

Human rights claims on medical grounds

This guidance is based on article 3 and article 8 of the European Convention on Human Rights (ECHR)

Human rights claims on medical grounds

About this guidance

Applications
Considering a claim
Granting or refusing

This guidance tells you how to recognise and consider applications for permission to stay in the UK on human rights medical grounds when the applicant is already here.

Human rights claims on medical grounds rely on the following articles of the European Convention on Human Rights (ECHR):

- article 3 inhuman or degrading treatment, and/or
- article 8 respect for private life, including moral and physical integrity.

This guidance does not cover article 8 claims on private life grounds other than medical. For guidance on other types of article 8 private life claims, see related links:

- Long residence and private life
- Immigration Rules: Appendix FM.

Under section 6 of the Human Rights Act 1998 it is unlawful for the Home Office, or any public authority, to act in a way which is not compatible with these rights.

Changes to this guidance – This page tells you what has changed since the previous version of this guidance.

Contacts – This page tells you who to contact for help if your senior caseworker or line manager can't answer your question.

Information owner – This page tells you about this version of the guidance and who owns it.

Safeguard and promote child welfare – This page explains your duty to safeguard and promote the welfare of children and tells you where to find more information.

Related links

Changes to this guidance

Contact

Information owner

Key facts: Human rights claims on medical grounds

This page shows you the key facts for human rights claims on medical grounds category.

Cotogony Human viahta alaina	a an madical grounds
Category: Human rights claims	s on medical grounds
Eligibility requirements	The applicant is gravely ill (at a critical stage of a terminal illness and is close to death) and removing them from the UK would:
	 deprive them of the treatment they are currently receiving, and
	 send them home to an early death in circumstances which would constitute a breach of article 3 of the European Convention of Human Rights (ECHR).
	All cases have to meet the 'N' threshold, see page: Considering article 3 medical claims.
Application forms	Application made outside UK – Not allowed. Applications from within UK – FLR(O). Indefinite leave to remain – SET(O).
Cost of application:	No cost. Article 3 applications are non-charged.
Entry clearance mandatory?	No
Is biometric information	Yes
required for applications	
made in the UK?	
Code of leave to remain	Code 1A
granted	
Entry clearance	Not applicable as not able to apply from outside the UK.
endorsements	
Conditions of leave to remain	Applicant must register with the police if they are required to do so.
How long is leave to remain	The shorter of:
normally granted for?	
	• 30 months, or
A	life expectancy plus three months.
Are dependants allowed?	Yes but only if they are already in the UK and were named on
Mode and attack all areas 10	the application.
Work and study allowed?	Yes
Switching into this category allowed?	Yes
Does this category lead to	Yes
settlement (indefinite leave to	
remain)?	
Is knowledge of language	No when applying for indefinite leave to remain following six or 10
and life required?	years of discretionary leave.
CID case type	Human rights - Article 3, or Article 2.8.9 (with a with a start at an article 3)
Immigration Divis	Human rights - Article 3 & 8 (with or without other articles) Piperstian and leave in granted systems of the Immigration Bules
Immigration Rules	Discretionary leave is granted outside of the Immigration Rules.
paragraphs	

