



## PRISON HEALTH PROGRAM COMMITTEE SPRING 2016

### PRISON HEALTH IN ACTION

Recent Canadian Family Physician publication of interest:

Our Committee research representative, Fiona Kouyoumdjian, and colleagues recently published a comprehensive review on the health of people in jails and prisons in Canada. See the March, 2016, edition of the *Canadian Family Physician*, [www.cfp.ca/content/62/3/215.full](http://www.cfp.ca/content/62/3/215.full).

Are you interested in speaking with local medical students or residents about prison health? If yes, please contact us at [prisonhealth@cfpc.ca](mailto:prisonhealth@cfpc.ca). We are currently developing a list of speakers, which we hope will facilitate the inclusion of prison health in the curricula of postgraduate and undergraduate medical education programs in Canada.

### UP TO THE MINUTE

The Committee has developed two strategic documents:

*Best Practices for the Recruitment & Retention of Physicians in Correctional Facilities: Checklist*

You can use this document to advocate for the adoption of these strategies in the jurisdictions and correctional facilities in which you work. The [English](#) and [French](#) versions can be downloaded from the CFPC Prison Health web page, [www.cfpc.ca/Prison\\_Health\\_Program\\_Committee/](http://www.cfpc.ca/Prison_Health_Program_Committee/).

*Working as a Physician in Correctional Facilities in Canada.*

This document provides helpful information and practical advice if you work, or are interested in working, in a correctional facility. The [English](#) and [French](#) versions can be downloaded from the CFPC Prison Health web page, [http://www.cfpc.ca/Prison\\_Health\\_Program\\_Committee/](http://www.cfpc.ca/Prison_Health_Program_Committee/).

### CPD OPPORTUNITIES

Please see the [Family Medicine Forum 2016](#) website for information about this year's Family Medicine Forum, in Vancouver November 9–12. We hope to see you at the Prison Health networking breakfast! This year, we plan to produce a Prison Health stream to highlight relevant FMF sessions. We will share more information about this in the months to come.

Consider taking the online San'yas Indigenous Cultural Safety (ICS) Training, which is offered by the Provincial Health Services Authority, BC. Learning is self-paced over 8 weeks and typically takes between 8 and 10 hours to complete. The Core ICS Health training has been accredited through the College of Family Physicians of Canada. The fee is \$250.00 and you will receive a certificate once you complete the training. For more information and registration, go to [www.sanyas.ca/training/british-columbia/core-ics-health](http://www.sanyas.ca/training/british-columbia/core-ics-health).



In 2014, the World Health Organization published the guide *Prisons and Health*, edited by Stefan Enggist, Lars Møller, Gauden Galea, and Caroline Udesen. This wonderful resource is available for download from [www.euro.who.int/\\_data/assets/pdf\\_file/0005/249188/Prisons-and-Health.pdf](http://www.euro.who.int/_data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf).

## PRACTISING IN PRISON

**Margaret (Peg) Robertson, MD, FCFP**

### **How long have you been practising in prison health?**

I have been practising prison health since 2005. I am the institutional physician at Warkworth Institution, in Campbellford, Ontario. I am the methadone doctor at Collins Bay Institution and Millhaven Institution in Kingston, Ontario, and Quinte Detention Centre in Napanee, Ontario. I also do on call [phone call consultations] approximately one weekend a month for all of the federal institutions in the area.

### **What made you choose to practice in prison health?**

I was the medical director of Children's Aid Society of Toronto, and I have always had an interest in populations that are marginalized. I'd left Toronto so burnt out. Then, I worked in Queen's student health. I was discussing the impact of big institutions in the practice of medicine with a physician colleague, who worked in street clinics, and she suggested that I should be working in prisons, that I'd be a natural. I started to work at Quinte Detention Centre part-time to see what it was like. It was like falling off a log—it was the most natural thing in the world for me to work there.

### **What is the general breakdown of your caseload, and demographics?**

In the federal system I only see male patients, [who] range from 18 to 83 years old. There is a high prevalence of substance use disorder and mental health problems, a high prevalence of Indigenous men, and a high prevalence of recidivists, which tells me something is not working.

### **What is the most challenging component of your practice?**

Trying to do medicine with very few resources. In Warkworth, which is in a rural community, I need to use my clinical skills to make the best diagnosis I can, because we are limited in the number of times that patients can be transported to a larger centre for an investigation or a specialist appointment. Prisons are security facilities, not medical facilities. The



administrator [an] needs adequate number of correctional officers at work so that any incarcerated patient can be transported to an outside medical appointment.

### What is the most rewarding aspect of your practice?

The more I learn about incarcerated individuals, the more I learn about myself, and the more I don't judge them. My approach has moved from a "you are bad" stance, to a stance of, "you have a problem, we can work on it, you are the expert on you." I find that partnering with a patient who isn't used to partnering is very therapeutic for them and rewarding for me. It's taken me long time to not want to be judgmental.

Working as a big unwieldy team is really satisfying. Officers, security, nurses—we all work together to make medicine work. This is enormously gratifying when we get it right, and we help a patient for a positive outcome. I work with an incredible team of nurses. And, most of security staff are invested in me doing my job.

I sometimes recognize the names of incarcerated men who were involved as children in the Children's Aid Society of Toronto when I was medical director. I ask them, "Were you in this group home in this year?" I explain that I was their doctor back then when they were a child! This speaks to the childhood experiences of the incarcerated adult population.

It's uncanny how similar my practice now is compared with my practice back then: the lessons I learned as a physician working with vulnerable children, are useful for me now as I work with adult incarcerated men. For example, I used to always say, "touching gently" before I examined a child. I say the same now, for adult men, because of their fear that is induced by doing a physical examination. So many of the men have terrible symptoms of PTSD.

### What advice would you give to new physicians entering prison health?

Make sure you have experience as a medical doctor. Make sure your boundaries are in place. Make sure you form a support team for yourself. I have a group of like-minded doctors, a group of colleagues whom I can bounce things off, and call upon if I need to talk something through. It is a tough, but extremely rewarding job.

## COMMITTEE MEMBERS

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