

# MISE AU POINT / IN-DEPTH REVIEW HEALTH CARE OF PRISONERS IN LEBANON

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**ABSTRACT • Background:** Prisoners are vulnerable to several health problems because they are incarcerated in a closed facility leading to many communicable and chronic diseases. Due to prison congestion, the increased number of older inmates and disease epidemics, prison healthcare services need to be evaluated. **Objective:** The purpose of this study was to assess the perception of health care providers related to the medical conditions and care of inmates in two prisons in Lebanon (Roumieh and Baabda) and one medical center (Araya). **Methodology:** A cross sectional design using a structured survey related to the health care system and the management of chronic diseases in prison was conducted with the health care providers. In addition, actual observation of the prisons was done. **Results:** Eighty percent of health care providers surveyed indicated that they had an inpatient unit on site and 93% indicated that they have a registry of patients with diabetes, asthma and hepatitis. However, if a patient has two co-morbid conditions then his/her medical file is placed in one filing cabinet making the management of both health conditions difficult. There was limited provision of care for psychiatric illnesses especially in critical incidents. The most common chronic condition reported by respondents was diabetes followed by ischemic heart diseases, hepatitis and asthma. **Observation of prisons:** The prisons were over-crowded with limited access to health care. There is no computerized medical system and transfers to an emergency department often ends with a calamity. **Conclusions:** With an increasing number of people in prisons, attention should be paid by the government to allocate funds to the care of inmates albeit difficult in countries suffering from economic strains.

Keywords : prisons; prisoners; health care

## INTRODUCTION

Over 11 million people are in prisons worldwide and the number is steadily growing. Since 2000, prison populations have grown by 20% worldwide, higher than the 18% increase in the general population over the same period with an overrepresentation of women prisoners [1]. There has also been an increase in the number of older inmates which translates into an increase in the prevalence of chronic diseases.

In addition, the high turnover of inmates makes tack-

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**RÉSUMÉ • Contexte :** Les détenus sont vulnérables à plusieurs problèmes de santé parce qu'ils sont incarcérés dans un établissement fermé, ce qui entraîne de nombreuses maladies transmissibles et chroniques. En raison de la congestion des prisons, de l'augmentation du nombre de détenus âgés et des épidémies de maladies, les services de santé pénitentiaires doivent être évalués. **Objectif :** Le but de cette étude était d'évaluer la perception des prestataires de soins concernant les conditions médicales et les soins aux détenus dans deux prisons (Roumieh et Baabda) et un centre médical (Araya). **Méthodologie :** Une conception transversale utilisant une enquête structurée liée au système de soins de santé et à la gestion des maladies chroniques en prison a été réalisée avec les prestataires de soins. En outre, une observation des prisons a été effectuée. **Résultats :** 80% des prestataires de soins interrogés ont indiqué qu'ils avaient une unité d'hospitalisation sur place et 93% ont indiqué qu'ils avaient un registre des patients atteints de diabète, d'asthme et d'hépatite. Cependant, si un patient a deux conditions comorbides, son dossier médical est placé dans un classeur, ce qui rend difficile la gestion des deux problèmes de santé. Les soins pour les maladies psychiatriques étaient limités, en particulier dans les incidents critiques. La maladie chronique la plus fréquemment signalée était le diabète, suivi des cardiopathies ischémiques, de l'hépatite et de l'asthme. **Observation des prisons :** Les prisons étaient surpeuplées avec un accès limité aux soins de santé. Il n'y a pas de système médical informatisé et les transferts vers un service d'urgence se terminent souvent par une calamité. **Conclusions :** Avec un nombre croissant de personnes incarcérées, le gouvernement devrait être en mesure d'allouer des fonds à la prise en charge des détenus, bien que cela se révèle difficile dans les pays souffrant de tensions économiques.

