



**MEDICAL
NEGLIGENCE
IS SYSTEMATIC
TORTURE**

**ON THE INTERNATIONAL
DAY IN SUPPORT OF VICTIMS
OF TORTURE**



This report is issued by the Research and Reports Unit of the Al Shehab Center for Human Rights. The report draws its information from complaints submitted to the Center, as well as from the work of its Monitoring and Follow-up Committee, which monitors, documents, and analyzes all data and information related to the human rights situation in Egypt.



On the International Day in Support of Victims of Torture

Medical Negligence is Systematic Torture

Introduction

About Al-Shehab Center

Al-Shehab Center for Human Rights is a voluntary organization that functions as a platform for monitoring and analyzing human rights, political, and social violations in Egypt. Committed to the principles of human rights, justice, and transparency, the center aims to document violations in all their forms, monitor individual and institutional breaches, and provide legal and technical analysis to demonstrate the extent of the state's adherence to national laws and international covenants it has ratified. The center plays a national role in promoting societal awareness of human rights, supporting victims, and contributing to the development of public policies that ensure respect for the fundamental rights of all societal segments, with particular emphasis on safeguarding women, children, and defenders of civil and political rights.

Torture constitutes one of the most serious and grave violations of human rights, directly assaulting human dignity. It is strictly and absolutely prohibited under all circumstances according to the rules of International Human Rights Law (IHRL) and International Humanitarian Law (IHL), without any exceptions whatsoever

regarding national security, state of emergency, or the nature of the crime.

This report adopts a comprehensive analytical approach to review the conceptual and legal framework for combating torture. It examines key relevant international standards, primarily international conventions, national constitutions, and criminal legislation, as well as United Nations principles and standards concerning the treatment of persons deprived of their liberty, chief among which are the Nelson Mandela Rules.

Every year on the twenty-sixth of June, the world commemorates the International Day in Support of Victims of Torture, reaffirming the absolute rejection of all forms of violations that infringe upon human dignity and physical or psychological integrity.

Although torture is often reduced to forms of direct physical violence, human rights and humanitarian experiences have proven that other patterns of torture may be practiced in more subtle and continuous forms. Among these is the prolonged detention of sick prisoners, the elderly, and those in critical health conditions inside detention centers, despite their suffering from severe illnesses, disabilities, or health deterioration that necessitates proper medical care, treatment, or humanitarian release.

This file gains particular importance considering the guarantees established by Egyptian legislation and international standards to ensure healthcare for detainees. These frameworks provide legal mechanisms for pardons, releases, or the suspension of sentence

execution in exceptional medical and humanitarian cases. Consequently, the continued detention of sick and elderly individuals in conditions incompatible with their health status necessitates a thorough review of this file from a legal, humanitarian, and human rights perspective.

This report aims to shed light on the legal framework regulating the prohibition of torture. This framework is not limited to criminalization alone; rather, it extends to a comprehensive system of obligations imposed upon states, including prevention, effective investigation, accountability, combating impunity, ensuring reparations, and the rehabilitation of victims.

In this context, the report places special emphasis on the alignment of national legislation with international obligations. This specifically pertains to guaranteeing the right to life, detention conditions, healthcare for detainees, humanitarian release in critical cases, the role of judicial oversight mechanisms and independent institutions, and the importance of providing fair trial guarantees as a primary line of defense against violations.

This approach relies on a human rights perspective focusing on the existing gap in certain contexts between legal texts and actual implementation. This underscores that the effectiveness of the human rights system is not measured by the abundance of texts, but rather by the extent to which they are respected and enforced on the ground, entrenching the principle that human dignity remains the core and ultimate objective of justice.

Section I: Symbolism and Significance of the International Day

On June 26, 2026, the world commemorates the International Day in Support of Victims of Torture, recognizing it as one of the most serious and grave violations of human rights that most deeply infringes upon human dignity. This day operates within a global human rights framework affirming that the prohibition of torture is absolute, non-derivable, and unjustifiable under any circumstances, whether in times of peace, conflict, or emergency.

From a humanitarian and human rights perspective, this day symbolizes the collective responsibility of states and the international community to ensure that perpetrators do not enjoy impunity, to reinforce accountability mechanisms, and to protect individuals from cruel, inhuman, or degrading treatment by groups or authorities. It also highlights the suffering of victims and survivors of torture, addressing not only its physical effects but also its prolonged psychological and social dimensions, along with its broader impact on society. This demands the provision of effective programs for rehabilitation, reparations, and the prosecution of those responsible.

In this framework, the United Nations system asserts that combating torture is not merely a legal obligation, but a moral duty reflecting the essence of the international human rights system, which is built on safeguarding human dignity against all forms of violation. It also serves to remind states of their legal obligations

under relevant international conventions, foremost among which is the Convention against Torture (CAT). Furthermore, it helps mobilize international and societal pressure to halt these practices and opens dialogue on prevention methods within detention facilities and law enforcement institutions. In addition, this day gives a voice to victims and survivors, refocusing attention on the necessity of redressing their grievances, guaranteeing their rights to justice, compensation, and guarantees of non-repetition, thereby fostering a culture of human rights and consolidating the principle that human dignity is indivisible and non-negotiable.