Human rights claims on medical grounds

Changes to this guidance

About this guidance Applications	This page lists changes most recent at the top.	to the 'Human rights claims on medical grounds' guidance, with the	Related links Key facts: Human rights claims on medical
Considering a claim	Date of the change	Details of the change	grounds
Granting or refusing	20 May 2014	Change request:	<u> </u>
	20 Way 2014	onange request.	Applications
		Key facts:	
		 Rey facts. Eligibility requirements: bullet points 	Recognising an implied
		amended.	claim
			<u>orann</u>
		Applications: Sub-booking 'Charging article 2 only'	Considering article 3
		Sub-heading 'Charging – article 3 only'	medical claims
		second and third sentences deleted,	THE GREAT CLAIMING
		bullet points amended.	Considering article 8
		New sub-heading 'Charging – article 3 and article 8 'mixed applications' and	medical claims
		and article 8 'mixed applications' and content below.	THE GREAT CLASSIFIC
			Mixed article 3 and
		Recognising an implied claim:	article 8 applications
		Second set of bullet points, second	artiolo o applicationo
		bullet is new content.	See also
		Considering article 3 medical claims:	Contact
		 Sub-heading 'Article 3 case law' 	<u>Contact</u>
		second set of bullet points, first bullet	Information owner
		point amended.	momation owner
		 Sub-heading 'Exceptional cases' first 	Links to staff intranet
		sentence is new content.	removed
		Considering article 8 medical claims:	Temoved
		 Sub-heading 'Article 8 – mental health 	
		claims' second paragraph, second	
		sentence is new content.	
		Mixed article 3 and article 8 applications:	

	 This is a new page. Plain English and minor housekeeping changes throughout. 	
25 March 2014	Six month review by the modernised guidance team:	
	 Key facts: Human rights claims on medical grounds: new page Minor housekeeping changes. 	
	For previous changes to this guidance you will find all earlier versions in the archive. See related link: Human Rights claims on medical grounds - Archive.	

Human rights claims on medical grounds

Applications

About this guidance
Considering a claim
Granting or refusing

This section tells you how people apply for permission to stay in the UK based on human rights claims on medical grounds.

Application forms

Applicants can claim leave on article 3 or article 8 medical grounds by submitting one of the following application forms:

- FLR(O) to apply for discretionary leave (DL)
- SET(O) to apply for indefinite leave to remain (ILR) on the basis of having completed:
 - o six years DL (if they were granted DL before 9 July 2012)
 - o 10 years DL, or
 - o other leave outside the Immigration Rules on medical grounds.

Article 3 medical applications cannot be made on the DL form.

For information on validating application forms, see related link: Validation.

Applications by letter

You should normally reject applications made by letter as invalid and send the applicant the appropriate application form. However, you can accept the application as valid if the letter is submitted with acceptable medical evidence which:

- confirms the claimant is gravely ill, and
- has only weeks to live (despite ongoing treatment in the UK).

Charging: article 3 only

Human rights claims on article 3 medical grounds which are considered under the terms of this policy are not chargeable. For more information, see related links:

- Immigration and Nationality (Fees) Regulations 2014
- Immigration and Nationality (Cost Recovery Fees) Regulations 2014.

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Recognising an implied claim

Charging: article 3 and article 8 'mixed applications'

Where an applicant also cites other articles of the European Convention of Human Rights (ECHR) as a reason of claim (including article 8), you will need to decide if the article 3 claim constitutes a genuine reason of claim, or if it is cited only to prevent the applicant from paying a fee.

Provided article 3 is a genuine basis for a claim, then the whole application (including consideration of any of the other elements of the claim) will be uncharged. This does not mean the article 3 claim must be one which will succeed. However, you must think it has a realistic prospect of success.

If you are concerned the article 3 claim was included only so the applicant did not have to pay a fee you must discuss this with your senior caseworker and get policy advice, see link on right: Administrative operational policy.

In these circumstances only, it may be appropriate to refuse the article 3 claim, and request that the applicant make a further (charged) application for any other reasons.

Human rights claims on medical grounds

Recognising an implied claim

About this guidance
Applications
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This page tells you how to recognise applications for permission to stay in the UK based on human rights claims on medical grounds when the claim is only implied.

Indicators of an implied claim

An article 3 or article 8 medical claim may be referred to specifically in the application or covering letter or it may just be implied. To work out whether such a claim has been implied, you must check the application form, covering letter (if any) and supporting documents for the following indicators:

- The applicant seeks:
 - leave outside the rules (LOTR)
 - o discretionary leave (DL) on medical grounds, or
 - o to receive medical treatment on the National Health Service (NHS).
- The applicant expresses fear of return, is unwilling to return or has stated their intention to remain in the UK because medical facilities in their home country are not:
 - o available
 - o affordable
 - o accessible, or
 - o of the same standard as medical treatment in the UK.
- The applicant refers to death without dignity abroad because medical treatment in the home country is not:
 - o available
 - affordable
 - o accessible, or
 - o to the same standard as treatment in the UK.
- The applicant refers to either:
 - o inhuman and degrading treatment (on medical grounds), or
 - o article 3 and/or article 8 (medical) case law (see related links).
- The applicant was previously granted one of the following categories of leave on medical grounds and asks for further approval on the same basis:
 - o LOTR, or

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o DL.

