

Ethics and Issues in Prison, Forensic, and Other Similar Nursing Settings

Martha Turner, PhD, RN, Assistant Director, ANA Center for Ethics and Human Rights

*With contributions from Anita Catlin, PhD, RN, Susan Dickey, PhD, RN, Donna Michel, RN, Denise Mace, RN, and Kelly Lattanzi, RN

Background

There has been much discussion in the media and in classrooms about the roles and responsibilities of individual nurses and the profession of nursing related to care of prisoners. This includes those who are institutionalized or detained in secure facilities at the local, state and federal levels.

This update will highlight the links between the Code of Ethics for Nurses and current issues in prison, forensic or similar nursing settings. The update addresses the fundamental issues, provides opportunity for reflection, and list sites for further information. Contributors* to this information include **Anita Catlin, RN, PhD** faculty from Sonoma State University and master's students **Donna Michel** and **Denise Mace** from Sonoma State University, as well as, **Susan Dickey** from Temple University and her master's student **Kelly Lattanzi**, and many authors whose work is cited throughout the text.

The World Health Organization published the Declaration on Prison Health in 2003. Two of the guiding principles are closely linked to the first three provisions in the Code of Ethics for nurses. The first, based on Principle 9 of the United Nations Principles for Treatment of Prisoners states that "Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation," and the second, based on Principle 1 of the United Nations Principles for Medical Ethics: "Health personnel, particularly physicians, charged with the medical care of prisoners and detainees have a duty to provide them with protection of their physical and mental health and treatment of disease of the same quality and standard as is afforded to those who are not imprisoned or detained." The first, second and third provisions of the ANA Code of Ethics for nurses clearly articulate the same obligations for nurses. The Declaration can be found at <http://www.euro.who.int/Document/HIPP/moscow_declaration_eng04.pdf> and the ANA Code of Ethics for Nurses on this site. The ANA document, Scope and Standards of Nursing Practice in Correctional Facilities, (1985, updated 1995) is currently under revision and should be available in the Fall of 2006. Recent discussion about nurses and their activities when assigned to military facilities has been addressed by ANA. For specific examples of ANA's actions regarding health care professionals in the abuse of detainees at U.S. detention and interrogation facilities see:

- <http://www.ana.org/news/archive/2006/july.htm>
- <http://nursingworld.org/news/rumsfeldltr.pdf>
- <http://www.ana.org/PRESSREL/2006/ltr071906.htm>

Guidance from the American Correctional Health Service Association

Nurses who work in correctional settings can also find guidance from the American Correctional Health Service Association. Listed here are the principles of their code.

Principles of the American Correctional Health Service Association

The correctional health professional should:

1. Evaluate the inmate as a patient or client in each and every health care encounter.
 2. Render medical treatment only when it is justified by an accepted medical diagnosis. Treatment and invasive procedures shall be rendered after informed consent.
 3. Afford inmates the right to refuse care and treatment. Involuntary treatment shall be reserved for emergency situations in which there is grave disability and immediate threat of danger to the inmate or others.
 4. Provide sound privacy during health services in all cases and sight privacy whenever possible.
 5. Provide health care to all inmates regardless of custody status.
 6. Identify themselves to their patients and not represent themselves as other than their professional license or certification permits.
 7. Collect and analyze specimens only for diagnostic testing based on sound medical principles.
 8. Perform body cavity searches only after training in proper techniques and when they are not in a patient-provider relationship with the inmate.
 9. Not be involved in any aspect of execution of the death penalty.
 10. Ensure that all medical information is confidential and health care records are maintained and transported in a confidential manner.
 11. Honor custody functions but not participate in such activities as escorting inmates, forced transfers, security supervision, strip searches or witnessing use of force.
 12. Undertake biomedical research on prisoners only when the research methods meet all requirements for experimentation on human subjects and individual prisoners or prison populations are expected to derive benefits from the results of the research.
- <<http://www.achsa.org/displaycommon.cfm?an=1&subarticlenbr=4>>

Guidance from the American Public Health Association

Additional guidance comes from the American Public Health Association:

Principle:

The ethical obligations of health professionals practicing in the correctional setting mirror those of health care professionals in the community.