Section II: International and National Legal Standards and Instruments

From a legal standpoint, the prohibition and combating of torture rest upon an integrated framework of international instruments, treaties, national constitutions, and criminal statutes that establish this prohibition as a peremptory norm (*jus cogens*) of international law.

- At the international level, Article 5 of the Universal Declaration of Human Rights (UDHR) of 1948 states: "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment." This was subsequently reaffirmed by Article 7 of the International Covenant on Civil and Political Rights (ICCPR), which establishes an absolute prohibition of torture that permits no derogation, even in times of public emergency.
- The United Nations Convention against Torture (CAT) of 1984 provides a detailed legal framework obligating States Parties to take effective measures to prevent torture, criminalize it in national legislation, hold perpetrators accountable, and

prohibit invoking superior orders or exceptional circumstances as a justification for torture.

- **The Nelson Mandela Rules constitute a highly vital component of the international framework for combating torture and ill-treatment within detention facilities. Officially known as the United Nations Standard Minimum Rules for the Treatment of Prisoners, they were updated and adopted by the UN General Assembly in 2015. They serve as standard international references used to assess states' respect for prisoners' rights and the prevention of torture and ill-treatment, directly complementing the Convention against Torture. Their prominent rules include:**
 1. **The absolute prohibition of torture or other cruel, inhuman, or degrading treatment or punishment within detention facilities.**
 2. **The necessity of respecting the dignity of all detainees as an inviolable human attribute.**
 3. **Guaranteeing appropriate medical treatment and healthcare services for prisoners without discrimination.**
 4. **Banning prolonged or indefinite solitary confinement due to its severe psychological effects, which may amount to torture.**
 5. **Subjecting detention facilities to independent oversight and inspection to ensure transparency and prevent violations.**

Consequently, these rules represent a practical extension of the international principle dictating that the deprivation of liberty does not mean the forfeiture of human rights. Instead, it imposes a double obligation on the state to protect detainees from any form of torture or ill-treatment, thereby strengthening the global system led by the United Nations in this field.

- **At the Egyptian constitutional level, the Constitution of the Arab Republic of Egypt of 2014 enshrined this prohibition in**

multiple articles. Article 52 stipulates that: "Torture in all its forms and types is a crime that is not subject to a statute of limitations." This text confirms the absolute nature of the crime and the continuity of legal accountability without time barriers. Furthermore, Article 55 emphasizes that: "Every person who is arrested, detained, or has their liberty restricted shall be treated in a manner that preserves their dignity. They may not be tortured, intimidated, coerced, or physically or morally harmed." This solidifies the principle of safeguarding human dignity inside places of detention.

- At the legislative level, Article 126 of the Egyptian Penal Code criminalizes torture committed by a public official or anyone acting in an official capacity to coerce a defendant into a confession, classifying it as a felony punishable by rigorous imprisonment. This reflects direct criminalization of any practice violating the physical integrity or free will of individuals. These provisions complement other criminal protection clauses related to unlawful arrest, illegal detention, and ill-treatment, thereby reinforcing a national legal framework aligned with international commitments to combat torture.

Section III: Lack of Accountability Breeds Torture and Ill-Treatment

Within an analytical human rights framework, a direct link exists between the absence of accountability and the erosion of the justice system, as it provides fertile ground for the proliferation of human rights violations, primarily torture and ill-treatment within detention facilities.

When oversight and accountability institutions weaken and the rule of law recedes, authority shifts from a tool for protecting citizens into a means of dominating them. Torture then occasionally becomes a systematic behavior used for intimidation, extracting confessions, or silencing opposition, directly violating states' international human rights commitments.

From this perspective, reports by UN bodies and international human rights organizations indicate that certain patterns of torture and ill-treatment are linked to political environments characterized by a lack of justice and a deficit in transparency. In these contexts, the discourse of "national security" or "counterterrorism" is often weaponized as a cover to justify grave violations. In this light, torture is not viewed as an isolated individual incident, but as a symptom of a deeper structural imbalance linked to institutional corruption and the absence of accountability, where state apparatuses turn into instruments of repression instead of protection. Therefore, the fight against torture is inseparable from combating corruption and reforming the governance system, because protecting human dignity fundamentally requires

transparency, an independent judiciary, and effective oversight to prevent the abuse of power under any pretext.

In several reports issued by UN bodies and international human rights organizations, patterns of gross human rights violations, including torture and ill-treatment, have been thoroughly documented:

- In Syria: UN international commission of inquiry documented the widespread use of torture inside detention centers throughout the years of conflict, classifying it as part of a systematic pattern of grave violations.**
- In Sudan: Human rights reports pointed to cases of arbitrary detention and ill-treatment amidst political unrest and internal conflicts that impacted the performance of judicial institutions.**
- In the Occupied Palestinian Territories: UN and international reports documented highly complex detention conditions, both within the context of the occupation and the internal division in Gaza, noting allegations of ill-treatment and harsh detention conditions in several instances, which fall under the broader framework of protracted conflicts and their impact on fundamental rights.**
- Arab Countries (including Egypt): Reports by organizations such as Human Rights Watch and Amnesty International addressed patterns of violations in several Arab countries, including Egypt, where issues were raised regarding detention conditions, prolonged pre-trial detention, and allegations of ill-treatment in certain places of detention, emphasizing that these issues remain a subject of human rights debate and evaluation by various international bodies.**

From an analytical perspective, these cases are not understood as disconnected events, but rather as indicators of the relationship

between declining good governance, weak oversight, and the heightened risk of torture and ill-treatment. This is particularly evident when the rhetoric of "national security" or "security necessity" is deployed to justify overreaches that infringe upon the core of human dignity and inalienable human rights.

