

THE REST OF YOUR LIFE

Medicine's Best Kept 'Secret'

Dr. Marc F. Stern says he feels safer as an internist working in correctional settings than he did in his previous career working for the Veterans Affairs health system.

In that setting, he said, one patient pulled a machete on him in the emergency department. Another tried to open the emergency department door with a chain saw. Someone else came in with a hand grenade and threatened to pull the pin.

"I've never had any of those experiences in prison," said Dr. Stern, an internist who is health services director of the Washington State Department of Corrections. "Health care professionals in prison are very safe. Historically, they've been even safer than the custody staff, possibly because patients view the health care folks as there to help them. There are isolated incidents in prisons. When additional security is necessary, it's provided."

Working in correctional settings is the best-kept secret for physicians with an interest in public health, he said, because the pathology of inmates is wide ranging and the ability to impact their health and well-being is significant, particularly since 98% of inmates return to civilian life. "They become our kids' boyfriends and girlfriends, and our neighbors," Dr. Stern said. "We have an opportunity to affect their health, their health care behaviors, and . . . their social behaviors. This is a population that has a high prevalence of diseases like HIV and hepatitis C. So, while we have them in our midst, we have an opportunity to control the disease and teach them low-risk behavior, so when they come back into our communities, they are less likely to spread disease."

He recalled one cantankerous inmate who came to see him in the prison clinic with a chief complaint of back pain, insisting that he undergo an MRI. "To me, that was a reflection of the fact that he was in pain and he didn't understand a lot about the pathophysiology of back problems and how this should be worked up and treated," Dr. Stern said. "He used his limited health literacy to come in and be demanding."

After a brief physical exam, Dr. Stern drew a diagram for the man of what was going on with his back and explained that his problem was not serious but likely to be chronic and that he would not benefit from elaborate testing. He also provided tips to the man as to what he could do to slow the progression and to manage the pain.

"He said, 'thanks for explaining that to me. Now I understand why I don't need an MRI. I understand the disease. I guess I'm just going to have to live with it,'" Dr. Stern recalled. "I was able to convert somebody who was belligerent and drug seeking and treatment seeking into someone who understood the disease, was

grateful, and less likely to misuse health care resources in the future . . . [or] be uncooperative in their health care usage in the future when they return to the community."

He acknowledged challenges to practicing in correctional settings, including a reliance on tight government budgets and a certain level of animosity from the general public for providing health care to prisoners when so many civilians in the United States lack adequate access to health care.

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"Unfortunately, their animosity is misdirected, because what we should have is access to health care for all Americans, including those who are underinsured or non-insured outside of prisons," Dr. Stern commented. "What

they don't understand is that prisoners have a constitutional right to access to basic health care. That's something the citizens of the United States have said they want through the constitution."

Another challenge is actually providing the hands-on care in correctional settings. "Even when you have the money, it's hard to find health care practitioners who want to work in a prison, so I hope the 'secret' gets out," he said.

Volunteers for the Cause

Dr. John May finds the field of correctional medicine so rewarding that he founded the Florida-based Health Through Walls (www.healththroughwalls.org), a not-for-profit group of volunteers that helps provide sustainable health care in jails and prisoners located in underserved countries.

"Being conscientious in correctional medicine is one of the most important components of delivering good care," said Dr. May, whose program assists inmates in Haiti, the Dominican Republic, Jamaica, Tanzania, Ghana, and other countries. "By that, I mean following through and trying to understand the issues that a patient presents with are more important than the medicine you might prescribe or the work-up that you may order."

He went on to note that while most physicians take care of individuals who are part of a community, physicians who practice correctional medicine attend to a community of individuals.

"If you're the medical director of a facility, you have possibly a couple of thousand residents," said Dr. May, an internist who is chief medical officer of Miami-based Armor Correctional Health Services Inc., a physician-owned company that provides health care in jails and prisons at various locations in the United States. "You're overseeing all of their day-to-day health needs. It requires a lot of system thinking, always looking at the big picture."

Dr. May started working in correctional medicine during his internal med-



Dr. John May, pictured at Haiti's National Penitentiary in Port-au-Prince, founded a not-for-profit group that provides health care to prisoners in underserved countries.

COURTESY DR. JOHN MAY

icine residency at Cook County Hospital in Chicago, where he accepted an opportunity to moonlight at the Cook County Jail.

"I was immediately impressed by the dedicated physicians who worked there," he said. "I saw people who had the same values and satisfaction out of medicine that I was seeking," he said.

Those values include the chance to practice effective preventive medicine such as violence prevention counseling and viewing the provision of health care in correctional settings as a community responsibility. Many patients in these settings "are indigent and don't have regular access to care," Dr. May explained. "If we can provide good quality care during that window while they're incarcerated, it can have a positive impact on the whole community health system. If we fail in the jails, they're going to be worse in the community or use more episodic care. It's more costly that way. There's a lot of preventive health you can do in jails and prisons, such as vaccination programs, counseling, and education."

Dr. May remembers one consultation with an inmate whose chief complaint was nasal congestion so bad that he had no sense of smell. "He said to me, 'I couldn't even smell a dead body if it was in front of me,'" Dr. May said. "That statement represented the hopelessness that he had. I said, 'Why couldn't you say that I couldn't smell a beautiful flower?' That gave him pause for a moment or two. He said, 'I guess this place is getting to me.' We talked a bit about how he's letting that lifestyle consume him, surrounded by all of the negative influences, and I encouraged him to consider more positive ways of living. There's a lot of hopelessness and resignation in jails and prisons. Once they're incarcerated, they've lost their job, maybe their home. It's very difficult to get back on their feet. If they've alienated people in their lives, it's easy to fall back into behavior that will get them back into the jail."

Serious Dermatology Cases

Every Tuesday afternoon, Dr. Norman D. Guzick supervises a group of dermatology residents who provide care to inmates who are bused to the Texas Department of Criminal Justice Hospital, which is connected to John Sealy Hospital on the campus of the University of Texas Medical Branch in Galveston.

"You see some pretty serious cases," said Dr. Guzick, who practices dermatology in Houston. He called the prison population "one of the real drawing cards for the UTMB dermatology residency, because they see some significant pathology here, such as chronic cutaneous T-cell lymphoma, sarcoid patients, and skin cancer. There are a significant number of frail, elderly patients."

The residents go from person to person like they would in any busy dermatology clinic. "They're not put off by it at all," he said. "Sometimes, the patients have very unusual behavior. Others make some stupid remarks, but nothing beyond that."

Most of the inmates are poor and "haven't been provided good health care or good advice about anything," Dr. Guzick said. "In years past, I have gone to the prisons myself and given lectures to their so-called graduating class on sexually transmitted disease. They wanted to be brought up to some kind of speed on STDs before they went out into the free world."

By Doug Brunk, San Diego Bureau

E-MAIL US YOUR STORIES

Does everyone flock to your house for holiday meals? After a stressful day, do you restore your spirits by rolling out perfect pasta dough? Have you had a recipe included in a cookbook? If you love to cook or bake for friends and relatives, please send your story and favorite recipes to d.brunk@elsevier.com.