



The Lancet 2005; 365:1767

DOI:10.1016/S0140-6736(05)66576-2

Failed asylum seekers and access to free health care in the UK

Paul D Williams  [a](#)

Sally Hargreaves and colleagues (Feb 26, p 732)¹ discuss proposals to restrict health-care access for people whose asylum claims have failed. I lead a primary-care team caring for 600 refugees in northeast England, including at least 45 failed asylum seekers—ie, people who have been refused asylum by the Home Office and have exhausted all appeal rights. More than half the failed asylum seekers in my practice are African, and the remainder Middle Eastern. Most rely on friends and charity for food and shelter, and are prohibited from working. Some Iraqis have recently been given accommodation after acknowledgment that they could not safely be returned. Most of the others (from places such as Ethiopia, Sudan, Zimbabwe, and Iran) cannot safely, or will not, be deported.

These people are not “bogus” asylum seekers. Most have described devastating experiences. Eight women and three men have disclosed rape, 14 men and two women other forms of torture, and 20 have described being imprisoned in their country. Of the remainder, one described the murder of his parents, one the murder of her father, and one the murder of her husband; one had his house burnt down by a government-supported mob, one was beaten by soldiers, and one fled after his father was imprisoned.

Usually patients' presentations are accepted at face value, and we recognise that traumatic experiences such as rape are under-reported. However, sceptics will argue an incentive to exaggerate an asylum case. I cannot vouch for the veracity of all these claims, although the anguish and grief accompanying painful disclosures gives me no reason to suspect that anyone has lied. Many people have psychological conditions that would require in-depth knowledge of the International Classification of Diseases² to fake. 12 have been diagnosed with post-traumatic stress disorder, a further 12 with depression, and a further six have anxiety disorder.

Why do claims fail if people have suffered such trauma? Refugee status is conferred only if someone can prove they would undergo persecution if returned to their country. Many cannot meet the standard of proof required, and are accused of fabrication. Rape and torture are described as “individual acts of indiscipline” instead of persecution. Sometimes shame prohibits disclosure of innermost secrets to culturally insensitive Home Office interviewers through interpreters that may be of the opposite sex.³

Notwithstanding the need for psychological support, some failed asylum seekers have important physical problems. Two of my patients have HIV, two are pregnant, one has diabetes requiring insulin, and one has rheumatoid arthritis. None of these conditions would be treatable on the National Health Service (NHS) if proposals to exclude “overseas visitors” from NHS primary care are implemented.⁴

More research is needed into the needs of this politically and socially ostracised group.¹ It is wrong for the government to target the most vulnerable on the basis that they are health tourists, when there is no evidence that people seek asylum for health gain. There is neither an economic nor a moral case for waiting until problems become urgent before allowing access to treatment.

I declare that I have no conflict of interest.

References

- ¹. Hargreaves S, Holmes A, Friedland JS. Charging failed asylum seekers for health care in the UK. *Lancet* 2005; 365: 732-733. [Full Text](#) | [PDF \(37 KB\)](#) | [CrossRef](#)
- ². World Health Organization. The ICD-10 Classification of mental and behavioural disorders and diagnostic guidelines. Geneva: WHO, 1994:.
- ³. Amnesty International. Get it right: how Home Office decision making fails refugees. London: Amnesty International, 2004:.
- ⁴. Department of Health. Proposals to exclude overseas visitors from eligibility to free NHS primary medical services: a consultation <http://www.dh.gov.uk/assetRoot/04/08/22/67/04082267.pdf> (accessed March 6, 2005).

[Back to top](#)

Affiliations

[a](#) Arrival, Massey Road, Teesdale, Stockton-on-Tees TS17 6EY, UK