Regarding Egyptian affairs, patterns of disguised torture emerge. These are not practiced via traditional tools of violence, but rather under the banners of medical negligence and the continuous detention of the sick, the elderly, and critical cases despite the severe deterioration of their health conditions. When a sick detainee is left falling prey to illness behind bars, deprived of necessary treatment or the chance of survival that a humanitarian release might provide, detention transforms from a legal procedure into an extended punishment. This punishment exceeds the boundaries of justice and borders on cruel and inhuman treatment.

Section IV: Systematic Torture via Medical Negligence

While torture is conventionally associated in the public consciousness with direct physical violence, there are other less visible yet equally cruel patterns, including systematic and deliberate medical negligence inside Egyptian prisons and places of detention. When a detainee is denied necessary medical treatment, when medical care is deliberately delayed, or when essential medications and diagnostic examinations are withheld, illness is transformed into a tool of punishment, and pain becomes a means of pressure and a violation of human dignity.

What is Systematic Medical Negligence?

Systematic medical negligence is the deliberate or repeated failure to provide adequate healthcare to detainees despite the authorities' knowledge of their urgent need for it.

This includes:

- Delaying the transfer of patients to hospitals.
- Denying routine medical examinations.
- Depriving detainees of essential medications.
- Ignoring repeated health complaints.
- Failing to provide care for chronic and terminal conditions.
- Maintaining patients in detention conditions that actively cause their health to deteriorate.

When this behavior is repetitive, intentional, or part of a general policy, it transcends administrative failure to become a form of torture or cruel and inhuman treatment.

[The International Legal Framework](#)

The Convention against Torture prohibits all forms of torture and cruel, inhuman, or degrading treatment or punishment.

Furthermore, the Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) assert that healthcare is a fundamental right for prisoners and that the state is responsible for providing a level of care equivalent to that available in the wider community. Numerous international human rights bodies consider that the intentional deprivation of medical treatment—especially when it results in severe suffering, critical health deterioration, or death—can amount to the level of torture.

[The Egyptian Legal Framework](#)

The prohibition of torture and ill-treatment in Egypt is not limited to international obligations; it is firmly rooted in national legislation that mandates authorities to protect detainees and guarantee their physical and psychological safety. The Egyptian Constitution establishes that human dignity is an inherent right of every human being, and that everyone arrested, detained, or restricted in freedom must be treated in a manner that preserves their dignity, prohibiting their torture, intimidation, or physical or moral harm. Moreover, places of detention are subject to judicial

supervision, and any violation of detainees' rights is a crime punishable by law.

In the Egyptian Penal Code, several articles criminalize actions that form a legal basis for holding officials accountable for violations inside prisons and detention facilities:

- **Article 126:** Punishes any public official who orders or personally practices the torture of an accused person to coerce them into a confession, with penalties reaching rigorous imprisonment. If the torture leads to death, the penalty prescribed for premeditated murder applies.
- **Article 127:** Punishes any public official or person assigned to public service who inflicts a punishment harsher than that legally mandated, or imposes a penalty not originally sentenced. This article can be invoked when detention conditions or the deprivation of healthcare exceed what is permitted by law.
- **Article 129:** Criminalizes the use of cruelty by a public official that results in physical pain or degrades personal dignity. Many legal experts argue that the intentional deprivation of treatment or leaving a detainee to suffer from a critical illness without medical care falls under prohibited forms of institutional cruelty.

The Egyptian legislator did not leave the issue of healthcare for detainees unregulated; rather, an entire section was dedicated to it in the Internal Regulations of Prisons. Articles 33 to 37 of the Regulations outline a set of mandatory health guarantees for prisoners, including:

- **Article 33:** Mandates the presence of a prison physician

responsible for overseeing the health status of inmates and continuously monitoring their medical conditions.

- **Article 34:** Obligates notifying the physician of any medical case requiring examination or medical intervention, and following up on cases showing symptoms of illness.
- **Article 35:** Stipulates that a medical examination must be conducted on sick prisoners, and necessary therapeutic measures must be taken according to their health condition.
- **Article 36:** Regulates the transfer of patients to specialized hospitals or medical entities if their treatment is unavailable inside the prison or if their condition requires specialized care.
- **Article 37:** Mandates providing necessary treatment and medical care to prisoners and ensuring compliance with the medical instructions designated for them.

[Medical Negligence as an Uncodified Punishment](#)

When a prisoner or detainee is deprived of medication, examinations, or hospital transfer despite proven medical necessity, the matter does not represent a mere administrative shortcoming. Instead, it transforms into an additional, uncodified punishment not stipulated in the judicial ruling or the law. Therefore, intentional medical negligence can be viewed as a form of cruel or inhuman treatment that violates the Egyptian Constitution, the Penal Code, the Prison Regulation Law, as well as international human rights standards.

Humanitarian Consequences of Medical Negligence

The effects of medical negligence are not limited to physical pain; they extend to:

- The deterioration of chronic illnesses such as diabetes, heart disease, and kidney failure.
- The spread of infectious diseases due to poor healthcare standards.
- Permanent disabilities resulting from delayed treatment.
- Psychological suffering, helplessness, and fear.
- Increased mortality rates within places of detention.

