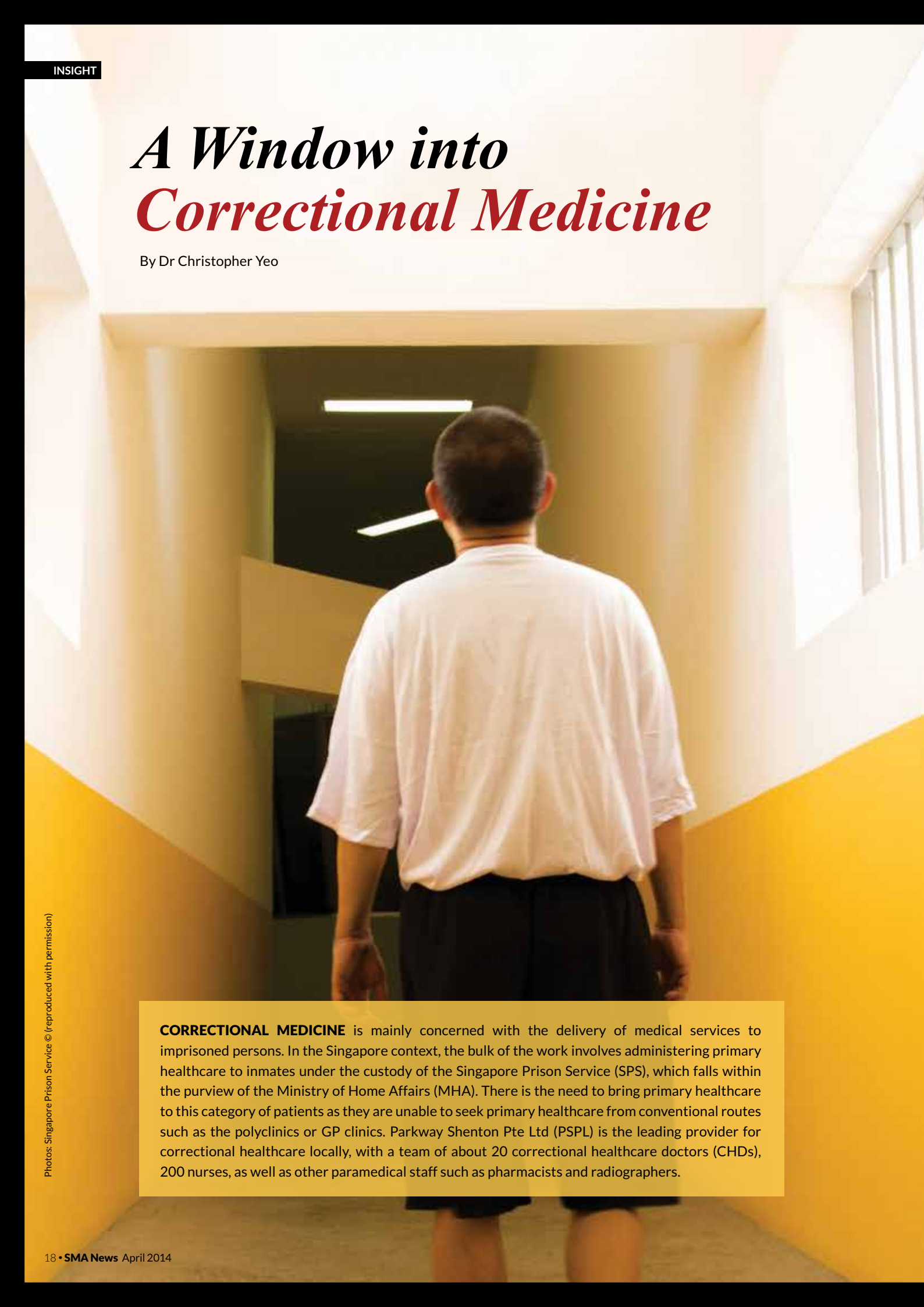


A Window into Correctional Medicine

By Dr Christopher Yeo



CORRECTIONAL MEDICINE is mainly concerned with the delivery of medical services to imprisoned persons. In the Singapore context, the bulk of the work involves administering primary healthcare to inmates under the custody of the Singapore Prison Service (SPS), which falls within the purview of the Ministry of Home Affairs (MHA). There is the need to bring primary healthcare to this category of patients as they are unable to seek primary healthcare from conventional routes such as the polyclinics or GP clinics. Parkway Shenton Pte Ltd (PSPL) is the leading provider for correctional healthcare locally, with a team of about 20 correctional healthcare doctors (CHDs), 200 nurses, as well as other paramedical staff such as pharmacists and radiographers.