You must not disregard an application as a human rights medical claim just because the:

- terms 'article 3' or 'article 8' have not been used
- applicant has placed greater emphasis on article 8 than article 3 in their application
- medical condition is not a terminal illness
- applicant is not in the final stages of a terminal illness, or
- main applicant is under 18 years of age.

Requesting confirmation

If you think an application is an implied human rights (medical) claim, or it is unclear what basis the applicant is applying under, you must ask the applicant or their representative to clarify the basis of their claim in writing.

Challenging claims of inadequate medical treatment in the applicant's country of origin

If an applicant claims there is inadequate or no medical treatment available in their own country, or proposed country of return, the burden of proof is on the applicant to prove that claim. If you decide you need to check the evidence, you can ask the country, policy and information team (CPIT) to verify what medical treatment is available in the country concerned. To contact CPIT, see related link: Email CPIT.

Dual nationals and holders of residence permits

When an applicant is a dual national or is a national of one country but also holds a valid residence permit for a second country, they will not qualify for discretionary leave unless their circumstances meet the article 3 or article 8 (medical) test in both countries. In these circumstances, you must consider the issues for each country before making a decision.

Claims made under the UNHCR 1951 Convention Relating to the Status of Refugees When the applicant states they cannot access medical treatment in their home nation for a reason which falls within the 1951 convention (for example, being a member of a social or political group), you must:

- send an ICD.1036 'refusal to accept a postal claim' letter, and
- advise the applicant this aspect will not be considered unless or until they make a claim in person.

For more information on the 1951 Convention, see related link.

Which Home Office team deals with the art	icie 3 or articie 8 medicai ciaims?
Type of claim	Team dealing with the claim
An asylum application, and an article 3	When an article 3 or article 8 medical claim
and/or article 8 (medical) is cited or implied	is cited or implied, the team dealing with
	either the asylum application or immigration
or	application must consider the human rights
	(medical) claim.
An Immigration Rules based application,	
and an article 3 and/or article 8 (medical) is	For Immigration Rules based
cited or implied.	applications
	When you deal with such an application,
	you must first consider whether the
	applicant qualifies to remain under the Immigration Rule(s):
	minigration rede(3).
	if they do, there is no need to consider
	the human rights (medical) claim
	 if not, you must consider the article 3
	and/or article 8 (medical) claim.
	The applicant must only receive one set of
	decision papers.
An article 3 and/or article 8 (medical)	NCC3 may agree to deal with both
application, and a linked application.	applications when:
	 there is a valid, fee-exempt, article 3
	and/or article 8 (medical) claim, and
	a valid (charged or uncharged) linked

application.
When this is not possible (for example, because the main claim and the linked claim must be considered by different teams), those teams must coordinate to make sure the decision is served on one set of decision papers.

Human rights claims on medical grounds

Considering a claim

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This section tells you how to consider applications for permission to stay in the UK based on human rights claims on medical grounds.

There is no provision within the Immigration Rules for a person to remain in the UK to access, or to continue to access, medical treatment on the National Health Service (NHS). Such claims usually rely on article 3 and/or article 8 of the European Convention on Human Rights (ECHR) (other articles may be cited however, for example article 2 – right to life).

Home Office policy

All immigration decisions must comply with the UK's obligations under section 6 of the Human Rights Act 1998. Under the act, it is unlawful for a public authority to act in a way which is incompatible with the ECHR (including article 3 or article 8).

