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ETHICAL CONSIDERATIONS ON PROVISION OF MEDICAL CARE IN DETENTION CENTERS

Daniel PETRESCU, *MD, PhD candidate*

Titu Maiorescu University, Faculty of Medicine
Department of Preclinical Disciplines

BACKGROUND: There is a need for improvement in ethics and also in delivery of medical services. Due to lack of resources alternative approaches should be considered.

METHODS: The aforementioned principle is illustrated by using an example of strategy aimed to improve medical care provision in detention center.

RESULTS: Pros and cons are analyzed and benefits are proven to stand out.

CONCLUSIONS: In order to be beneficial brainstorming for solutions to improve healthcare delivery should be performed by extended panels of decision-makers and, most important, should first aim to improve ethics in medical services delivery.

Keywords: community medicine; correctional facilities; correctional facilities personnel; primary care; palliative medicine; preventive medicine; public health;

BACKGROUND

Both variety and quality of services provided within a social healthcare system are determined by available human, material and financial resources; therefore, an important role is held by the management of the healthcare facility where the medical services are provided - regardless of their type. Patient satisfactions in all categories of patients is determined by both proper training of professionals and management [1]; as a result, better performing healthcare facilities are attracting higher numbers of patients. Though, the social healthcare system is supposed to guarantee same quality of medical services for all beneficiaries.

Within the social healthcare system are standing out a few subsystems – which are financed and administered similarly, but are performing differently. Centers of excellence are among most prestigious healthcare facilities that provide medical services within the social healthcare system. On the other side are medical offices for the prison population [2]: they provided mainly primary care services, but access to specialized medical services is also facilitated [3].

THE MAIN AIM of this scienitific approach is to identify and illustrate some of the discrepancies between this subsystem and the public healthcare system as a whole by analyzing the example of medical care for persons deprived of liberty in detention centers, hereafter referred to as centers. At the same time, we will advance a solution to improve medical assistance provided to this category of patients [4], which, however, does not come from the medical field.

RESULTS

Particularities of health care provision in detention regime, Romania.

Social healthcare system ensures provision of medical services included in either basic or minimum package - for the uninsured. Prior to being incarcerated, many people admitted to the centers are uninsured, in some cases not even having a family doctor. While being taken into custody by Romanian Police, they are immediately taken into the records by the family doctor of the center, thus becoming insured of CASAOPSNAJ (current division of the social healthcare system allotted to military, police and judicial personnel) from the date of incarceration and benefitting from medical assistance under same terms as the staff of the Ministry of Internal Affairs (hereafter referred to as MAI). During incarceration these patients benefit from medical assistance under advantageous conditions: in addition to compensation reimbursed for medicines they do not owe any co-pay to purchase recommended medication, as this is supported from the MAI's own funds. During the period of custody in the center, persons deprived of liberty are provided all necessary medical services in order to prevent, diagnose and treat any chronic or acute illness, as well as case management in specific medical conditions - addiction or other psychiatric disorder, epidemiological emergencies and palliative care [5]. Due to protocols concluded with the territorial healthcare authorities, incarcerated persons are given priority in scheduling medical services - even if access to advanced medical technologies cannot be facilitated thereby [6]. Healthcare facilities providing services for incarcerated patients often experience delays in medical activity; also, many patients report distress just by standing nearby handcuffed persons and police escort. The insufficient number of police officers assigned to escort incarcerated patients and obligation to comply with norms regarding confidentiality of personal data are other factors that maintain a permanent state of anxiety among the police workers, with negative consequences on individual health status.