Mots-clés : prisons; prisonniers; soins de santé

ling prisoners' health problems and effective management of chronic diseases difficult [2]. Prisoners are vulnerable to several health problems because they are incarcerated in a closed facility leading to many communicable and chronic diseases, more so currently with the COVID-19 pandemic virus threat. Due to prison congestion and the increased number of disease epidemics, health care for convicts is under increased societal pressure to be efficient and effective [3].

Health care providers must be professional, altruistic, motivated and updated, despite the constraints and limi-

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tations in prison settings [1-2,4]. According to the World Health Organization (WHO) recommendations, national and regional governments should provide prisoners with the best possible health care, free of charge, even in times of substantial economic difficulty [5]. The management of chronic and mental illnesses is essential as prisoners should receive the same standard of care that they receive outside prison; however, this is rarely the case even in high income countries [6-8].

Moreover, the provision of primary health care services in prisons is minute in comparison to health care outside prisons, with limited studies in low and middle income countries. In Lebanon, only four studies were found related to the health care of prisoner: one looked at available recommendations to prevent HIV [9], one assessed the prevalence of torture and posttraumatic stress disorder in women prisoners [10], and a third assessed the poor health conditions and over crowdedness in jails [11]. A fourth study in 2015 focused on severe mental illnesses among inmates in a major prison in Lebanon found a prevalence rate of 5.7% [12]. This percent is higher than the prevalence in the general Lebanese population, recorded at 1.5% [9], and higher than the prevalence of psychotic disorders in other Middle Eastern countries: 3.1% in Iran [13] and 2.5% in Egypt [14] and higher than psychotic disorders from 12 Western countries at 3.7% [15].

Lebanon has 21 prisons, out of which four are specific to women, and two dedicated to minors. The majority of prisons have not been reconditioned for over a decade and do not meet the minimum requirements stipulated by the United Nations [16].

Mental health services are barely available to inmates since no screening of mental health is conducted before or during the incarceration period. Furthermore, no psychiatry unit is available at Lebanese prisons except for a small building in one prison (Roumieh).

The prison in Roumieh accommodates men only and was designed to hold 1050 inmates but currently houses 5,500 prisoners. This prison has different buildings with several cell units, each cell holding 100 to 150 prisoners with one to two bathrooms and no isolation rooms are available. Baabda prison accommodates 100 prisoners, while it is equipped for a maximum of 35. As the prison population continues to grow, along with an increase in the number of older prisoners, it is important to gain accurate estimates of the prevalence of chronic conditions among the prisoners in order to recommend appropriate health care services.

### **Objectives**

Since no studies were found on the provision of health care of prisoners in Lebanon, this study was designed to

assess the perception of health care providers related to the medical conditions and care of inmates in two prisons in Lebanon (Roumieh and Baabda) and one medical center (Araya). In addition, the principal investigator (PI) observed the facilities in three prisons.

### **Specific aims of the study**

1. To describe the primary health care services available in prisons.
2. To assess the most common chronic health conditions.
3. To evaluate how health care is provided to prisoners.

## **METHODS**

### **Design**

A cross sectional descriptive design using a structured survey related the health care system and management of chronic diseases in prisons was conducted.

In addition, actual observation of the prisons was done by the PI.

### **Setting**

The surveys were conducted at two major prisons: Roumieh and Baabda, and one medical center (Araya).

### **Procedure**

The principal investigator interviewed 21 physicians, nurses, a physiotherapist, and managers of prisons who were willing to be participants in the study after approval from the internal security forces administration to enter and complete the survey with the health care providers in Roumieh & Baabda prisons and at Araya medical center.

Meeting appointments with the three centers were scheduled by a previous phone call by the PI who surveyed the health care providers and toured the prisons to observe the facilities..

### **Instrument**

The instrument used to collect data was obtained by permission from an author who conducted a study in England [17]. It contained questions related to health services provided to prisoners; issues faced by health care providers; chronic illness management; anxiety and depression management; transfer of prisoners and training of health providers.

## **RESULTS**

### **Results of the survey**

Eighty percent of respondents indicated that they have an inpatient medical care unit on site and 93% indicated that they have a registry with files on every patient with diabetes, asthma and hepatitis.