This violation also heavily impacts the families of detainees, who live in a constant state of anxiety and uncertainty regarding the fate of their loved ones.

Why Medical Negligence is Considered a Form of Torture

Torture is not restricted to the direct infliction of pain; it also encompasses the deliberate creation of conditions that lead to severe suffering. When authorities recognize an urgent need for treatment and consciously abstain from providing it, they employ disease and pain as tools for punishment, deterrence, or psychological pressure. In this scenario, the denial of treatment becomes a mechanism to control and subjugate the individual, directly violating basic humanitarian and legal principles.

Responsibility and Accountability

States bear legal and moral responsibility for the health and safety of persons deprived of their liberty. This responsibility includes:

- Ensuring immediate access to medical care.**
- Providing qualified physicians and adequate health facilities.**
- Allowing specialized examinations and treatments when necessary.**
- Investigating cases of death or health deterioration inside places of detention.**
- Holding those responsible for violations and intentional negligence accountable.**

Protecting detainees from medical negligence is not solely a health issue; it is a battle for justice and humanity. The continued detention of prisoners suffering from critical illnesses or severe health conditions without granting them medical release constitutes a form of ill-treatment that may amount to torture under international human rights standards. International law, including UN principles and standard minimum rules, affirms that human dignity and the right to health remain guaranteed even during the deprivation of liberty, and that intentional medical negligence or delayed treatment constitutes cruel, inhuman, or degrading treatment.

In connection with this, monitoring bodies and the Complaints Center at El-Shehab Center have documented the following names and data as examples of detainees held in the depths of prisons despite their critical medical conditions.

Table 1: Sample List of Detainees with Critical Health and Medical Conditions

No.	Name	Medical/Health Condition
1	Ali Mohamed Abdel Rammal	52 years old, cardiac stents
2	Sameh Mohamed Abdo	Heart failure
3	Khaled El-Feqi Ismail	25% cardiac efficiency
4	Hossam El-Din Fathy Mohamed	Open-heart surgery
5	Ahmed Abdel Rahman Abdel Fattah	Open-heart surgery
6	El-Nabawy Abdeen Mahmoud	Open-heart surgery case
7	Alaa El-Din Khalifa	Open-heart surgery case
8	Ali Mohamed Kamel Ukasha	Deceased
9	Ahmed Fathy Mohamed Hassan	Open-heart surgery case
10	Mamdouh Mohamed Amin	Open-heart surgery case
11	Ammar Ayyad Abdullah	Open-heart surgery case
12	Yasser Kamel Ali Mohamed (Al-Zoul)	Deceased
13	Sayed Younis Ahmed Salah	Liver cancer (Deceased)
14	Abdo Ibrahim Mossad Abu Samra	Pharyngeal cancer (Deceased)
15	Mohie Abdel Wahab Amin	Liver and spleen cancer (Deceased)
16	Eissa Ahmed Hassan Ahmed	Pharyngeal cancer (Deceased)
17	Jihad Abdel Ghani Amin	Liver cancer (Deceased)
18	Hamza Abdel Ghani Mohamed Selim	Liver cancer (Deceased)

19	Ashraf Mohamed Ali Othman	Liver cancer (Deceased)
20	Ahmed Hussein Abdel Wahed	Kidney and spleen cancer
21	Hassan Mahmoud Hassan Gouda	Lung cancer
22	Mahmoud Hamed Mosallam	Pituitary gland tumor
23	Mahmoud Said Al-Samari	Leukemia and spinal tumor
24	Mohamed Zaki Abdel Hamid	Bladder cancer
25	Mossad Mohamed Younis	Prostate cancer
26	Mohamed Sayed Sayed Abdel Rahim	Lung cancer
27	Ezzat Ahmed Ibrahim	[Condition unstated]
28	Tarek Mahmoud Mohamed Ahmed	Leukemia and lymphoma
29	Ibrahim Adel Abdel Raouf	Bilateral kidney tumors
30	Osama Al-Iraqi Al-Tawila	Lymphoma
31	Mohamed Omar Ahmed	Prostate cancer
32	Mohamed Ibrahim Suleiman	Tumor in the right foot
33	Shaaban Mohamed El-Sayed El-Doqi	Kidney cancer
34	Hamdi Ahmed Darwish	Bladder cancer
35	Ahmed Salah Kamel	Lymph gland cancer
36	Hassan Ali	Lymphoma
37	Islam Hamoud Abdel Fattah	Lung cancer (Deceased)

