

THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLEGE DES
MEDECINS DE FAMILLE
DU CANADA

PRISON HEALTH PROGRAM COMMITTEE
COMITÉ DE PROGRAMME SUR LA MÉDECINE EN MILIEU CARCÉRAL

Working as a Physician in Correctional Facilities in Canada

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1.0 Introduction

College of Family Physicians Prison Health Program Committee

The goal of this Committee is to represent the interests of all the members of the College of Family Physicians of Canada (CFPC) who provide care to incarcerated men, women, and youth and their families and communities, including those for whom this is part of their broad scope of family practice and those with a special interest or focused practice. For further information, please contact the CFPC Prison Health Program Committee: prisonhealth@cfpc.ca

Objectives of this document

- To orient physicians to basic aspects of practice in correctional facilities in Canada
- To optimize their experience in clinical practice
- To help them provide excellent care to patients

2.0 Correctional Facilities in Canada

Overview

The federal, provincial, and territorial governments share responsibility for the administration of correctional facilities in Canada. People who are sentenced to less than two years or who are detained prior to sentencing serve time in provincial and territorial facilities, whereas those who are sentenced to two years or longer serve time in federal facilities. In 2011/2012, there were approximately 251,629 adult admissions to provincial and territorial facilities and 8,006 to federal facilities.¹ An average of 40,000 people are in correctional facilities on any given day.² This is equivalent to about 1 in 250 people admitted to a correctional facility in Canada each year.

Health care

Standards for health care in federal facilities are defined in the federal *Corrections and Conditional Release Act*,³ and laws regarding privacy and handling of personal health information are defined in the *Privacy Act*.⁴ No specific legislation for provincial and territorial correctional facilities exists, although relevant provincial and territorial legislation applies as it does in community settings. The expectation is that the health care provided in correctional facilities is equivalent to that in the community, and this principle has been articulated by the United Nations: “[p]risoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation.”⁵

Health care in custody may be delivered by the governmental authority responsible for health, as in Nova Scotia and Alberta, by the governmental authority responsible for corrections, as in federal facilities and in Ontario, or contracted out to a private company, as in British Columbia. Health care is accredited in federal facilities but not currently in any provincial or territorial facilities.

3.0 Practice in a Correctional Facility

Ethical issues

a) Confidentiality

The same ethical and legal obligation exists for physicians to protect the confidentiality of patients in custody as it is for non incarcerated patients.⁶ However, in practice it is often difficult to preserve the confidentiality of people in custody. For example, correctional officers will often be in the room with you when you see a patient. Make every effort to optimize patient confidentiality by asking security staff to leave the room if doing so is appropriate and desired by the patient and do not discuss a patient's health status with security staff. Also, it is generally not appropriate to ask a patient about their criminal charge or to discuss their convictions as this may bias your care, with exceptions such as in a forensic psychiatry assessment. In contrast, information about when a patient was admitted and when a patient will be released from custody is often relevant to your clinical assessment and management.

b) Consent

As with any other patient, informed consent must be obtained for any treatments or investigations, and consent should clearly be documented in the patient's chart.

Clinical issues

a) Burden of disease

Compared to the general population, people who experience incarceration have high rates of infectious diseases, including hepatitis C, HIV, and chlamydia; mental disorders; substance use disorders; and intentional and unintentional injuries. Learn how to identify and manage relevant diseases in order to appropriately care for your patients.

b) Populations of interest

Be aware of patient subpopulations that face particular barriers to accessing health care, such as those with mental health disorders, learning disabilities, and low levels of literacy. Minority groups related to race, culture, ethnicity, age, language, sexual orientation, and socio economic status are often overrepresented in correctional facilities, and the socio economic determinants of criminality can mirror the socio economic determinants of health. An example of this lies in western and central provinces, where high incarceration rates of Indigenous Peoples are attributed to the legacy of intergenerational trauma and colonialism.⁹

Because correctional services are primarily designed to address the needs of men, and women comprise a minority within incarcerated populations worldwide (at 2%-9% of the incarcerated population across countries), use gender responsive approaches with female patients.¹⁰

Learn about safe gender and culture sensitive approaches, and adopt these when providing care; develop knowledge about disease prevalence specific to subpopulations to inform your practice.

c) Formulary

Each jurisdiction has a formulary specific for correctional facilities. Ask for a copy to ensure that your prescribing practices are consistent with what is available.

d) Treat patients with respect

Especially in an environment where people have such limited choices, include your patients as actively as possible in their clinical care. Communicate clearly when they should start or stop medications and specify why these medications are indicated or not. This is good care and can also reduce complaints by patients in custody.

Protect patient privacy during history and physical exam. Whenever appropriate, use draping. Have another health care worker with you in the room during physical exams, especially for genital exams.

Use the term "patient" instead of "inmate" or "offender": "patient" accurately represents your relationship with the people you care for in your role as a physician, and also avoids the negative connotations associated with other terms.

e) Maintain physician-patient boundaries

Be cautious of what you say about your personal life; sharing information with patients can exacerbate power imbalances and may elicit undesired responses, such as anger or excessive familiarity.

f) Behaviour issues and manipulation

Because incarcerated populations have a high prevalence of substance use and personality disorders, carefully consider the benefits and risks of initiating medications that may be abused or diverted. In addition to opioids, benzodiazepines, and stimulants, commonly abused medications include bupropion, gabapentin, and quetiapine. Be sure to set clear treatment goals and expectations, and document these in a treatment contract when appropriate.