You must consider applications for human rights claims on medical grounds on their own merits and against current Home Office policy. You must apply the policy in force at the date of your decision, not the policy in force when the application was submitted (if different), subject to any relevant published transitional arrangements.

Case law

Home Office policy for these cases is based on case law. For more information on the case law for articles 3 and 8 (medical), see related links.

Active review

Applicants who have previously been granted leave based on article 3 and/or article 8 medical claims are subject to a new and full case consideration when they make a later application for discretionary leave (DL) or indefinite leave to remain (ILR). The purpose of this consideration is to decide whether a claimant continues to qualify for leave on this basis.

This means an applicant who has previously been granted DL or leave outside the rules (LOTR) on human rights medical grounds will not necessarily be granted leave on the same grounds, even though they continue to suffer from the same medical condition.

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Considering Article 3 medical claims

Considering Article 8 medical claims

Considering medical evidence

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Related links

Refusing discretionary or indefinite leave to remain

This guidance is based on Article 3 and Article 8 of the European Convention on Human Rights (ECHR)		
	For information on refusing such a case, see related link: Refusing discretionary or indefinite leave to remain.	

Human rights claims on medical grounds

Considering article 3 medical claims

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This page tells you how to consider applications for permission to stay in the UK based on article 3 medical grounds.

Inhuman or degrading treatment

Article 3 deals with inhuman or degrading treatment. An applicant relying on article 3 must show there are substantial grounds to believe there is a significant risk of such treatment (to a reasonable degree of likelihood) if they were returned to their country of origin. To read the full text of article 3 see related link: Human Rights Act 1998.

Article 3 case law

Home Office policy for these applications is based on case law. For example, a key case, known as the case of 'N', was considered by the House of Lords and the European Court of Human Rights (ECtHR). The ECtHR judgment:

- upheld the position taken by the House of Lords that removing 'N' would not breach article 3, and
- confirmed that cases where the applicant can resist removal and be granted leave to remain on article 3 grounds are exceptional.

Following this case, Home Office policy is to accept that an applicant's article 3 (medical) rights would be breached by removal to their country of origin only if:

- their illness has reached such a critical stage (the applicant is dying), and the conditions
 to which they will be returned are such that it would be inhuman or degrading treatment
 to:
 - o deprive them of the care they are currently receiving, and
 - send them home to an early death (unless there is care available there to allow them to die with dignity).

For more detailed information on the case of 'N' and article 3 (medical) case law, see related link.

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Exceptional cases

The case law makes plain that in 'exceptional' circumstances, the article 3 threshold may be met in situations other than described above. While you must consider each 'exceptional case' on its facts, it will be rare for a case to meet this test. As of 5 October 2012 no case has been successful in the UK courts or the ECtHR on this basis. You must refer a decision to grant on this basis to a senior caseworker.

Considering article 3 cases

The factors you must consider will vary according to the individual circumstances of the application. For an article 3 (medical) claim based on one or more physical medical conditions when there is no risk of suicide, you must follow the process under the related link: Article 3 - consideration process map.

Human rights claims on medical grounds

Considering article 8 medical claims

About this guidance
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This page tells you how to consider applications for permission to stay in the UK based on article 8 medical grounds.

Article 8 – moral and physical integrity

Article 8 deals with respect for private life, including a person's moral and physical integrity. The consequences to an applicant's health of removing them from the UK could, in principle, engage article 8. However, such cases will be rare and, in most cases, it is unlikely article 8 will add anything decisive to a claim under article 3 when the same facts are relied on.

To read the full text of article 8, see related link: Human Rights Act 1998.

Private life

'Private life' is a broad term which cannot be defined exactly. However, case law has established it includes, amongst other things, physical and psychological integrity, for example:

- features which are integral to a person's identity or ability to function socially, and
- the right to establish and develop relationships with other people and with the outside world.

Article 8 - qualified right

Unlike article 3, which is an absolute right, article 8 is a qualified right. This means when there is interference in private life, that interference will not breach article 8 if it is:

- in line with the law
- · necessary in pursuit of a legitimate aim, and
- proportionate to that aim.