Most of the doctors who enter the correctional healthcare service hold either the Master of Medicine (Family Medicine) or the Graduate Diploma in Family Medicine. Other CHDs have many years of hospital experience and hold postgraduate qualifications, such as the Membership of the Royal College of Physicians, Membership of the Royal College of Surgeons, Master of Medicine (Surgery). These CHDs can provide valuable advice on certain cases, which greatly decreases the need for referrals to our specialist colleagues.

The CHDs' transition from community-based to correctional healthcare is actually smoother than most outsiders would think. This is because all CHDs have some form of experience working in the public sector, and the level of primary healthcare in that sector sets the benchmark for the standard of medical care in prison. Simply put, if a medical condition can be managed in a typical polyclinic, CHDs would similarly be able to do so. In addition, the Complex Medical Centre (CMC) gives CHDs more management options. The CMC functions as a step-down care facility for patients who have been recently discharged from hospital, and also allows patients who may not be sick enough to require hospital admission to be closely monitored.

In the prison environment, the CHDs' recommendations are often viewed with great importance and usually approved by the prison authorities. For example, the standard drugs list in prison strictly follows the Ministry of Health's, but the CHDs are not limited to it. In situations where non-standard drugs are deemed necessary, no efforts will be spared to obtain them for the patients.

Initially, as a new CHD, I found it difficult to modify my way of practising Medicine in the unique prison environment. My current style of practising is very different from the time I was working in the polyclinics. Right from the first year of medical school, we were all taught the importance of good communication and building rapport with patients in order to facilitate the delivery of medical care and to mitigate medico-legal risks. While two-way communication is still important in correctional healthcare, I however need to avoid being over-friendly while still ensuring that I deliver the quality healthcare that inmates are entitled to. It is an art to be able to stay firm in clinical management, and at the same time, manage the emotions that inmates experience during their incarceration.

The safety of all staff and inmates is of utmost priority to SPS and PSPL, so critical guidelines have been implemented to ensure this. For example, prison officers are stationed within the premises when CHDs conduct consultations with and treatments for inmates. The issuances of certain items, such as long bandages or orthopaedic splints and braces, are also considered security risks as they may be used as



weapons by inmates. Therefore, CHDs have to often take into account any operational or security concerns wherever medically permissible.

Apart from providing primary healthcare that is similar to that of a typical polyclinic or GP clinic, CHDs may also have to assume additional responsibilities distinct to the prison environment. The Singapore Corporation of Rehabilitative Enterprises (SCORE), a statutory board under MHA, aims to enhance the inmates' employability so that they can secure gainful employment upon release, and this would in turn allow ex-offenders to earn a living, support their families, and more importantly, lower the recidivism rate. CHDs assist SCORE by deploying the inmates to vocations that are suitable with regard to their levels of medical fitness.

In particular, PSPL allows their CHDs to have flexible schedules. Some of my colleagues who have more family or personal commitments are just working office hours of 8 am to 5.30 pm from Mondays to Fridays. Others who wish to work more hours can run evening clinics or provide on-call duties. Apart from the attractive remuneration or work-life balance it can offer, such a distinctive work environment can be a real challenge and an eye opener. Working as a CHD offers me a chance to appreciate the other extreme end of society which would otherwise go unnoticed by most doctors. ■



Dr Christopher Yeo graduated with MBBS from the National University of Singapore (NUS) in 2009. He then proceeded to obtain the Graduate Diploma of Family Medicine (GDFM) from NUS in 2013. He is currently a correctional healthcare doctor with Parkway Shenton, practising in Changi Prison.