Table 2: Sick, Critical, and Elderly Detainees

No.	Name	Age	Profession	Remarks / Medical Status
1	Abdel Hamid Mahmoud Abbas Matar	70	Cancer Patient	
2	Mohamed El-Sayed Abdel Fattah		Lawyer	Continuous suffering from leukemia (blood cancer)
3	Saleh Ali Ahmed Suleiman	64	Former Parliamentarian	Lost hearing due to a stroke, and lost sight due to a hemorrhage
4	Ahmed Sobeia		Journalist	Developed heart disease
5	Mohamed Awsam Abdel Aziz Ali Rashid	31	Engineering Student	Suffers from liver failure, splenomegaly, bile duct obstruction, and swollen lymph nodes
6	Mahmoud El-Sayed Abdel Momen	56	Chemist	Sentenced to life imprisonment; held in Minya Prison; requires urgent gastrointestinal surgery; detained under Military Case No. 108
7	Mohamed Zakaria Abdullah Shaaban	68		Suffering from immobility, senility diseases, and Hepatitis C
8	Mohamed Abdel Razek Abdel Hafiz			Suffering from renal insufficiency (kidney impairment)
9	Ahmed Nader Abdel Qader Hammad	29		Suffering tumors in his leg and body requiring urgent surgical intervention; diabetic patient
10	Ahmed Tohami Abdel Hay	56	Professor, Faculty of Economics & Political Science (Alexandria University)	Transferred to the hospital under severely deteriorating health conditions
11	Ahmed Ismail Thabet		Assistant Lecturer, Misr University for Science and Technology	Suffering from a septal defect (hole in the heart), myocardial hypertrophy; requires open-heart surgery
12	Jihad Abdel Ghani Selim	32		Held in Tora Abu Zaabal 2 Leiman Prison; diagnosed with cancer
13	Ahmed Gamal Anwar Ali Hassan	33		Suffering from kidney and liver dysfunction; requires urgent medical intervention; facing escalating pain and inflammation daily
14	Mahmoud Fawzi Hassan Shaath	64	Engineer	Suffering from immunodeficiency following a splenectomy (spleen removal surgery)
15	Ahmed Omar		Engineer	Suffering from hemiplegia (paralyzed/wheelchair-bound)
16	Ahmed Al-Waleed Al-Shal	32	Medical Student	Suffers from severe weight

No.	Name	Age	Profession	Remarks / Medical Status
				loss, acute dizziness, hand tremors, and difficulty moving his right leg following the spread of a brain tumor
17	Jihad Essam Al-Haddad	42	Engineer	Suffering from a torn anterior meniscal cartilage in the knee; requires surgical intervention
18	Mohamed Badie	80	Professor Emeritus, Faculty of Veterinary Medicine (Beni Suef University)	Suffering from cartilage erosion and an old spinal fracture
19	Mohamed Rashad Al-Bayoumi	89	University Professor	Suffers from heart issues; previously underwent multiple operations for valve replacements and cardiac stent placements
20	Al-Sayed Mahmoud Ezzat	73	Professor, Faculty of Medicine (Zagazig University)	Suffers from diseases of old age; appeared in court sessions showing extreme fatigue and exhaustion
21	Mohamed Khairat Al-Shater	73	Engineer & Businessman	Developed multiple eye diseases requiring urgent surgery; suffers from chronic illnesses including hypertension and diabetes
22	Mohamed Ali Bishr	72	Former Minister of Local Development	Suffered a stroke inside prison
23	Mustafa Al-Ghunaimi	70	Head of the Doctors' Syndicate in Gharbia	Heart patient: cardiac efficiency dropped to 45% four years ago; suffers from severe heart attacks; developed cataracts in both eyes and was barred from undergoing removal surgery despite his family's request to fund it; contracted Hepatitis C inside prison, and the administration refuses to admit anti-viral medications
24	Mohamed Saad Al-Katatni	71	Former Speaker of the Egyptian People's Assembly	Suffering from hypertension and diabetes; severe lack of healthcare led to rapid and deteriorating weight loss
25	Mohamed Ahmed Ibrahim	70	Engineer / Scientific Researcher	Suffering from numerous illnesses including renal dysfunction, severe emaciation, and hypertension
26	Essam Ahmed Al-Haddad	70	Former Presidential Assistant for Foreign Affairs	Heart patient requires urgent open-heart surgery; despite obtaining a court permit and paying the operational costs, the surgery has not been executed
27	Mahmoud Abu Zeid	67	Vascular Surgeon	Deprived of medication, placing his life at critical risk
28	Mohamed Taha Wahdan	64	Professor, Faculty of Agriculture	Suffering from hypertension and diabetes; denied family visitation for over 5 years

No.	Name	Age	Profession	Remarks / Medical Status
29	Ahmed Qasim	61	Physician	
30	Mahmoud Ghazlan	73	Professor, Faculty of Agriculture	Severely deteriorating health; suffers from hypertension and diabetes; denied visitation for over 5 years
31	Abdel Rahman Al-Barr	60	Dean, Faculty of Usul al-Din	Severely deteriorating health; suffers from hypertension and diabetes; denied visitation for over 5 years
32	Mohie Hamed	64	ENT Consultant	Severely deteriorating health; suffers from hypertension and diabetes; denied visitation for over 5 years
33	Hossam Abu Bakr	60	Professor, Faculty of Engineering	Severely deteriorating health; suffers from hypertension and diabetes; denied visitation for over 5 years
34	Mohamed Saad Aliwa	70	Urology Consultant	Severely deteriorating health; suffers from hypertension and diabetes; denied visitation for over 5 years
35	Saad Al-Husseini	64	Former Governor of Kafr El-Sheikh & Parliamentarian	Severely deteriorating health; suffers from hypertension and diabetes; denied visitation for over 5 years
36	Rifa'a Rafe' Al-Tahtawi		Former Ambassador & Former Chief of the Presidential Diwan	Suffers from several chronic illnesses; denied visitation
37	Abdel Moneim Aboul Fotouh		Physician & Political Party Leader	Suffers from several chronic illnesses including hypertension, diabetes, and prostate issues; developed a spinal disc herniation inside prison
38	Essam Abdel Halim Hashish		University Professor	Severe deterioration in heart valves; chronic allergies
39	Mohamed Mahmoud Abu Al-Nas	72	Engineer	Suffers from numerous conditions including weak heart muscle and joint pain; underwent a left knee replacement
40	Al-Sayed Moussa Hazin	75	Parliamentarian	Severely deteriorating health; suffers from hypertension and diabetes; denied visitation for over 5 years
41	Amin Al-Serafi		Engineer	Suffers from severe cholecystitis (gallbladder inflammation) with large gallstones, coupled with severe heart disease, endangering his life
42	Hassan Al-Prins		University Professor & Parliamentarian	Denied visitation for 6 years; patient of hypertension and diabetes
43	Sobhi Saleh Moussa	70	Lawyer & Parliamentarian	Suffering from multiple chronic illnesses including

