## when I saw you in prison a student's experience of prison medicine

Sammy Mercer reports on two days in prison medicine



I was to work in two category C (low level security) prisons. Arriving for my first day I was struck by how the prison looked more like a youth hostel, albeit one surrounded by razor wire and bars. Even in a category C prison, security is still tight. Everyone has to go through an air lock, phones and memory sticks are not allowed and strict rules govern the carrying of prison keys.

for two days.

I was nervous when the first prisoner walked

in to our morning surgery. Even in low security prisons there are a whole range of prisoners, from murderers to drug addicts. I was pleasantly surprised when the prisoner walked in with a smile and shook my hand. In fact, more patients shook my hand in prison than I think had in the last four months.

The morning passed with some interesting pathology: a femoral artery aneurysm, a skin graft from where a prisoner had shattered his ankle jumping from a three storey building, and gynaecomastia. There was also a lot of chronic pain; a significant minority of prisoners have 'shooting pains', often resulting from RTCs many years ago. This may be more due to prisoners wanting tramadol, pregabalin and gabapentin for their euphoric and anxiolytic effects. Perhaps it is not surprising that people locked in a 180x240cm cell for up to 22 hours would want something to sedate them.

The afternoon brought a code red call - a prisoner attempting to cut his ear off.

**ISSUE 44:2** 

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Deliberate self-harm is common in prison, probably reflecting high levels of boredom and psychiatric illness. Fortunately the prisoner wasn't able to make more than a few lacerations to his ear. After this adventure the medical officer and I did a ward round on the segregation wing. We encountered more self-harming, as well as more mundane things such as acne.

My second day consisted of another general surgery and a sex offenders clinic. Sex offenders are considered to be at high risk of attack by other prisoners, so they are housed on separate wings and kept apart for their clinics. The sex offenders proved to be some of the most interesting characters. They tend to be older and much better educated than the average prisoner. Surprisingly, many of them also have wives and children. Consequently the sex offender clinic consists mainly of geriatrics and chronic disease management. Another interesting thing about sex offenders is that there is a significant level of denial amongst them about the crimes they have been convicted of. For example, one convicted sex offender was classified as so dangerous that he had been given an indefinite sentence for public protection. Despite being three years into his sentence he still denied his crime.

Prison medicine holds many opportunities. Access to the chaplaincy means spiritual healthcare can be included easily in your consultation. Amazingly, the prison library contains books all about former criminals turning to Christ. I think a lot of prisoners are actually more open to the gospel than the general public. When you have hit rock bottom and are incarcerated, it can be easier to realise

how much you need a saviour. Prisoners also seem to realise their sinful state more than most of us.

The Bible is clear that we all have broken the law of God and so deserve judgment. When I walked out of prison on my first day I have to say that the air never tasted so free and good. This is how we should feel every time we think about the cross. After all, it is the death of Jesus that has set us free from the eternal prison sentence we deserve. It is amazing when you come out of prison how the little things are so profound, for example choosing when you have breakfast, what you do with your day and even what clothes you wear. The life and crucifixion of Jesus allows us these freedoms and even more!

Prison medicine holds challenges too.
Firstly you are working with dangerous people.
Sometimes you will need a large number of hypertrophied prison officers to escort you to see a prisoner. Also, getting inmates out to hospital appointments is very difficult. All prisoners must be accompanied by prison officers, so hospital visits are limited by the number of staff. Appointments can be cancelled if the staff aren't available, or if a more acute appointment takes precedence. Additionally, medicines have to be ordered in daily, as there is not always an on-site pharmacy.

In conclusion prison medicine is challenging but very rewarding. It is a great place to be a Christian, spiritual life is not brushed out of the way but can be actively engaged with. It is a humbling experience and will definitely make you count your blessings. I encourage everyone, no matter what your speciality to do at least one day in prison medicine.

ISSUE 44:2