

# Letters

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## Failing asylum seekers

I am both angry and frustrated that the UK political parties continue to swipe at each other like barking dogs over the asylum seeker issue. I am a GP and part of a dedicated team who work in a primary care service that has been set up solely to respond to the health needs of asylum seekers in Leicester. The latter are a very vulnerable and disempowered group who do not appear to share the same rights and liberties that other members of our society experience. They arrive in this country with minimal material assets and little understanding of the systems that underpin our social fabric.

Not all failed asylum seekers are bogus asylum seekers. Although some may not be in need of protection, many undoubtedly are. They are, however, powerless in establishing that there is a serious risk that they will suffer ill treatment amounting to persecution (or inhumane or degrading treatment) if returned to their home country.

Recent guidance states that failed asylum seekers are not entitled to free non-urgent medical care from the day their asylum claim failed.

Amnesty International lately criticised the process of arriving at 'failed' decisions as based on 'inaccurate information, unreasoned decisions about credibility and a failure to properly consider complex torture cases'. The appalling lack of legal aid only exacerbates the situation.

In addition, a 'failed' decision means you are not entitled to any state benefits or housing. Because of this you do not even qualify for sleeping at a homeless shelter, with resultant dire consequences.

What I have unfortunately seen over the last 6 months in Leicester (which I also know is a national phenomenon that needs to be dealt with) is an ever-increasing number of asylum seekers who have become destitute. They have no money to obtain food or clothing and sleep rough (or wherever they can beg some floor space). They have, however, complex medical health needs that need addressing. Sadly, many just disappear from our service, often with severe mental distress-related problems that are unattended to.

I am appalled that I see little common humanity in the approach that the political parties are appearing to take to resolve this issue.

What am I to offer a failed asylum seeker who is sitting opposite me with severe mental distress because he has not eaten for days, has nowhere to sleep and is despairing of hope? My empathetic consultation skills are not going to feed his belly or clothe his body.

What does it say about our society if severely mentally distressed individuals, who are often deeply scarred both physically and emotionally from previous torture, can be left to their own devices despite being disempowered, hungry, homeless and without basic rights?

As Mr Blonde in the film *Reservoir Dogs* said, 'well little dog, are you going to bark all day or are you going to bite?'. I feel it is now beholden upon all political parties to 'bite', and rethink the issue of failed asylum seekers. The consequences of ill thought-out and inhumane policy affect everyone working at the coalface. I should not be placed in such a position that I cannot offer my patients any hope or solace. I should not have to be responding to the sufferings of my patients, which are largely of my own government's makings.

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## Qualifications

When reading the review article 'The effectiveness of community maintenance with methadone or buprenorphine for treating opiate dependence',<sup>1</sup> I was interested to note that according to their stated qualifications, not one of the authors is qualified to practise medicine.

Looking at other papers in the same issue, I wonder if this is a feature of your house style. If so, might thought be given to providing more information about the credentials of authors?

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### REFERENCES

1. Simoens S, Matheson C, Bond C, *et al*. The effectiveness of community maintenance with methadone or buprenorphine for treating opiate dependence. *Br J Gen Pract* 2005; 55: 139–146.

## Note from the Editor

The Information to Readers and Author opens with the statement that the *BJGP* gives priority 'to research articles asking questions of direct relevance to patient care. Papers are considered on the basis of this alone; the professional background of the authors (and whether or not they are members of the Royal College of General Practitioners) is of no importance'. We have always felt that the message matters much more than the provenance of the person proclaiming it. —Ed.