In particular, to remove an applicant from the UK may be lawful and proportionate to the legitimate aim of protecting the economic well-being of the UK, which effective immigration control achieves. You must, however, consider each case on its individual merits.

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Article 8 - mental health claims

Applicants may allege their article 8 rights to mental well-being (moral and physical integrity) would be breached if they were removed to a country without the drugs they need to prevent the relapse of a severe mental health condition. For example, psychosis.

In making this claim, the applicant may be able to show through a credible medical history that, without treatment, they are likely to pose a danger to themselves or to others. In these circumstances, removal may constitute interference with an applicant's article 8 rights. However, the interference may be proportionate to the legitimate aim of immigration control.

For examples of the case law on which this example is based, see related link: Article 8 (medical) case law.

For guidance on article 8 claims on the basis of private life other than on medical grounds, see related link: Long residence and private life.

Human rights claims on medical grounds

Mixed article 3 and article 8 applications

This page explains how you must treat an application for article 3 where the applicant also requests consideration of article 8 factors.

Links to staff intranet removed

If an applicant submits an application for article 3 and also asks for article 8 to be considered, you need to take the following action:

- Consider the article 3 element of the application.
- If the applicant does not qualify under article 3, but the article 3 claim constituted a genuine reason for the claim, with a realistic prospect of success, you must go on to consider the other elements of the application (including any under article 8). In these circumstances, the article 8 application will be considered on a non-charged basis.
- If you consider the article 3 claim was entirely spurious (not genuine or real) or fanciful, and was only included to prevent the applicant from paying a fee, you must discuss with your senior caseworker and get policy advice. See related link: Administrative operational policy. In these circumstances, it may be appropriate to refuse the article 3 application, and to request that the applicant makes a new (charged) application for any other reasons.

Human rights claims on medical grounds

Considering medical evidence

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This section tells you how to consider medical evidence submitted in support of applications for permission to stay on human rights (medical) grounds.

It is the applicant's responsibility to supply acceptable, accurate and up-to-date medical evidence in support of their application. The focus of the evidence they provide must be on their current state of health. You must assess this evidence when you consider their article 3 and/or article 8 (medical) claim but you are not expected to have any medical expertise.

If you need more guidance, you must first ask a senior caseworker who may in turn refer your enquiry to the operational policy team.

For information on commonly used medical abbreviations and acronyms, see related link.

Acceptable medical evidence

You must consider all of the medical evidence you receive unless there is a good reason not to (for example, forged documents).

For the purpose of article 3 and/or article 8 (medical) claims, a medical report must be:

- Printed on letter-headed paper showing:
 - the address and contact details of the hospital or National Health Service (NHS) trust, and
 - o the name, telephone number and fax number of the consultant.
- An original document (not a photocopy or a faxed document).
- Dated within three months of the date when it is received by the Home Office. And
- Written and signed by a qualified health professional who must have seen the claimant in person. For this purpose, the definition of a qualified health professional is a consultant working in the NHS in the relevant specialist subject. This person must be registered with the General Medical Council.

Where the medical evidence does not meet these standards, you have the discretion to

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Requesting more medical evidence

This guidance is based on Article 3 and Article 8 of the European Convention on Human Rights (ECHR)

allow the claimant one opportunity to send acceptable medical evidence before you make your decision. You must allow 28 calendar days for them to provide the evidence. If they do not supply it, you must make your decision based on the information available.

Post traumatic stress disorder (PTSD)

When the applicant has been diagnosed with PTSD, the diagnosis and medical report must have been made and written by a consultant psychiatrist. When the medical evidence does not meet these standards, you must give the applicant one opportunity to send acceptable

medical evidence, before you make your decision.

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Requesting more medical evidence

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This page tells you how to request additional medical evidence for applications for permission to stay on human rights (medical) grounds.