No.	Name	Age	Profession	Remarks / Medical Status
				hypertension and diabetes
44	Hussein Mohamed Ibrahim		Parliamentarian	Suffering from multiple chronic illnesses including hypertension and diabetes
45	Mohsen Radi		Journalist & Parliamentarian	
46	Saad Amara	70	Parliamentarian	Suffers from senile diseases; appeared during trial sessions showing extreme physical exhaustion
47	Al-Mohamady El-Sayed Ahmed	65	Parliamentarian	Suffers from multiple chronic illnesses including hypertension and diabetes
48	Al-Sayed Haikal	70	Physician & Parliamentarian	Suffers from multiple chronic illnesses including hypertension and diabetes
49	Ahmed Shawky Amasha	61	Head of the Veterinary Doctors' Syndicate	Denied visitation; suffers from medical negligence
50	Osama Mohamed Morsi		Lawyer (Son of Former President Mohamed Morsi)	Denied visitation; held in solitary confinement; experiencing severe weight loss due to poor nutrition and lack of medical care
51	Hazem Salah Abu Ismail	63	Lawyer & Independent Politician	Suffers from multiple chronic illnesses including hypertension, diabetes, and heart disease
52	Galal Abdel Sadeq	70	University Professor	
53	Ali Ezzeddine Thabet	68	University Professor	
54	Essam Sultan	59	Lawyer & Parliamentarian	Suffers from hypertension; completely denied visitation

Table 3: Female Prisoners Suffering from Illnesses and Old Age

(Note: Out of approximately 642 women held within Egyptian prisons, the following are highlighted as examples)

No.	Name	Age	Profession	Remarks / Medical Status
1	Hoda Abdel Moneim	61	Lawyer & Former Member of the National Council for Human Rights	Suffers from severe knee osteoarthritis obstructing movement without a crutch; suffered a blood clot in her other foot, for which she was hospitalized; requires specialized care
2	Somaya Maher Hazima	26	Student	Suffers from gastroesophageal reflux disease (GERD), stomach and colon inflammation, and knee joint inflammation; the prison hospital medical team confirmed they lack diagnostic equipment for gastric inflammations; suffers from weak immunity and high susceptibility to infectious diseases
3	Jamila Saber Hassan Ibrahim	31		Suffers from a stroke that affected speech, gait, hand, and facial movement; additionally suffers from epilepsy, causing severe and recurring

				bleeding from the nose and mouth
4	Ayatullah Mohamed Ashraf El-Sayed	25		Suffers from cardiac valve regurgitation; receives long-acting penicillin
5	Alia Nasr El-Din Awad	35	University Graduate	Developed a uterine fibroid (benign tumor); suffered severe hemorrhaging and acute anemia requiring repeated blood transfusions; lost more than half of her body weight
6	Aisha Al-Shater	42	University Graduate	Held in solitary confinement and completely denied visitation; suffers from recurrent fainting spells; laboratory analysis indicated bone marrow failure, a persistent sharp drop in blood counts, and continuous destruction of blood platelets
7	Istishhad Kamal Aydia	24	Faculty of Languages & Translation Student	Suffers from anemia and a Helicobacter pylori (stomach germ) infection inside her cell; requires specialized care
8	Amal Hassan	54		Arrested alongside her husband; contracted COVID-19; health condition is severely deteriorating
9	Aya Kamal El-Din	27		Suffers from asthma

Section V: The Rotation of Sick and Elderly Detainees Behind Bars

Systematic Torture through Deprivation of Liberty Despite Infirmary and Illness

On the International Day in Support of Victims of Torture, attention typically focuses on direct images of torture and blatant physical abuses. However, other patterns of suffering are practiced away from the spotlight, including retaining sick and elderly individuals inside detention facilities despite the deterioration of their health and the absolute incompatibility of prison environments with their conditions. When illness becomes a burden that the detention system cannot manage, and when the elderly or sick prisoner becomes incapable of self-care or enduring harsh prison conditions, their continued detention without compelling necessity transforms into a form of cruel and inhuman treatment, and a slow torture consuming both body and soul.

[Prison and Illness: Suffering Beyond Punishment](#)

A custodial sentence means the restriction of movement, but it does not mean depriving an individual of their right to life, health, or dignity. Nonetheless, the sick and elderly inside places of detention face compounded challenges, including:

- Difficulty accessing specialized medical care.**
- Insuitability of detention spaces for critical health cases.**
- Exacerbation of chronic diseases due to psychological stress**

and poor detention conditions.