However, if a patient has two comorbid conditions then his/her medical file is placed in one filing cabinet making the management of both health conditions problematic.

Upon admission, a blood sample is taken from every prisoner to check for HIV, hepatitis, and tuberculosis. Only 5% of respondents indicated that they had carried out a satisfactory survey of the health care services in the past two years. All participants indicated that they have a medically assisted detoxification service in the prison; however, 53.8% stated that they did not have adequate care for psychiatric illnesses especially for critical incidents and 46% indicated that the prison does not provide help for prisoners with anxiety or depression. In addition, over 80% of respondents said that they did not have any formal training to manage psychiatric illnesses.

The most common chronic condition participants reported were: diabetes followed by ischemic heart disease, asthma and hepatitis. However, this information was not based on any accurate statistics, but rather on recall.

The health care providers commented that there was a dire need for daily doctor's visits to care for sick inmates, a need to decrease the number of prisoners per room, to add isolation rooms, to increase the number of toilets, to provide sessions about hygiene and about drug addictions. They also complained about the lack of organized physical activities for prisoners, inaccessible medical supplies, medications and vaccines. One of their main concerns was also the difficulty in transferring inmates in critical conditions to hospitals due to limited numbers of health care providers and inaccurate health records.

### **Results of the observation**

In Roumieh, the crowded conditions, the lack of hygiene and the poor maintenance of the grounds are evident. Doctors with different specialties, visit once or twice a week with different schedules, whereas the general practitioner is available 24 h a day.

There is no computerized medical system in Roumieh, thus, if additional time is required to manage a prisoner's acute health condition or his/her transfer to an emergency department (ED) or hospital, a tragedy may occur. For example, an inmate with a life threatening situation such as a myocardial infarction, may never make it to the hospital or an emergency room.

Every building in Roumieh has its own pharmacy, with a pharmacist available and medications stored in each building with the prisoners' names. The nurses in charge in every building obtain the medications from the main pharmacy, and store them in categorized drawers along with the prisoner's medical file. Categorization is

based on medical conditions; for example, there is a diabetes drawer, an hypertension drawer, an asthma drawer, etc. However, if a patient suffers from two diseases, his/her file may be placed in one drawer leading to errors in medication administration and mismanagement of the illness. The nurse in charge gives their medications to the prisoners under the supervision of a military person to protect the nurse who may be attacked by prisoners. Only anxiolytics and antidepressants are given daily to patients while other medications are given by sachets of 10 tablets for the next 10 days. The physician renews prescriptions monthly. Nurses are allowed to give some medications without consulting the doctor such as painkillers, antibiotics or laxatives. This enables prisoners to visit the emergency room frequently to ask the nurse for such medications. Exceptions are for detoxification drugs which the family must provide, or a prisoner is transferred to a detoxification center.

There is a single emergency room which contains one stretcher and an emergency crash cart which is scarcely equipped with the necessary medications. If the doctor on call deems that a prisoner needs hospitalization, he/she writes a transfer order and the prisoner is transferred accompanied by a military personnel since there are not enough health care providers to spare for transportation. Inmates with cancer receive chemotherapy free of charge; however, if they suffer from neutropenia there are no isolation rooms to host them. A psychiatrist visits twice or three times a week which according to the respondents is not sufficient to meet the needs of the inmates.

The medical team in Baabda is comprised of three nurses rotating different shifts, and two doctors who serve one or two days a week. One psychotherapist visits once a week. A physician is not available 24 hours a day; however, doctors are on call in case of emergencies. There is no pharmacist available and medications are provided by the internal security forces (ISF). Nurses obtain the medications from the ISF, store them in a locked cabinet at the prison site and dispense them as prescribed by the physician. In case of a change of a prisoner health status, either the physician on call is informed or the patient is transferred to Araya medical center for further evaluation.

There is no emergency room at Baabda prison; emergency cases are sent to contracting hospitals. Moreover, no detailed registry was noted that provides information about the medical conditions of patients. Nurses use their recall to treat patients.