It is reasonable to expect most applicants will be in a position to submit acceptable medical evidence with the initial claim. However, the evidence may lead you to ask additional or alternative questions. Any such follow-up questions must be appropriate to the individual circumstances of the claim.

Requesting the evidence

If you need to request further medical evidence you must give the applicant 28 calendar days to reply. You must make this timescale clear to the applicant and explain, where there is any difficulty meeting this deadline, they must contact the Home Office within the 28 days to give the:

- reason(s) for the delay, and
- date when they expect to provide the evidence requested.

If the applicant fails to contact the Home Office within 28 calendar days, you can send one reminder giving the applicant a further 14 calendar days to send the information. You must not, however, delay the application indefinitely. If you do not receive a satisfactory response within the additional 14 days, you must make your decision based on the evidence available.

When the applicant has representatives, it is their responsibility to either keep in touch with the representatives, or to notify the Home Office if they have dispensed with their services, as appropriate. If the applicant fails to do so, you must not accept it as an exceptional circumstance, warranting extra time.

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Considering suicide threats

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This page tells you how to consider applications for permission to stay in the UK based on human rights medical grounds where the applicant is threatening suicide if they are removed.

If an applicant claims their removal will give rise to a real risk of suicide or self-harm, that claim may engage the UK's obligations under the European Convention on Human Rights (ECHR), principally articles 3 and/or 8. You must carefully consider all such threats of suicide or self-harm.

Minimising the risk of suicide or self-harm

A claim that removal will lead to a risk of suicide or self-harm does not mean you:

- cannot remove the applicant, or
- have to grant them leave.

However, where there are substantial grounds to believe removal would expose an applicant to that risk, you must consider the circumstances and what reasonable steps can be taken to minimise it (it is not possible to eliminate the risk but all reasonable steps must be taken).

Further guidance

The suicide and self-harm guidance tells you what to do if you are dealing with a person who you believe is at risk of suicide or harming themselves, or might be a risk to others. For more information, see related link. You must read the guidance in the light of the Court of Appeal judgment in the case of J v SSHD (2005) and also the case of Y (Sri Lanka) which modifies the fifth principle in J v SSHD.

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Granting or refusing

About this guidance Applications	This section tells you how to grant or refuse applications for permission to stay on human rights (medical) grounds.	In this section Granting discretionary leave
Considering a claim	Referring the case before granting As the tests for granting discretionary or indefinite leave under human rights (medical) grounds are very high, granting under this policy is rare. If you decide to grant such a case,	Granting indefinite leave
	you must refer the case to a senior caseworker before you do so. CID notes	Refusing discretionary or indefinite leave
	Your CID notes must accurately and clearly reflect all the factors you have considered in making your decision to grant or refuse.	Links to staff intranet removed

Human rights claims on medical grounds

Granting discretionary leave

About this guidance
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This page tells you how to grant applications for permission to stay in the UK on human rights (medical) grounds.

If you decide an application meets the requirements for permission to stay under article 3 and/or article 8, you must grant discretionary leave (DL).

Length of grant

You may grant discretionary leave up to a maximum of 30 months (2.5 years). However, the leave must not exceed:

- 30 months (2.5 years), and
- life expectancy by more than three months.

You can grant leave in line with the length of treatment if it is appropriate.

Conditions

You must grant discretionary leave on code '1A'.

The applicant must register with the police if it is appropriate for them to do so. For information on police registration, see related link.

Dependants

You must grant eligible dependants who were listed on the application form in line with the main applicant on code '1A' conditions. For more information on eligible dependants, see related link: Dependants.

Dependants who are overseas

An applicant granted DL is not entitled to:

- bring their partner or spouse and/or minor children to the UK, or
- act as a sponsor to bring other relatives to the UK.

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Granting indefinite leave

Refusing discretionary or indefinite leave

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Granting indefinite leave

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This page tells you how to grant applications for indefinite leave to remain (ILR) in the UK on human rights (medical) grounds.