- The need for continuous medical follow-ups that may be entirely absent inside prison.
- Heightened risks of mortality or permanent disability due to delayed treatment.

In many instances, the prison facility itself becomes a direct catalyst for health deterioration, rather than merely a place for serving a sentence or period of detention.

[Medical Negligence of the Elderly and Sick as a Form of Slow Torture](#)

The elderly and chronically ill constitute the most vulnerable demographics inside places of detention. Old age is frequently linked to cardiovascular diseases, diabetes, hypertension, respiratory illnesses, and weakened immunity; meanwhile, individuals afflicted with severe diseases like renal failure, cancer, cardiac conditions, and neurological disorders require continuous, specialized medical care.

International standards stress the necessity of considering age and health status when making detention-related decisions, given that the continuous imprisonment of these individuals causes compounded physical and psychological suffering and health degradation that threatens their lives. When authorities persist in detaining individuals while fully aware of the critical nature of their health statuses—without providing adequate care or exploring available legal alternatives—it raises serious concerns regarding respect for the right to health and human dignity. This may amount

to what human rights literature defines as "slow torture," where the body is gradually depleted by illness, neglect, and the absence of necessary humanitarian intervention.

Legal and Humanitarian Standards

The Nelson Mandela Rules regarding the treatment of prisoners affirm that medical care is a fundamental right for all detainees, and that authorities must take necessary measures to protect the most vulnerable prisoners, including the elderly and the sick. International standards also emphasize the necessity of weighing humanitarian and health considerations when evaluating the continuity of detention, especially in cases where imprisonment presents a danger to life or causes severe, avoidable suffering. Within the Egyptian context, legislation governing prisons and correctional and rehabilitation centers establishes inmates' rights to healthcare, treatment, and medical follow-up, and obligates the administration of detention facilities to take necessary measures to preserve detainees' health and safety.

Release of the Sick and Elderly: A Humanitarian Obligation and Legal Basis

Dealing with critical medical cases and the elderly inside places of detention does not rely on humanitarian considerations alone. It extends to legal mechanisms provided by the Egyptian legislator to address situations where continued detention poses a risk to life or health. The law permits the release of certain inmates according to specific regulations and conditions, and grants the President of the

Republic the authority to pardon or commute sentences for legal or humanitarian reasons.

- **Article 155 of the Egyptian Constitution stipulates that the President of the Republic, after taking the opinion of the Cabinet, may grant a pardon or commute a sentence, allowing the application of this authority in exceptional humanitarian cases, primarily for sick and elderly prisoners whose health conditions deteriorate inside places of detention.**
- **The Criminal Procedure Code regulates the postponement of executing custodial sentences if it is proven that the convicted person is afflicted with a life-threatening illness or an illness that renders sentence execution impossible without exposing them to grave danger.**
- **The Law Regulating Correctional and Rehabilitation Centers (formerly the Prison Law) provides a system for conditional release (parole) for legally eligible individuals when conditions are met, allowing for the accommodation of the health and humanitarian situations of inmates who no longer pose a danger to society or whose health requires exceptional treatment.**

Based on these texts, the release of the sick, the elderly, and critical cases should not be viewed as an exception or a concession. It is a legal and humanitarian measure consistent with the Constitution, domestic law, and international obligations related to protecting the right to life, health, and human dignity.

Appeal

On the occasion of the International Day in Support of Victims of Torture, we renew the call to review the files of detainees who are elderly, sick, or in critical health conditions. We urge the enforcement of available legal mechanisms to release them or substitute their detention with more humane alternative measures, ensuring their right to treatment and care while preserving their human dignity. Protecting the sick and elderly from suffering that transcends the limits of a judicial sentence is not only a legal duty; it is a moral and humanitarian responsibility reflecting the state's respect for the values of justice, mercy, and the rule of law.

Section VI: Access to Justice and Rehabilitation of Victims

Access to justice and the rehabilitation of victims are foundational pillars of the contemporary human rights system. The goal is no longer confined to punishing perpetrators, but has extended to redressing victims, repairing harm, and reintegrating them into society. According to human rights organizations and standards issued by the United Nations, effective justice relies on guaranteeing the right to a remedy, ease of access to the judiciary, and providing fair and swift trials alongside genuine mechanisms for compensation and psychological and social rehabilitation for victims.

International policies adopted by states that embrace a humanitarian approach to justice emphasize that protecting victims is not fulfilled by punishment alone. It requires comprehensive rehabilitation programs encompassing medical, psychological, and social support, compensation for material and moral damages, and guarantees of non-repetition via institutional reform and strengthening oversight and the rule of law. In this sense, justice becomes an all-encompassing system aimed at restoring human dignity to victims, reinforcing public trust in the legal system, and cementing the principle that the human being is the core and fundamental purpose of justice.

From a practical standpoint, several international models exist for holding individuals accountable for gross violations of human rights, including torture and ill-treatment.

