FORTHCOMING MEETINGS

Quarterly Meeting, London

15 November at the Royal College of Physicians, and 16 November at the Royal Society of Medicine.

Penrose Memorial Meeting

17 October, at the Royal Society of Medicine.

Divisional Meetings

4 October, East Anglian, at Claybury Hospital.

18 October, North-Eastern, at High Royds Hospital.

25 October, Chiltern and Thames Valley, at Northampton.

7 December, Scottish, in Edinburgh.

THE TREATMENT OF PRISONERS: STANDARD MINIMUM RULES

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In June of this year the Committee of Ministers of the Council of Europe* issued a resolution, setting out 'Standard minimum rules for the treatment of prisoners'. We in Britain will no doubt feel that such a document will only be of academic interest to us, as our prisons are bound to be better than the minimum standards prescribed. For the most part this is probably true, but it seems worthwhile to examine the contents of this document† in order to determine whether there are any areas of concern in this country.

In fact the first statement of the document made me raise my eyebrows when it confidently noted that 'there is a trend away from detention in an institution towards treatment at liberty or semi-liberty'. I suppose that is correct for us, for we do have probation, fines, community service orders and the rest; but our prisons are still full to overflowing, we are still building more, and Home Secretaries are gloomily predicting 60,000 inmates in the next decade or so. Apart from the pure drunkenness offender, nobody in authority has yet said that it is wrong to imprison so high a proportion of our population. Nobody has yet said: let us close some prisons and use the resources released more constructively for effective care and rehabilitation. And surely it is not only wasteful but destructive and unnecessary to remand large numbers of untried suspects in prison, thereby interfering with, perhaps totally ruining their whole lives, just so that a psychiatric report can be obtained, when it could be more efficiently and effectively obtained within the community by slightly reorganizing and increasing local psychiatric facilities.

The Council invites the governments of member states to report every five years to the Secretary-General informing him of action taken on the resolution. If our Government takes up this challenge I shall be fascinated to learn what comments are made about the clause which decrees that 'for every prisoner with a sentence of suitable length, the director (of prisons) shall receive, as soon as possible after admission, full reports . . . (which) . . . shall always include reports by a medical officer and, wherever possible, by a psychiatrist'. Similarly about the suggestion that 'individual treatment programmes shall be drawn up . . . Prisoners shall be involved in the drawing up of their individual treatment programmes'. A very skilled pen indeed will be required to assert that all prisoners are allowed 'to choose the type of work they wish to perform'. To keep to the spirit of collecting medical and psychiatric reports on all men serving, say, two years or more would need a major reorganization of the Prison Medical Service, with at the very least the giving up of all the remand reports mentioned earlier. Involving prisoners in individual treatment programmes and in decisions concerning their own lives is something that already genuinely happens at Grendon, but to spread it far and wide as a general principle is clearly, from recent statements, not one of the Home Secretary's priorities.

These clauses in the resolution seem to stem from an earlier one indicating that 'the treatment of prisoners should emphasize not their exclusion from

* Member countries are: Austria, Belgium, Cyprus, Denmark, Federal Republic of Germany, France, Iceland, Ireland, Italy, Luxemburg, Malta, Netherlands, Norway, Sweden, Switzerland, Turkey, United Kingdom.

† A photocopy can be obtained from me on request.

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