

The Future of Correctional Healthcare: A Literature Survey & Call to Action

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Objective

To highlight the current state of healthcare in correctional facilities in the United States and discusses how training for this setting may be incorporated into the modern era of medicine in efforts that those who are locked up or locked out of mainstream society are not forgotten.

Background

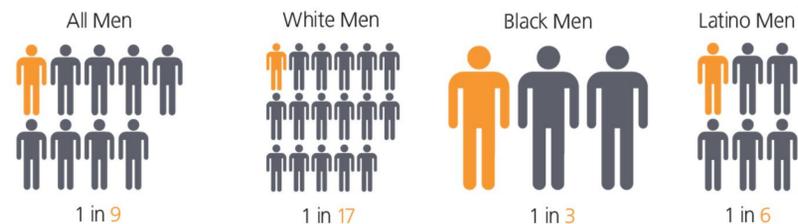
Mass Incarceration

“... a system that locks people not only behind actual bars in actual prisons, but also behind virtual bars and virtual walls—walls that are invisible to the naked eye but function nearly as effectively as Jim Crow laws once did at locking people of color into a permanent second-class citizenship.”

In the U.S. today...



Lifetime Likelihood of Imprisonment



Clinical Care of Incarcerated Adults

Medical care in correctional facilities in the U.S. is informed by the legal case of Estelle v. Gamble, 1976.

- J. W. Gamble, an inmate of the Texas Department of Corrections, was injured while performing a prison work assignment.
- He instituted a civil rights action against W. J. Estelle, Jr., Director of the Department of Corrections, as well as the warden of the prison, medical director of the Department and chief medical officer of the prison hospital.
- Gamble asserted he was subjected to cruel and unusual punishment in violation of the 8th Amendment for inadequate treatment.

The Ruling

- The Supreme Court deemed that deliberate indifference to serious illness or injury in a prisoner can be considered cruel and unusual punishment, in violation of the 8th Amendment.
- Gamble's complaint did not suggest such indifference, the allegations revealing that Gray and other medical personnel saw respondent on 17 occasions during a 3-month span and treated his injury and other problems.

Cases following this ruling have upheld three basic rights:

- The right to access to care
- The right to care that has been ordered by a health professional
- The right to professional medical judgment

Methods

A thorough survey of the literature was conducted using a methodological approach of consulting resources databases followed by editing and proofreading the information collected. Digital data collection using PubMed, GoogleScholar, and MEDLINE and manual data collection consulting *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*, by Michelle Alexander were utilized. Data was analyzed by both authors.

Discussion

Clinical Care

◆ The *Medical Problems of State and Federal Prisoners and Jail Inmates* special report issued by the Bureau of Justice Statistics used data from the 2011–12 National Inmate Survey (NIS-3) to describe the health status and the health services and treatment received by state and federal prisoners and local jail inmates. Data from the 2009–2012 *National Survey on Drug Use and Health (NSDUH)* were used to compare the incarcerated populations to the general population.

◆ Clinical care in the correctional setting involves treating **chronic medical conditions, infectious diseases, substance abuse, and mental illness** while prioritizing advocating for conditional medical release in efforts to promote decarceration.

◆ **Prisoners and jail inmates are more likely than the general population to report ever having a chronic condition or infectious disease.**

◆ **High blood pressure was the most common chronic condition reported** by prisoners and jail inmates.

◆ There must be special consideration for the **aging prison population**, creating a need for discussion of advance care planning and end-of-life with older incarcerated adults.

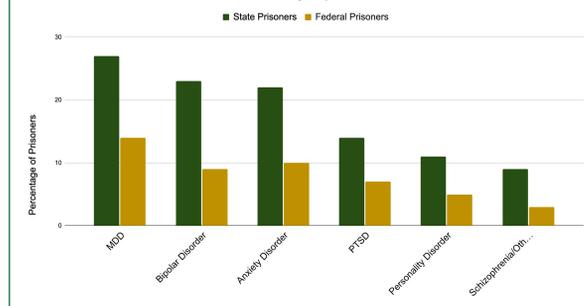
Mental Health

◆ The *Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12* was a special report issued by the Bureau of Justice Statistics analyzing interviews with a national sample of state and federal prisoners in the Survey of Prison Inmates.

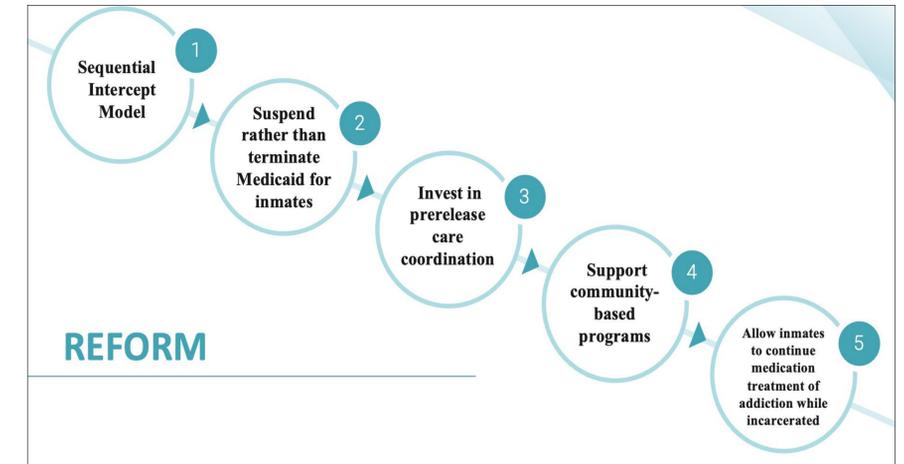
◆ The most common mental illness in state prisoners is **major depressive disorder**, followed by **bipolar** and **anxiety disorders**.

◆ About **43%** of state and **23%** of federal prisoners had a history of a mental health problem

Prevalence of State and Federal Prisoners Reporting a History of a Mental Health Problem, by Specific Mental Disorders



Future Direction



A CALL TO ACTION

IN CORRECTIONAL HEALTHCARE

Discuss the current gaps in medical education and clinical training for correctional healthcare

Specifically define the knowledge and skill sets that encompass the field of Correctional Medicine

Incorporate correctional healthcare education into the era of modern medicine: outstanding medical educators, professional training courses, electives, fellowships

Continue working to remove health care disparities and discrimination in medicine

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