

Behind Bars: The Challenges of Providing Inmate Health Care

Jennifer Cook

University of North Alabama

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The Challenges of Providing Inmate Health Care

Lyn White once said, “The greatest ethical test that we’re ever going to face is the treatment of those who are at our mercy” (Chandler, 2007). Now, that is a powerful statement. Inmates are completely at the mercy of their caregivers and other employees of the facility in which they are housed. Although many people believe that inmates are not worthy of equal medical treatment, nurses have an ethical and moral responsibility to provide care based on health care standards. However, sometimes this proves to be a difficult task. Due to the daily challenges in a correctional facility, correctional nurses face an array of ethical dilemmas including inmate rights, patient advocacy, and forensic testing.

Inmate Rights

First and foremost, inmates do have rights. They are entitled to the same basic human rights as everyone else. Sadly, this does not always happen when one is incarcerated. Auspiciously, the American Civil Liberties Union (ACLU) is an organization that strives to protect inmate’s rights. Their mission is dedicated to ensuring that our nation’s prisons, jails, and other places of detention comply with the Constitution, domestic law, and international human rights principles, and to ending the policies that have given the United States the highest incarceration rate in the world (Baldwin, 2014). The right to health care privacy is one patient right the ACLU fights to protect. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is the key federal law that shapes the legal environment underlying health information-sharing in correctional contexts (Goldstein, 2012). Retaining medical privacy in a correctional setting is a unique issue due to the significant presence of a correctional officer (chaperone) in some instances. When a chaperone is warranted, it is virtually impossible for a

nurse to maintain the patient's confidentiality. Although HIPAA laws apply to persons incarcerated, there are permitted disclosures of protected health information (PHI). According to Bednar (2003), PHI may be disclosed in this environment if such protected health information is necessary for: the provision of health care to such individuals, the health and safety of such individual or other inmates, and the health and safety of officers or employees or others at the correctional institution. In addition to HIPAA requirements, the 8th Amendment of the United States Constitution applies to inmates, as well. This amendment was proven in the *Estelle v Gamble* case of 1976. This case was and still is the backbone of health care standards in correctional facilities. The court concluded, "Deliberate indifference" amounts to the "unnecessary and wanton infliction of pain" proscribed by the Eighth Amendment (as cited in Global Health and Human Rights Database, 2014). Inmates have the right to fair and timely medical treatment. They do not have to be subjected to lack of medical treatment that will cause them undue harm or pain just because they are incarcerated.

Patient Advocacy

Patient advocacy is yet another area of ethical concern that correctional nurses face on a daily basis. Hunger strikes and caring are both issues that are part of the nurse-patient relationship in the correctional setting. Hunger strikes are relatively common in these facilities; however, more times than not, the inmate stops the strike before any harm is done. As a nurse, it is hard to watch an inmate that is using a hunger strike as a protest because he or she knows the harm it can cause. Unfortunately, nurse or not, there is not a great deal that can be done to stop it from happening. The reason it cannot be stopped is because every patient, including an inmate, has the right to refuse medical treatment. According to Kanaboshi (2014), advance directives are one way to solve the ethical issue of hunger strikes. With an advance directive, the striker's wish

is clearly and voluntarily articulated. On the other hand, if there is not an advance directive in existence and it is in the inmate's best interests to feed him or her, health care providers can feed the inmate until he or she regains competence (p. 133). Further, caring about a patient in these facilities can sometimes be a daunting task. Watson (2009) asserted, consistent with the wisdom and vision of Florence Nightingale, nursing is a lifetime journey of caring, and healing, seeking to understand and preserve the wholeness of human existence, and to offer compassionate, informed knowledgeable human caring to society and humankind (p. 479). It is difficult for a correctional nurse to provide compassion to the inmates, because many correctional officers do not believe that an inmate deserves compassion. This mentality puts a strain on the nurse-officer relationship, and it puts the nurse trying to care for the inmate in another ethical dilemma.

Forensics

Forensics, such as collecting DNA and body cavity searches, are further ethical dilemmas for a correctional nurse. Health care personnel are often asked to perform these duties in a correctional facility. However, according to the National Commission on Correctional Health Care (NCCHC) (2010), the standards hold that health services staff are typically prohibited from participating in the collection of forensic information because of professional and ethical conflicts. These rules make it easier for the nurse to argue the point with the correctional staff without jeopardizing their relationship with them. However, the nurse needs to realize that safety comes first and health care second in these facilities.

Conclusion

Ultimately, it is the nurse's responsibility, regardless of the challenges, to make the correct ethical and moral decisions in regard to the inmate's health care. Linda Fisher Thornton said, "Face the complexity involved in making ethical choices" (Chandler, 2007). There will

always be opposition from correctional staff in a correctional facility due to the sheer nature of the business. It does not mean that the nurse has to sacrifice making the right ethical choice when it comes to providing care for the inmate/s. All individuals deserve to be treated with respect, dignity, and compassion regardless of their lifestyle or individual values (Williams & Heavey, 2014).

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