

Cellular breast cancer healthcare

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Dawna Komorosky and Silvina Ituarte of the Department of Criminal Justice Administration at California State University, in Hayward, recently brought to light an issue of which one hears very little – the health of the incarcerated. Specifically, they have looked at the American and European prison systems which focus on incapacitation and punishment, and report that healthcare for women in prison is often poor.

They suggest that many female inmates have histories of abuse, poor quality of life, and limited medical attention before they even enter the prison system and so arrive with factors that put them at risk of [breast cancer](#). The pair alludes to the fact that this is not appropriate for a modern correctional system regardless of the crimes involved and they have eight recommendations that implemented should allow women to follow a healthy rehabilitation:

1. Since women entering prison are less likely to receive mammograms or access [preventative care](#), it is imperative that correctional facilities address a woman's unique health concerns by providing frequent opportunities for preventative education and screening of breast and cervical cancers throughout incarceration.

2. The use of telemedicine and telecare should be considered for bolstering healthcare in regions that lack resources.

3. Organisations such as The Breast Health Global Initiative and Middle East Partnership Initiative must be recognised as important in helping

[low income countries](#) promote breast health awareness.

4. Correctional staff working in either security or health-related capacities must be informed and trained to recognise the psychological factors that hinder a female inmate's ability to accept prevention education or treatment from prison medical staff and correctional officers.

5. An inmate's history with abuse or maltreatment must be comprehended and validated in order that any educational or treatment services be delivered compassionately and successfully.

6. Inmates living with a breast cancer diagnosis need support systems in order to facilitate the survival and coping processes.

7. Correctional institutions can facilitate the creation of support groups for incarcerated women who have a history of trauma and are diagnosed with breast cancer.

8. Incarcerated women who are diagnosed with terminal cancer need access to hospice services that assist in easing the end-of-life progression. All persons ought to be afforded at least a minimal level of comfort and dignity in their final moments, regardless of freedom status.

More information: Komorosky, D. and Ituarte, S. (2013) Breast cancer and incarcerated women: risk, prevention, and coping in prison, *Int. J. Qualitative Research in Services*, Vol. 1, No. 2, pp.113–124.

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