College of Family Physicians of Canada
Prison Health, Community of Practice in Family Medicine (CPFM)
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Position Statement on Solitary Confinement

Definition and background

Isolation, segregation, separation, cellular, or solitary confinement are some of the terms used to describe a form of confinement where prisoners are separated from the general prison population and held alone in their cell.[i] Solitary confinement refers to any confinement of prisoners for 22 hours or more a day without meaningful human contact,[ii] and with limited or no access to rehabilitative programs.

Solitary confinement may be imposed for administrative or disciplinary purposes. For example, a prisoner who has a violent history or is at risk of injury from other prisoners may be placed in administrative segregation; a prisoner who does not follow the rules and regulations of the institution may be placed in disciplinary segregation.

The United Nations (UN) considers any stay in solitary confinement over 15 days as torture, but the negative consequences of sensory deprivation can be seen as early as 48 hours after segregation.[iii] These include onset of mental illness, exacerbation of pre-existing mental illness, and the development or worsening of physical symptoms.[iii,iv,v,vi,vii]

Family physicians are health advocates who are called to be socially accountable.[viii,ix] The College of Family Physicians of Canada (CFPC) promotes social justice as the pursuit and/or attainment of equity in society.[x] Social justice focuses on addressing the social determinants of health and minimizing their negative effects on individuals' health.[xi,xii] Accordingly, the CFPC Prison Health Community of Practice in Family Medicine[xiii] advocates for best health outcomes for incarcerated populations in Canada. Therefore, it is the ethical, moral, and professional obligation of health care professionals to advocate for the humane and just treatment of incarcerated persons and to make specific recommendations regarding solitary confinement.[xiv,xv,xvi,xvii]

Recommendations

1. Abolish solitary confinement for administrative segregation. Non-segregation options must be created within correctional facilities, with adequate resources and correctional staff.[xviii,xix,xx]
2. Abolish solitary confinement for youth. Due to the more fragile brains, the negative effects of solitary confinement will have a greater impact on youth.[xxi]
3. Solitary confinement for medical reasons (including cardiovascular disease, respiratory disease, cancer, infectious disease, liver disease, and/or diabetes) is inappropriate. These persons require care that will address the medical health needs rather than exacerbate them in solitary confinement.
4. Solitary confinement for mental illness (including those with post-traumatic stress disorder) is inappropriate. These persons require care in a specialized setting that will address the mental health needs rather than exacerbate them in solitary confinement.

5. Solitary confinement for discipline is not recommended. The evidence shows that it is not effective and that better options exist.[xvi]
6. Until solitary confinement is abolished, correctional facilities should develop and implement independent review procedures of all those in solitary confinement, to address both legality of the confinement and also to ensure the health (mental and medical) of persons in solitary confinement.
7. Until solitary confinement is abolished, correctional facilities should assure that the health care needs of persons in segregation are met. Persons in solitary confinement should be assessed in person by medical and nursing staff at least daily, in addition to regular assessment by correctional staff. If the person requires health care, then the patient should be seen in a health care setting that maintains confidentiality and dignity.[xxii]

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