

The profession calls for humane treatment of asylum seekers



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Many of us are deeply ashamed of the way Australia treats asylum seekers. Our politicians and media obsess about the way they reach our shores, but, as doctors, our role is to care for them and to advocate for their best interests. We have become increasingly concerned about their wellbeing.

The editorial by Newman and colleagues in this issue supports the investigation by the Commonwealth Ombudsman into suicide and self-harm in Australian immigration detention facilities, and demands action on this crisis (page 310). With more than 1100 incidents of threatened or actual self-harm in these facilities in the past financial year, action is urgently needed. As the authors say, it is well known that the detention environment is harmful, and that time in detention is associated with deteriorating mental and physical health.

Australia resettles about 14 000 refugees annually — only a small proportion of the 15 million worldwide. Asylum seekers represent only 2% of Australia's annual migration intake, yet immigration detention costs in this financial year will be more than \$800 million. Surely this money would be better spent on community integration, education and health care.

Australia is a country that has thrived on immigration, and refugees have made large contributions to our society. Australian medicine has also benefited greatly. Many members of our profession were once refugees, or are the children of refugees. We recently published an inspiring account of a remarkable Rwandan medical student, representative of the latest generation of refugee doctors (MJA 2011; 195 (5): C8).

The Refugee Health Network of Australia (MJA 2011; 195: 185-186) is a national collaboration of over 140

doctors and other health service providers attempting to deliver the health care that refugees so desperately need. Refugees may be unvaccinated, nutritionally deficient, psychologically traumatised and have chronic and infectious diseases. Asylum seekers have all of these problems, but also have great difficulty accessing adequate care because of Medicare ineligibility and poor access to interpreters (MJA 2011; 195: 188-191).

It is our professional responsibility to sometimes speak out on policy issues that affect health. The profession can take some pride in its contribution to many public policies (like those that have helped reduce smoking deaths). Continuing in this tradition, the President of the Australian Medical Association stated at the recent AMA Parliamentary dinner: "The AMA believes the system of mandatory detention of asylum-seekers is inherently harmful to the physical and mental health of detainees... we urge both sides of politics to do all that is possible to ensure that these poor people are assured access to quality health care" (<http://ama.com.au/node/7061>).

The recent Centre for Policy Development report *A new approach: breaking the stalemate on refugees and asylum seekers* presents a balanced and insightful set of solutions (http://cpd.org.au/wp-content/uploads/2011/08/CPD-Refugee_Report_Web.pdf). It calls for a bipartisan approach to ensure that detention centres are used "specifically for health, identity and security checks, with a 30 day time limit for adults and a 14 day time limit for children". We proudly join our voices to this call, and hope for urgent action to end the physical and mental harm caused by prolonged periods of immigration detention.

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The screenshot shows the 'MJA Careers' page. The main article is titled 'Mind matters' and discusses the challenges of being a junior doctor in the field of mental health. It includes a quote from Dr. Andrew Davies: "We're just on the threshold of an enormous explosion in our understanding of mental health conditions." The page also features a sidebar with 'In this section' and 'Related articles'.

Helping society's most vulnerable

HOMELESS people often have significant physical and mental health concerns, yet fall through the cracks of the medical system, according to general practitioner Dr Andrew Davies. In this issue of MJA Careers, Dr Davies explains how his unusual GP service helps homeless and marginalised people access medical care in Perth (page C7). From lugging an ECG machine in his car, to tracking down hundreds of misplaced Medicare numbers, it's a fascinating story.

Our regular Medical Mentor section focuses on psychiatrist Professor Louise Newman, who is also working with some of society's most vulnerable people, including asylum seekers and children at risk of developing psychiatric problems (page C5). Also in this issue, psychiatrist Professor Philip Mitchell explains why it is an exciting time to begin a career in psychiatry (page C1), and we look at the pros and cons of self-managed super funds in Money and Practice (page C8).

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