Caring for the Incarcerated: An Orthopedic Perspective

To the Editor:

I read with interest the guest editorial “Caring for the Incarcerated: An Orthopedic Perspective,”1 which appeared in the December 2013 issue of Orthopedics. I congratulate the authors on discussing the issue of caring for the incarcerated and sharing their experiences.

One aspect of the care of prisoners that was not highlighted in this guest editorial is the logistic aspect. Several variables play into the access to care, provision of care, and follow-up care of this patient population. Depending on the level of security of the prison facility, the atmosphere inside the prison, and the administrative and security protocols followed to make a decision to refer to orthopedics, schedule appointments, arrange for transportation, and authorize further care, musculoskeletal conditions and injuries may be underreported, underestimated, undertreated, and delayed.

Prisoner transport services have a well-defined capacity, which, when reached, places all other scheduled transportations on hold. At times, unexpected events occur in prison, and all scheduled transportations get cancelled until order has been restored. Inmate transfers occur with no consideration for planned or ongoing orthopedic management, causing delay, interruption, and loss to follow-up before the patient has been released by the provider. For the above reasons, I have experienced delayed presentation for inmates and have seen many missed follow-up visits. I have had prisoner-patients not brought in for their scheduled surgeries, and others lost to follow-up for months, or forever.

Again, I thank the authors for their contribution and hope my letter highlights another side of the care of the incarcerated.

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The author has no relevant financial relationships to disclose.

REFERENCE


Reply:

My colleagues and I thank Dr Sraj for his insightful comments and agree that it is challenging to guarantee timely follow-up care for prisoners. Logistical concerns must be taken into account when deciding the treatment course most likely to succeed. Definitive procedures that have low complication rates and do not require close monitoring are favored in most situations.

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