

## Medical Un-Care?

By Steven P. Arthur

Do prison medical staff members care about their patients? This is a question I have heard asked for many years, but rarely responded to with an informed answer. I have a unique perspective on the subject. Prior to my incarceration, I was employed for over a decade as a paramedic crew member of flight teams that transported critical care patients by aircraft and ambulances similar to what you see everyday, racing through city streets. I had the privilege to work closely with some of the most skilled and knowledgeable medical professionals in the country and in that capacity, I treated and transported prisoners to and from various prisons and hospitals.

Prison medical treatment usually begins in the waiting room. In this particular Federal system, if you have a medical need and are not in extremus or unconscious, the medical department has specific hours that you may report to "Sick Call."

When you arrive at medical, whether by your own power or by gurney, you find yourself in a space the size of a standard living room, with painted cinder block walls, and an occupancy that would give a Fire Marshall chest pains. The first step is to fill out a form indicating your medical or traumatic necessity for care. After waiting up to an hour, you are called back to have your vital signs assessed and briefly explain, to a nurse, your chief complaint (Medical will only treat one complaint at a time). Then you're returned to the waiting room until called back to be seen by a nurse



practitioner or physicians assistant, rarely an M.D. This assessment is a little more in depth, depending on the current issue and whether or not anything can be done right then, but usually amounts to the practitioner sitting at a computer and advising you of the need for your return at a later date for treatment or follow-up care.

What the average prisoner does not typically understand is that this is a medical method called triage. Patients are treated similarly in most medical systems. Triage allows medical staff to prioritize medical needs based on severity and determine who should be treated immediately and who can wait, regardless of who was there first. Treatment shouldn't be delayed for someone with a broken limb or pneumonia, because a person with a cold arrived there earlier.

Consider for a moment, there are roughly 1400 prisoners in the Maximum Federal Prison that I currently reside in. These prisoners are all subject to illness and injury everyday. With an average daily medical staff of less than twenty people, is it any wonder why the medical waiting room is constantly overfilled. It's not that they are ignoring you or don't care; when you have an abundance of patients and limited staff, you have to prioritize.

This same method is used in the field of Pre-Hospital Emergency Medicine with Paramedics. Most often they have only two technicians and sometimes upwards of ten patients in a single auto collision. In extreme cases such as this, they have to make difficult choices. Not all patients can be treated simultaneously, so there is a brief assessment of every patient and the call is made as to who will be treated



immediately, who will have to wait or get no treatment at all. How fortunate we are in prison that we will receive treatment eventually.

After the initial assessment has been made by prison staff, the wait begins to be called back for treatment. When that time comes and you're called to medical, usually much later than expected, days, weeks or even months have past. Often, the primary complaint has subsided or you assume they have forgotten about you, but you report at the appointed time. If you don't, not only can you be written up, but you probably won't be scheduled again anytime soon, if ever.

So your back in the dismal medical waiting room of perpetual noise and boredom, but you made it. Finally, they are going to fix whatever ails you. The same process is followed as before, with vital signs and then back into the waiting room until called by the doctor.

Usually hours later, you find yourself in an exam room with the doctor. You explain what the problem is and he seems only half interested as he clacks away on the computer and asks the occasional question, some of which you can't imagine are relevant. Then he gives you what advice he is going to, briefly explains his diagnosis and treatment plan of medication or therapy and tells you to have a nice day and ushers you out. All seeming very mechanical and all too brief.

But what the prisoner typically doesn't understand is that the doctor is a professional who has most likely seen this particular ailment many times before. They don't call it practicing medicine for nothing. He was asking you questions



and simultaneously going through a mental checklist of training and experience, narrowing down possible diagnosis' and treatment plans. It wasn't that he was disinterested in your pleas for help or cries of pain. He sympathizes, but he can't get caught up in emotion or he will never be able to do the job.

When the nurses and doctors don't seem to be completely there or they're not all smiles and laughs, don't take it personally, they are just doing the job and being as efficient as possible.

Do medical staff in prisons care? Yes. I believe they do. They generally treat prisoners just as they would anyone in the public. The difference is in how the patients treat prison medical staff. All too often the prisoner population are selfish and seem to forget that while they are indeed entitled to medical care, they are not entitled to special care. Medical staff are human too. They have bad days, get tired, forget and make mistakes. But they do the job and for the most part do it well, despite having restrictions placed upon them because of the unique situation of their patients.