

**VISIT BY MEMBERS OF THE UK PARLIAMENT'S JOINT COMMITTEE ON  
HUMAN RIGHTS TO COPENHAGEN 14 - 15 MARCH**

Dear Hanne,

We spoke briefly regarding the upcoming visit by the UK Parliament's Committee on Human Rights, and you kindly agreed to pass on the details to the Members of the Folketing Health Committee next week.

Ideally, I would like to set up a meeting, preferably a dinner with interested Members of the Health Committee (including the Clerks), on the night of Wednesday 14 March. The UK Parliament would pay for the meal.

The UK Committee will be in Denmark specifically to look at Human Rights for elderly patients. This will cover care in hospitals, residential homes and general practise.

**Members of the JCHR travelling** (with links to CVs) are: -

Confirmed

Mr Andrew Dismore MP (Chair) (Hendon, Labour)

Nia Griffith MP (Llanelli, Labour)

Lord Lester of Herne Hill (Liberal Democrat)

Baroness Stern (Cross Bench)

Probable

Lord Judd (Labour)

Dr Evan Harris MP (Oxford West & Abingdon, Liberal Democrats)

Mark Tami MP (Alyn & Deeside, Labour)

Mr Douglas Carswell MP (Harwich, Conservative)

The Earl of Onslow (Conservative)

Lord Plant of Highfield (Labour)

**Accompanying Clerks**

Murray Hunt, Legal Adviser

Bill Sinton, Lords Committee Clerk

+ 2 others. Names TBC

**Further Background on the Committee at:**

[http://www.parliament.uk/parliamentary\\_committees/joint\\_committee\\_on\\_human\\_rights.cfm](http://www.parliament.uk/parliamentary_committees/joint_committee_on_human_rights.cfm)

**BACKGROUND ON THE VISIT**

The visit is in relation to the Committee's inquiry into the Human Rights of Older Persons in Healthcare. I am attaching the press notice, but the main Terms of Reference for the inquiry are:

- What are the main challenges to the human rights of older persons receiving treatment in hospital and residential care homes? Do the same problems arise in both settings?
- Are there discriminatory restrictions of the rights of older persons to access healthcare without adequate justification, for example in relation to criteria used for sharing or rationing of finite healthcare resources?
- What barriers face older persons, and their families, seeking to voice their concerns about possible abuse, neglect or discrimination in healthcare?
- Could older persons receiving treatment in hospital, or in residential care, be better informed about human rights principles? If so, how could better information and involvement be achieved?
- What examples are there of healthcare professionals or other workers, or advocates for older persons, using human rights principles to secure the dignity of older persons undergoing treatment for physical or mental illness?
- What are the main practical, management and resource considerations facing those working in healthcare settings, including residential homes, when seeking to protect the human rights of older persons in their care?
- **The Committee would welcome detailed views on practical means of securing the human rights of older persons and positive examples of good practice in the treatment of the human rights of older persons in hospitals and in residential care, including by reference to the approach of other countries.**

During the visit I am also arranging meetings with the Social Ministry, National Board of Health, Copenhagen City, Bispebjerg hospital, a Residential Home (still to be identified through WOCO), Dane Age and the Danish Institute for Human Rights.

I will be happy to provide more information on the visit or the Committee if needed.

Yours,

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**23 February 2007**

## **Joint Committee on Human Rights press notice no. 5**

### **THE HUMAN RIGHTS OF OLDER PERSONS IN HEALTHCARE CALL FOR EVIDENCE**

The Joint Committee on Human Rights (JCHR) has decided to inquire into human rights issues arising from the treatment of older persons in hospital and residential care.

Victimisation or neglect of older people within the healthcare system, who may be particularly vulnerable to ill-treatment, raises important issues of substantive human rights law. In particular, physical ill-treatment or neglect of older people in healthcare or in residential care homes, of the type that has been documented in the British Institute for Human Rights report *Something for Everyone*, raise issues about the right to respect for private life and the right to physical integrity (Article 8 ECHR) and, in severe cases, the right to freedom from inhuman and degrading treatment (Article 3 ECHR) or the right to life (Article 2 ECHR). The use of age as a criterion in decisions about rationing of treatment or drugs also requires objective and reasonable justification in order to be compatible with Article 14 ECHR.

