Neurology and the correctional environment

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Forensic medicine is the application of medical and scientific knowledge to questions of law; it ranges from crime investigation to general medical, neurologic, and psychological evaluations. Correctional medicine is a subset of forensics concerned with providing consultations and treatment for incarcerated persons in jails and prisons. While many neurologists render medicolegal opinions, providing health care in a correctional setting does not have universal appeal; however, it offers a selective and exploratory opportunity for some neurologists. The inmate patient population's need for neurologists will continue to increase. This population is aging and has a significantly higher prevalence of past head injuries than the general population, as well as comorbid risk factors for older-age neurologic diseases.¹⁻³

In this issue of *Neurology® Clinical Practice*, Lonnquist et al.⁴ provide an encouraging assessment of their experience providing neurologic consultations for a Colorado correctional and state mental hospital patient population. They advise flexibility by subordinating some, but not all, of a provider's needs to security concerns. They state that our usual requirements for detailed histories and examinations should be adjusted to the rigors of prison regulations. They encourage reliance on input, be it historical or cautionary, from the prison staff. They tell us not to extend our neurologic opinions into expressions of legal causality. Their comments and discussions, although generally positive, are also realistic.

Certain aspects of prison health care call for additional exploration. The emphasis of Lonnquist et al. is not on prisoners' "constitutional rights" but on their neurologic needs. Understandably, some readers might lament the availability of this "constitutionally guaranteed right" to prisoners and compare it with our spotty and imperfect coverage of health services for the needy who are *not* prisoners. This seeming imbalance requires a contextual explanation. This right to medical care, built into the Eighth Amendment of the US Constitution, protects the imprisoned from cruel and unusual punishment. It is not tantamount to unimpeded access to health care or health insurance. This constitutional protection requires that prison administrators not show a "deliberate indifference to serious medical needs."⁵ Certainly a consequential and favorable legal judgment based on this right is a matter for the courts. A popular manual published by the Columbia Human Rights Law Review discusses major legal decisions regarding prisoners' rights to medical care. This discussion cites several case examples that combine facts, subjectivity, common sense, and even medical science.⁶

Prison health care has been associated with improved health outcomes. In certain segments of our society, a lower prevalence of heart disease, chronic obstructive pulmonary disease, and cerebrovascular disease has been observed among prisoners. Some data point to a reduction in mortality rate among the African American prison population compared to the general

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population.^{7,8} We believe that health care providers, including neurologists, psychiatrists, and forensic psychologists, fulfill honorable roles as contributors to these salutary effects.

The article by Lonnquist et al. will kindle the curious among us. Some may want additional leads in order to explore employment or consulting opportunities. Examples of such leads include the Federal Bureau of Prisons Web site (<http://www.bop.gov/jobs>) and the respective State Corrections Department Web sites. In California, for example, a useful site is <http://www.cphcs.ca.gov/careers.aspx>. While the focus on security is the hallmark in any correctional setting, there is an extraordinary variety among institutions. A minimum-security Federal Prison Camp (of Watergate notoriety) could not be more different from a “supermax” prison. One should not be dissuaded, or persuaded, by representations from popular media such as *Oz* or *Orange is the New Black*. One should suspend prejudgment and allow experience to be the determinant.

Well-being and good health are transcendental basics; they are especially important when privilege, personal rights, and empowerment are missing or restricted, whether for legitimate or questionable reasons. Our professional priorities encourage us to care, even if occasionally, for those without privileges, the disenfranchised, and the developmentally disabled. Experience in federal prisons, county jails, and institutional settings has shown us that more often than not inmates are appreciative of the care they receive. In organizations which by their nature are impersonal, a brief injection of humanity is laudable for both doctor and patient. *Neurology: Clinical Practice* and the authors have earned our commendations for reminding us of this responsibility.

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