

Study: NYC health workers' ethics are compromised in jails

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In this March 16, 2011, file photo, a security fence surrounds the inmate housing on New York's Rikers Island correctional facility in New York. The two-year study at New York's sprawling jail complex concluded with a bold recommendation to remove health workers entirely from the most contentious dilemma they face, whether to put an inmate in solitary. That's because many doctors believe the confinement, which involves 23-hour stretches of isolation, could harm inmates. (AP Photo/Bebeto Matthews, File)

New York City jail health workers say their medical ethics are often compromised by the demands of treating patients who are also prisoners,

such as when they witness guards' use of force or are asked to approve stints in solitary confinement, according to a first-of-its-kind city study.

The two-year study at New York's sprawling Rikers Island jail complex concluded with a bold recommendation to remove health workers entirely from the most contentious issue they face—whether to put an inmate in solitary. That's because many doctors believe the confinement, which involves 23-hour stretches of isolation, could harm inmates.

"Whatever the security reasoning for placement in such units, the participation of health staff in this process is cumbersome, time intensive, of questionable value and does not reflect a patient-health provider interaction that is in the patient's best interest," city health officials write in the study, set to be published in the June issue of the Health and Human Rights Journal.

Corrections officials didn't comment on the study's recommendation, but a spokeswoman for jails Commissioner Joseph Ponte said in a statement that in the past year, corrections and health officials have worked to improve conditions and reduce the use of solitary, including creating therapeutic housing units for seriously mentally ill inmates who have trouble following jailhouse rules.

Tension between jail guards, who focus on enforcing order, and health workers, who have taken an oath to protect patient health, exists in lockups across the country.

But experts have specifically cited such competing priorities as a problem that has played a role in neglect and poor treatment at Rikers Island. The 10-jail complex employs more than 9,000 guards and 1,400 health workers; 40 percent of the roughly 11,000 inmates have a mental health diagnosis, and many come in with long-untreated health problems.

The Associated Press reported last year that breakdowns in procedures and protocols may have contributed to nine of 11 suicides at Rikers over the past five years. And the AP also uncovered documents over the same period that questioned the quality and timeliness of care in 15 inmate deaths that had been considered purely medical.

Correctional health experts say the Rikers [health worker](#) study—based on a review of thousands of health records, survey responses, focus groups and interviews with 19 patients who hurt themselves while locked away—is perhaps the most comprehensive documentation in a U.S. correctional setting of the "dual loyalties" phenomenon.

"A bedrock principle is that the physician's primary ethic is to act in the interests of the patients," said Dr. Scott Allen, a professor at University of California Riverside School of Medicine who formerly served as the top medical official in Rhode Island's prisons. "These conflicts are built in to jails and prisons because of the conflicting missions of what security needs to do versus what medical needs to do."

At Rikers, the study found more than one-third of [mental health workers](#) feel their ethics are regularly compromised. It also found health workers' independence is routinely challenged by guards' use of force, solitary and even more mundane, daily security practices.

In a survey, more than 90 percent of health workers said they had treated an inmate for injuries noted in an official report as resulting from an inmate-on-inmate fight while the inmate claimed he had actually been beaten by guards.

About 70 percent of those health workers said they would either ask the guard to leave or call a supervisor, while 13 percent said they would ask the inmate to sign the report as is, while documenting the inmate's account in the electronic health record.

A common theme is that inmate complaints of physical or mental illness are taken seriously by health workers but viewed by guards as faking to get out of punishment, particularly solitary confinement, known on Rikers as "the bing."

Electronic health records examined in the study show that jail health workers often struggle with what to do with inmates who threaten to hurt themselves if put in solitary—even if they were thought to be a low risk of actually committing suicide.

Those inmates are referred to by guards as "bing beaters."

"Don't tell us that this inmate who came in fine yesterday and didn't have no problems, all of the sudden now that it's time to go to the bing, he's got psychological problems," said Norman Seabrook, president of the Correction Officers' Benevolent Association.

About 16 percent of health workers said they've heard of or seen guards beating inmates in a clinic, and they acknowledged in focus group discussions that they worried about retaliation if they reported such brutality.

"People don't feel supported here, so they have a mentality of: 'If I don't see anything, then I don't know anything. And that protects me,'" one health worker said in a focus group.

Gabriel Eber, a lawyer with the American Civil Liberties Union National Prison Project, who has worked on the issue, said corrections systems across the country should conduct similar studies.

"Above all considerations, the goal of any correctional health care system should be to meet the needs of a patient," he said.

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