It may be helpful to review existing guidelines and discuss standards of practice with your colleagues to promote consistent patient treatment across physicians in your facility or jurisdiction as well as to identify ways to manage challenging behaviours in your patients.

g) Continuity of care

The time of admission may be associated with adverse health effects as patients experience treatment interruptions while their medications are confirmed and as they withdraw from the licit or illicit substances on which they are dependent. Work with facility staff to ensure adequate procedures to identify medications used in the community, to initiate those medications in a timely fashion, and to recognize and treat withdrawal appropriately.

The period after release is associated with a high risk of mortality and morbidity, including from treatment interruptions and resumption of drug use in the presence of decreased tolerance for

opioids. Correctional facilities should have discharge planning in place, including linkage with community based primary care and specific treatments such as methadone maintenance and HIV care.

Security issues

a) General safety and security procedures

Familiarize yourself with institutional procedures. Consider the information and suggestions presented in Table 1.

Table 1. Safety Recommendations

<p>What to bring</p>	<ul style="list-style-type: none"> ● Have government issued identification (such as driver's license) ready to show when you arrive ● Leave your cell phone and money in your car or lock them in facility lockers if these are available ● Cover the belongings you leave in your car so they are well hidden. ● If you want to use your cell phone or portable devices, make sure that you have approval in writing for these items
<p>Identification</p>	<ul style="list-style-type: none"> ● Be prepared to wear a badge. Most facilities require that you wear one so that security staff can easily distinguish visitors from staff and inmates
<p>Contribute to a safe environment</p>	<ul style="list-style-type: none"> ● Do not dispose of pens in the facility. Pens can be used as weapons or equipment for tattooing or injecting drugs ● Report inmate misbehaviours to keep the facility safe for workers and inmates
<p>Protect your personal safety</p>	<ul style="list-style-type: none"> ● Avoid scarves, ties, thick necklaces, or dangling jewellery as patients could grab at these ● Avoid apparel that could interfere with your ability to leave a dangerous situation, for example, high heels ● Use and carry a personal alarm if offered one ● Always establish the best exit when entering the exam or interview room and make sure you can get out easily ● Sit nearest the door. Rearrange the exam or interview room to ensure your safety ● Never turn your back on a patient ● Stand to the side of the food slot if you are talking with a patient through the door of their cell. Be ready to get out of the way if the patient tries to grab at you or throw something through the slot ● Ask correctional officers if they have any safety concerns about a patient. Ask for backup as needed ● Define acceptable behaviour (for example, no swearing or shouting) with your patients. If patients exhibit these behaviours, ask them to leave. This is important as some patients escalate rapidly. Arrange to see the patient at another time to ensure that they have access to the care they need ● During physical examination, such as auscultation, put your hand on the patient's shoulder. If the patient moves suddenly, you will have a warning and be able to push the patient down or away ● Don't disclose personal information. Be cautious when talking with other staff if patients are within earshot
<p>Personal comfort and preparedness</p>	<ul style="list-style-type: none"> ● As there is usually no food to purchase at facilities, eat before going or bring your own food ● Bathrooms may not be easily available and may not be private

b) Relationship between security and health care

Cooperate and collaborate with security staff to ensure your safety and your patients' safety and to facilitate the smooth running of your clinic.

Although your professional mandate is focused on health, there are times when security necessitates that clinical activities do not take place. For example, if security staff have concerns about a patient's behaviour and your safety, they may not allow you to see a patient in person.

c) Physician accountability

Physicians are accountable to professional standards. Although you must comply with institutional policies and procedures, these should not trump professional obligations and ethical practices.

d) Appropriate dress

Consider what is appropriate to wear, noting the security issues specified in Table 1. Avoid clothing that is revealing, tight, or see through as these may elicit comments or other undesired reactions.

Professional Resources

Professional associations

- Prison Health Program Committee, College of Family Physicians of Canada: http://www.cfpc.ca/Prison_Health_What_s_New/
- American College of Correctional Physicians (ACCP), formerly the Society of Correctional Physicians, US based: <http://societyofcorrectionalphysicians.org>
- Academy of Correctional Health Professionals, US based: <http://www.correctionalhealth.org>

Continuing medical education opportunities

- Family Medicine Forum: the CFPC Prison Health Program Committee leads sessions specific to practising in correctional facilities: <http://fmf.cfpc.ca>
- Academic and Health Policy Conference on Correctional Health Care: annual US based conference that highlights best practices and emerging research: <http://www.correctionalhealthconference.com>

Support

The members of the Prison Health Program Committee, College of Family Physicians of Canada, each have experience working as prison physicians. Please don't hesitate to contact us at prisonhealth@cfpc.ca if you would like to discuss your own experiences of prison health care or if you have any questions.

Addendum

Relevant review articles on correctional health

- Review article on the health of prisoners internationally: Fazel S, Baillargeon J. The health of prisoners. *Lancet*. 2011;377:956-965.
- Review article on the health of prisoners in Canada: Kouyoumdjian F, Schuler A, Hwang SW, Matheson FI. The health status of prisoners in Canada: A narrative review. *Canadian Family Physician*. In press.

Useful links

- Correctional Service of Canada homepage: <http://www.csc-scc.gc.ca/index-eng.shtml>
- Corrections and Conditional Release Act: <http://laws-lois.justice.gc.ca/eng/acts/C-44.6/page-24.html#h-33>
- Health Services, Correctional Service of Canada: <http://www.csc-scc.gc.ca/lois-et-reglements/800-cd-eng.shtml>
- Management of inmate self-injurious and suicidal behaviour: <http://www.csc-scc.gc.ca/acts-and-regulations/843-cd-eng.shtml>
- Inmate health care policy: <http://laws-lois.justice.gc.ca/eng/acts/C-44.6/page-24.html#h-33>

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