Applicants are eligible to apply for ILR 28 days before they have completed:

- six continuous years of discretionary leave (DL) (if they were first granted DL before 9 July 2012), or
- 10 years of continuous DL (if they were first granted DL on or after 9 July 2012).

However, some applicants may be excluded from applying for ILR due to their:

- character, conduct or associations or they are a threat to national security
- criminal record (including custodial sentences), and/or
- security issues.

For information on general grounds for refusal, see related links:

- Not desirable to let a person remain in the UK: leave to remain
- Criminality: leave to remain.

For information on exclusion criteria, see related links:

- Humanitarian Protection
- Discretionary Leave.

Granting ILR

When you casework an application for ILR on this basis you must conduct a full consideration to determine whether the applicant still qualifies for DL. When an applicant has held DL for six or 10 years as appropriate and continues to qualify, you must grant ILR unless there is a compelling reason not to do so (for example, one or more of the general

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<u>Granting discretionary</u> <u>leave</u>

Refusing discretionary or indefinite leave

This guidance is based on	Article 3 and Article 8 of the European Convention on Human Rights (ECHR)	
	grounds for refusal apply). For more information on considering the case, see related link: Considering a claim.	
	For more information on DL, see related link: Discretionary Leave.	
	When an applicant no longer qualifies for DL, or any other form of leave, you must refuse their application for ILR. For information on refusing ILR, see related link: Refusing discretionary or indefinite leave.	

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Refusing discretionary or indefinite leave

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This page tells you how to refuse applications for discretionary leave (DL) and indefinite leave to remain (ILR) in the UK on human rights (medical) grounds.

If an applicant does not meet the threshold for DL or ILR on human rights (medical) grounds, you must refuse their application.

Your reason for refusal letter (RFRL) must address all of the issues raised by the applicant and reflect how you considered the individual merits of the claim. It must also properly reference the sources you used to reach your decision. For more information, see related link: Referencing.

For stock paragraphs to use in decision letters, see related link: 10.3 - Stock Paragraphs.

Applicants previously granted leave

When the last period of leave was DL or leave outside the rules (LOTR) on human rights medical grounds, your reason for refusal letter (RFRL) must:

- explain why the applicant no longer qualifies for article 3 medical leave, and
- include reference to any other appropriate consideration, for example:
 - leave to remain under the Immigration Rules and leave under article 8 (medical) of the European Convention on Human Rights.

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Granting discretionary leave

Granting indefinite leave

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Contact

About this guidance Applications	This page explains who to contact for more help with a specific case regarding human rights claims on medical grounds.	Related links Changes to this
Considering a claim Granting or refusing	If you have read the relevant legislation and this guidance and still need more help, you must first ask your senior caseworker or line manager.	guidance Information owner
	If the question cannot be answered at that level, you may email the administrative operational policy team using the related link.	Links to staff intranet removed
	Changes to this guidance can only be made by the modernised guidance team (MGT). If you think the policy content needs amending you must contact the administrative operational policy team using the related link, who will ask the MGT to update the guidance, if appropriate.	
	The MGT will accept direct feedback on broken links, missing information or the format, style and navigability of this guidance. You can send these using the link: Email: Modernised guidance team.	

Human rights claims on medical grounds

Information owner

About this guidance
Applications
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This page tells you about this version of the 'Human rights claims on medical grounds' guidance, and who owns it.

Version	6.0
Valid from date	20 May 2014
Policy owner	Official – sensitive: information removed
Cleared by director	Official – sensitive: information removed
Director's role	Official – sensitive: information removed
Clearance date	3 October 2012
This version approved for	Official – sensitive: information removed
publication by	
Approver's role	Official – sensitive: information removed
Approval date	14 May 2014

Changes to this guidance can only be made by the modernised guidance team (MGT). If you think the policy content needs amending you must contact the administrative operational policy team using the related link, who will ask the MGT to update the guidance, if appropriate.

The MGT will accept direct feedback on broken links, missing information or the format, style and navigability of this guidance. You can send these using the link: Email: Modernised guidance team.

Related links

Changes to this guidance

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