The *Age Concern Rights for Real* report, published in May 2006, examined means of using human rights law and principles in practical ways to ensure older people are treated with respect and dignity. This report cited estimates that about 500,000 older people were subject to abuse at any one time in the UK. Though not all these people will be suffering abuse in healthcare settings, the report also gave the following list of examples of breaches of older people's Convention rights in care settings since the Human Rights Act 1998 came into force:

- Having hospital meals taken away before older patients can eat them (Articles 2 and 8)
- Mixed-sex bays and wards (Article 8)
- Patients repeatedly being moved from one ward to another for non-clinical reasons (Articles 2 and 8)
- Deaths of residents within weeks of being moved from care homes (Article 2)
- Use of covert medication (Article 8)
- Carelessness about privacy in hospitals and care homes (Article 8)
- Refusal by a local authority to place couples in the same nursing home (Article 8)
- People being forced to go into residential care because of a local authority's unwillingness to allocate resources for services in the person's home (Articles 8 and 14)
- Care home residents not being given weekly personal expenses allowance by the care home manager (Article 1, Protocol 1)
- "Do not resuscitate" notices used without agreement of the individual concerned (Article 2)
- poor care of black and minority ethnic older patients (Articles 8, 9 and 14)
- homophobic prejudice against same sex older couples in residential accommodation (Articles 8).

The *Rights for Real* report also criticises the National Institute for Health and Clinical Excellence (NICE) for failing to take into account the human rights of older people in its draft "social value judgment" guidelines.

The Committee is separately inquiring into the meaning of "public authority" for the purposes of the application of the Human Rights Act. That particular issue, which relates among other things to the applicability of the Human Rights Act in cases where local authorities have contracted out the provision of residential care to private care homes, will not be considered in this inquiry.

The Committee would welcome evidence on the human rights issues arising from the treatment of older persons in hospital or residential care. The Committee will

consider how human rights principles could be applied, by healthcare providers and inspection bodies alike, to ensure that older people are treated with greater dignity and respect when being cared for. This inquiry will focus on the treatment of older persons receiving care, and will not consider the separate issues which arise in palliative care, including withdrawal of treatment, end of life decisions and euthanasia. In particular, the Committee would welcome views on the following questions:

- What are the main challenges to the human rights of older persons receiving treatment in hospital and residential care homes? Do the same problems arise in both settings?
- Are there discriminatory restrictions of the rights of older persons to access healthcare without adequate justification, for example in relation to criteria used for sharing or rationing of finite healthcare resources?
- What barriers face older persons, and their families, seeking to voice their concerns about possible abuse, neglect or discrimination in healthcare?
- Could older persons receiving treatment in hospital, or in residential care, be better informed about human rights principles? If so, how could better information and involvement be achieved?
- What examples are there of healthcare professionals or other workers, or advocates for older persons, using human rights principles to secure the dignity of older persons undergoing treatment for physical or mental illness?
- What are the main practical, management and resource considerations facing those working in healthcare settings, including residential homes, when seeking to protect the human rights of older persons in their care?
- Do NICE and the Healthcare Commission take sufficient account of the human rights of older persons in their work?

The Committee would welcome detailed views on practical means of securing the human rights of older persons and positive examples of good practice in the treatment of the human rights of older persons in hospitals and in residential care, including by reference to the approach of other countries.

The Committee will take into account evidence submitted to the House of Commons Health Committee in its 2004 inquiry into Elder Abuse, and there is no need to re-submit evidence submitted to that inquiry.

The Committee would welcome written evidence from interested individuals or organisations on any or all of these matters, to reach the Committee by 16 February 2007.

Submissions should be addressed to Nick Walker, Commons Clerk of the Joint Committee on Human Rights, Committee Office, House of Commons, 7 Millbank, London SW1P 3JA. Electronic submission is acceptable, but a signed hard copy should also be sent. In any event, witnesses are asked wherever possible to accompany hard copy by an electronic version, preferably in Word format, and e-mailed to [jchr@parliament.uk](mailto:jchr@parliament.uk).

Evidence becomes the property of the Committee, and may be printed, placed on the Internet or circulated by the Committee at any stage. You may publicise or publish your evidence yourself, but in doing so you must indicate that it was prepared for the Committee. Evidence published other than under the authority of the Committee does not attract parliamentary privilege.