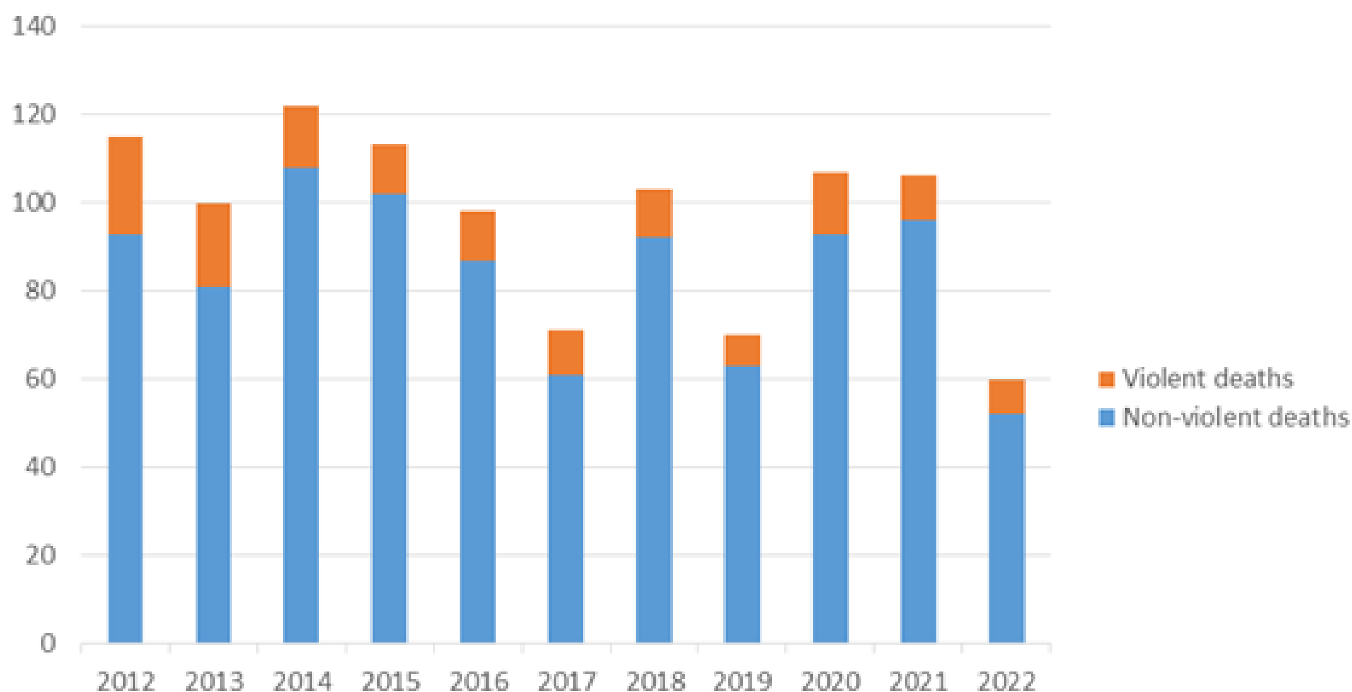
Despite the above mentioned benefits, many incarcerated persons deprived of liberty expressed dissatisfaction regarding medical assistance provided in the centers; however, criticism was also expressed by other insured persons, by medical service providers and by police workers as well. Thus, incarcerated patients make allegations about the fact that they cannot see a medical service provider by choice - as healthcare norms legislation would allow -, but this situation is the consequence of the measures ordered by the judicial bodies and should therefore not be interpreted as a limitation of the right to medical assistance; on the other hand, one of the reasons for dissatisfaction is the perception of inequity regarding access to medical services.

After obtaining European status, our country assumed obligation to consistently respect the rights of persons deprived of liberty; numerous normative acts have been issued to regulate the way medical assistance is provided for people in the centers, but dissatisfaction persists.

Table 1 - Annual number of deaths in penitenciary facilities

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Number of imprisoned persons	45989	49299	47260	43907	40797	38727	34112	32829	31621	33064	28927
Number of deaths of any causes	115	100	122	113	98	91	103	70	107	106	60
Annual Number Of Deaths Of Violent Causes											
Hanging	22	18	11	10	10	8	10	6	12	10	7
Substance abuse	0	1	2	0	1	1	1	1	2	0	0
Self-harm	0	0	1	1	0	1	0	0	0	0	1
Total	22	19	14	11	11	10	11	7	14	10	8

Graph 1 - Annual number of deaths in penitenciary facilities



The easiest explanation would attempt to link the existing discrepancies to the general state of the economy, and public health data might support this view. However, no indicator refers to the period of time that a person deprived of liberty spends in the centers: currently, in the case of criminal investigation, the limit provided by national legislation is a maximum of 180 days. Thus, since a short-term increase in the financial resources available to the social system cannot be anticipated, it is recommended to take into account reducing of the average length of incarceration in the centers [7]. In favor of this proposal, we argue with the fact that the penitentiary system proves to be safer for the custody of persons deprived of liberty than the centers (see Table 1 and Graph 1 Annual Number of Deaths in the Correctional Facilities; Source of Data: National Detention Center Administration). Thus, a person placed on home arrest or under judicial control could benefit from choosing a preferred medical service provider or, in the event of remaining incarcerated, one would benefit from being assisted by the same service provider. At the same time, the proposal would also bring benefits in terms of the way of organization, operation and administration of the penitentiary system. Thus, since the penitentiary system has its own hospital units, the number of police officers assigned for escorting and supervising incarcerated persons during their hospitalization would be reduced [8].

DISCUSSIONS AND CONCLUSIONS

Although it refers to the general framework for the execution of custodial measures, the proposed solution aims to optimize medical management of people under the mentioned measures. This approach will certainly require financial investments up to a certain level in order to implement the logistical infrastructure which would be necessary to monitor criminally prosecuted persons, as well as to increase the penitentiary capacity. However, through the benefits it would bring, it would certainly

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determine a decrease in dissatisfaction among actors involved and would also contribute to improving our country's image internationally.

All the objectives established for health policies must pursue the desirability of ensuring social equity under the conditions of guaranteeing professional ethics, and their achievement may sometimes require the contribution of several institutions - some of them not traditionally involved in public health measures. The previous example, which proposed a way to improve population health by adopting measures from related fields (legislative and administrative) can be applied on even larger scale; for this purpose, however, would be necessary to include public health issues on the working agenda of decision-makers from several institutions - a strategy based both on the pursuit of the improvement of some statistical indicators and - above all - on the consideration of ethical principles.

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