At Araya medical center there are multispecialty clinics, with doctors in several specialties including cardiology, dermatology, orthopedics, general surgery, otorhinolaryngology, gastroenterology, family medicine and

psychiatry. However, attendance of physicians at these clinics is random and not scheduled.

#### DISCUSSION

The results of this study, the first conducted in Lebanon about the health conditions of two prisons and one prison medical center in Lebanon, provided evidence of the pitiful conditions of our prisons. One of our aims was to assess the prevalence of chronic diseases in two prisons and one medical center; however, due to a lack of electronic files or accurate registries that was not possible to obtain.

Based on the information provided from the respondents, it appeared that there was a high prevalence of diabetes, followed by ischemic heart disease, asthma, and hepatitis. This is in accordance with several studies conducted in other countries where an increase in chronic illnesses was reported along with a decrease in communicable diseases [18-22]. In agreement with earlier studies, a multicenter descriptive study in Spain with 1,077 prisoners from nine prisons found that 68% had various chronic illnesses that were the major causes of mortality. The major risk factors were smoking, which occurred in 70.4% of prisoners, obesity, which occurred in 51.9% of prisoners, and dyslipidemia which was present in 43.2% of prisoners. These are modifiable risk factors that can be prevented through sound health education and appropriate care [6]. Likewise, studies conducted in Italy about health conditions in prisons showed a higher prevalence of chronic diseases with the majority of prisoners rating their health and perceived quality of life as poor, and 60 to 80% suffering from at least one chronic illness. The most frequent illnesses were mental disorders, joint pains, digestive, infectious and cardiac diseases [8].

There was limited provision for psychiatric care services in the two prisons observed. It is well documented that prisoners have a high prevalence rate for psychiatric illness compared compared to the general population [19-20] especially in low to middle income countries [23]. Although we did not get an accurate estimate of the prevalence of mental disorders from the participants or from our observation, there is certainly a dire need for screening for mental health disorders in order to provide appropriate care. This is recommended by Article 232 in the Lebanese Penal Code that states that “insane” prisoners should be incarcerated in a special psychiatry unit until the appointed tribunal decides to end such incarceration upon evidence of “cured from insanity” [9]. While most prisons in middle and high income countries provide care for psychiatric disorders or drug dependence [2, 7-8], in Lebanon, over a half of the respondents (53.8%) indicated that no such care was provided. In addition, while

most prisons in high income countries train nurses to provide such care [2,15,24], there was no such training for nurses working in prisons in Lebanon.

There was no electronic system for monitoring patients or accurate medical records which prohibits some prisoners from receiving adequate care and limits the transfer of information to outside care facilities. This is unlike most prisons in high or middle-income countries where most prisons have an electronic data system to monitor inmates [10,25]. The lack of accurate records leads to the mismanagement of health problems in inmates.

The United Nations [16] recommend that all prisoners should have access to the health services available in that country on an equitable basis, without discrimination on the grounds of their legal situation. Unfortunately this recommendation was not applied in our study probably due to the strenuous economic conditions in the country.

#### Limitations of the study

The major strength of this study is that it is the first to interview prison health care providers to gain information on their perception of the health care of prisoners in Lebanon. However, there are several limitations worth noting. Data collection was difficult especially in Roumieh prison because of the security measures taken. There was no registry available so accurate data on the prevalence of chronic or communicable diseases could not be obtained. The survey we used relies on the opinions of respondents and may not have provided objective data. And finally, only two prisons and one medical center were included which limits generalizations to other prisons.

#### CONCLUSION

Our findings confirm the insufficient medical care inmates receive which often results in pain and suffering. With an increasing number of people in prisons, attention should be paid by the government to allocate funds to the care of inmates, albeit difficult in countries suffering from economic strains. Mental health problems are not sufficiently identified or addressed with a dire need for more psychiatrists to provide appropriate care. Our results also indicate that adequate filing and registration of chronic illnesses are not adequate which prevents detainees to receive proper consultation and medication treatment.

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