use of restraint must be subject to quantitative and qualitative monitoring by means of a report comprehensively completed by each unit receiving patients hospitalised without their consent. A standard model should be developed at the national level.

6/. The safety precautions applicable to prisoners, kept locked in their rooms in secure units, should not result in the delivery of separate and depleted health care within the hospital and in the suspension of the rights implemented in the establishment.

Patient equality with respect to the need for health care requires that hospitalised prisoners have the opportunity to participate in collective activities in order to incorporate the therapeutic components deemed necessary for all patients.

The rights accorded to persons held in detention, such as exercise, visits from authorised persons and the possibility for convicted prisoners to place phone calls, must be respected during periods of hospitalisation.

J.-M. Delarue