- **At the international level, ad hoc criminal tribunals have played an important role in prosecuting those responsible, such as the International Criminal Tribunal for the former Yugoslavia (ICTY), which convicted a number of military and political leaders of war crimes and torture, and the International Criminal Tribunal for Rwanda (ICTR), which tried senior officials for genocide and widespread human rights violations, thereby anchoring the principle of combating impunity.**
- **The International Criminal Court (ICC) represents a permanent mechanism for accountability regarding the most serious crimes, having issued arrest warrants and judgments in cases involving crimes against humanity across various contexts, confirming that individual criminal responsibility extends to commanders and leaders, not merely direct perpetrators.**

- At the national level, various experiences exist in holding officials accountable within states through local judiciaries or truth commissions. Examples include the Truth and Reconciliation Commissions in South Africa, which relied on exposing violations and linking them to institutional reform, alongside domestic trials in certain countries that underwent democratic transitions, where security and military officials were held accountable for past abuses.

These practices indicate that effective justice is not limited to criminal conviction. It includes reforming institutions, guaranteeing non-repetition, compensating victims, and documenting violations, thereby reinforcing a fundamental principle in international human rights law: gross violations do not fall under a statute of limitations, and their perpetrators cannot escape accountability regardless of their official positions.

Conclusion

In conclusion, it is evident that combating torture represents an essential cornerstone of the international human rights system. It is a peremptory norm (*jus cogens*) enshrined in international treaties, primarily the Convention against Torture, alongside the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights, all of which affirm the absolute prohibition of torture and the impermissibility of its justification under any circumstances.

Furthermore, measuring the extent of respect for human rights is not judged by how the powerful and healthy are treated, but rather

by how the most vulnerable and fragile groups are handled. The sick and elderly inside places of detention represent the demographic in greatest need of protection and care; any failure to provide this protection compounds their suffering and places their lives at severe risk. On the International Day in Support of Victims of Torture, the issue of sick and elderly persons behind bars remains a reminder that human dignity does not forfeit upon imprisonment, and that the rights to treatment, life, and healthcare remain inherent rights that may not be derogated from under any condition. Activating available legal guarantees for humanitarian release, pardons, and alternative care measures represents a necessary step toward respecting the rule of law and embedding the values of justice, mercy, and humanity.

From another angle, responsibility for torture does not stop at the direct perpetrators. It extends to the officials responsible for the policies and systems that permit it to occur or turn a blind eye to it. According to the principles of international law, accountability covers everyone who ordered, permitted, facilitated, or failed to prevent violations despite possessing the authority to do so, rendering the principle of non-impunity an essential component of any authentic justice system. International experiences demonstrate that holding officials accountable, whether through national or international judiciaries, constitutes a primary pillar in deterring violations and ensuring non-repetition.

From a historical perspective, human experience reveals that repressive regimes relying on systematic violence and torture as tools of control have never endured over the long term. Instead,

they faced gradual erosion or collapse in the face of popular movements demanding freedom, justice, and human dignity. History clarifies that repression, no matter how prolonged, can never be an alternative to justice, and that the will of peoples confronting oppression represents a driving force to restore the balance between authority and human rights.

Accordingly, the comprehensive picture formed by the legal, human rights, and historical frameworks confirms that the fight against torture is not merely a legal obligation. It is a comprehensive human project built on protecting dignity, promoting justice, holding officials accountable, and ensuring institutional reform, thereby achieving the ultimate goal of safeguarding human beings from all forms of oppression and violation.

Recommendations

1. **Harmonize national legislation completely with the UN Convention against Torture (CAT).**
2. **Reinforce the independence of investigative authorities.**
3. **Activate regular, independent oversight and inspection of all places of detention.**
4. **Develop and expand training programs for law enforcement agencies regarding human rights standards.**
5. **Guarantee swift and immediate investigations into all allegations of torture.**
6. **Expand medical and psychological rehabilitation services dedicated to victims of torture.**
7. **Support civil society organizations operating within the human rights field.**

8. **Foster and spread a culture of human rights within educational and security institutions.**
9. **Promote transparency and combat institutional corruption.**
10. **Ensure absolute non-impunity for crimes related to torture.**
11. **Grant immediate release to detainees afflicted with severe, terminal, or critical illnesses and health conditions whose adequate treatment cannot be guaranteed inside detention facilities.**
12. **Expand the utilization of legal prerogatives regarding presidential pardons, conditional releases, and medical/humanitarian releases for elderly and sick inmates.**
13. **Conduct regular, independent reviews of detainees' health statuses, prioritizing critical cases, those with chronic illnesses, and the elderly.**
14. **Guarantee the right of all detainees to immediate access to specialized medical care, medications, and necessary diagnostic tests without delay or discrimination.**
15. **Empower competent judicial and oversight bodies to monitor the conditions of sick inmates inside places of detention and investigate any incidents of medical negligence or denial of treatment.**
16. **Commit fully to the provisions of the Egyptian Constitution, the Law Regulating Correctional and Rehabilitation Centers, and the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules).**
17. **Publish periodic and transparent data regarding healthcare conditions inside places of detention to enhance societal oversight and guarantee accountability.**
18. **Adopt a humanitarian approach when dealing with the elderly inside places of detention, accommodating their health conditions and specific needs while preserving their human**

dignity.

- 19. Consider the right to medical treatment and healthcare as an inseparable component of the right to life and human dignity guaranteed under the Constitution and the law.**
- 20. Initiate a serious national dialogue on penal policies concerning the most vulnerable groups, ensuring that justice is served without compromising fundamental human rights.**