Background: Practice guidelines for health professionals establish clear rules about confidentiality and delineate the very exceptional occasions in which it can be breached. These boundaries regulate the relations between clinicians and security and immigration agencies, and preserve the trust of patients and communities toward the health services. Invoking national security, the national plans of numerous countries have blurred the rules and often urged clinicians to report sensitive information to security agencies.

Aims: This presentation will describe and analyse the dilemmas of partnerships between clinicians and security agencies in the present context of social polarization.

Methods: A case series approach will be used to portray different interactions between clinicians and security agents around situations of violent radicalization. The analysis will emphasize the differences in mandates, the structural and cultural premises and the factors leading to the respect or to the negotiation of institutional boundaries.

Results: Results suggest that confusion around established ethical and medico-legal boundaries is more harmful than beneficial, for patient, families and communities. Cultural misunderstanding and prejudices about the dangerous Other play an important role in justifying some boundary transgression. Results also highlight that refusing all forms of partnership with security forces may be detrimental for the patient themselves in certain circumstances.

Discussion: The need to clarify clinicians and security agencies guidelines to reflect the current challenges associated to the situation of social polarization, and to avoid profiling, stigmatization and pathologizing of social dissent will be discussed.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1. Participants will be able to delineate the challenges of partnerships between security agencies and clinicians in situation of violent radicalization.
2. Participants will be able to identify on their own cultural biases in the assessment of risk in violent radicalization situations.

References