Public Health Rationale: Professional health care ethics codify practices to ensure that patient trust is not violated and a patient–provider relationship is established so that health care can be effectively delivered. Distrust of health care providers may deter prisonerpatients from seeking health care.

Satisfactory Compliance:

1. Health care providers are the sole dispensers of medical decisions and should not be impeded by security staff or correctional administrators.
2. Clinical decisions should be guided by the best interest of the patient and should also adhere to the medical principle to first do no harm.
3. Correctional health providers' clinical skills should not be applied to non clinical situations such as strip and cavity searches, forced transfers, health certification for punishment, or evidence gathering.
4. Health care staff are obliged to reveal medical evidence of staff brutality, including mental and physical abuse, to the appropriate authorities.
5. Health care staff should not participate in any aspect of an execution.

Issues and Themes in Forensic Nursing

Fundamental issues have been described in the literature and are frequently subjects in the media. They include professional identity, organizational practices and patterns of interaction (Dhondea, 1995). Part of the dialog on identity is focused on the word "forensic". Lynch et al (2006) list correctional nursing as one of the many aspects of forensic nursing; other aspects are death investigation, sexual assault examiner, nursing jurisprudence, forensic nurse examiner and legal nurse consultants. Not all nurses who work with inmates or in correctional settings are forensic nurses. Further discussion and their code of ethics can be found at the web site for forensic nurses <<http://www.forensicnurse.org>>.

This and other issues identified by Maeve and Vaughn in 2001 were "maintaining patient confidentiality, using chemical restraint for security rather than medical purposes, working with under qualified personnel providing care outside their scope of practice, caring for addicted prisoners, caring for the mentally ill, caring for incarcerated mothers and their newborns, managing for the visitation rights of children whose parents are incarcerated, dealing with violence, coping with prolonged isolation and segregation of inmates and providing appropriate planning for released prisoners". Guidance for managing each of these issues can be found throughout the Code of Ethics for Nurses in one or more of the nine principles (ANA, 2001). Nurses who work with prisoners must find a balance among the clinical, legal and public health factors found in these demanding environments. Common to their experiences are contagious diseases, acute and chronic diseases, mental health problems and other complications of overcrowding. Specific opportunities for nurses caring for inmates who are mentally ill were described by Lattanzi (2006). These include self esteem workshops, anger management, coping strategies and lifestyle management. She also listed problems associated with the nursing diagnosis "ineffective coping mechanisms related to perceptual disturbances". "Lack of mental health programs, inadequate mental health screening and lack of continuing support" are some of them.

Weiskopf, (2005) identified five themes when answering the question, "what is the essential structure of nurse's experience of caring for inmate patients?" These themes are: Negotiating the Boundaries Between Custody and Caring; Struggling to create a Caring Environment; Striving to Turn a Life Around; A Risky Situation; and Staying Vigilant. The challenge to achieve balance between providing care and the need for security dominate in an environment where values, practices and expected outcomes differ significantly among the custody staff, the nurses and the inmates. Gadow (2003) describes the practice of nursing in these settings as ethically unique. She says the premise is the contradiction between causing harm (imprisonment) and acting for the patient's good (health care). "Oppositional practice" is the name she uses "not because it tries to overthrow or undermine the correctional system, but because it accepts the system as a context for practice that is based on opposing values." Three philosophies of punishment are offered for consideration: punishment as retribution, as rationality and as paradox. Nurses practice within their chosen philosophy and therefore resolve the contradiction between care and punishment differently depending on their perspective. Implications for practice based on these philosophical differences must be explored by individual nurses and by the profession. Welchman and Greiner (2005) address the role of professional organizations and their role as advocates for the profession. Together, individual nurses and their professional organizations complement the efforts of each other.

This update highlighted links between the Code of Ethics for Nurses and current issues in prison nursing and codes of ethics from related professional organizations. Roles, responsibilities and practices of individual nurses and the profession were presented with a brief exploration of

the prison nursing experience. Identification of philosophical foundations provided opportunity for reflection which may contribute to a better understanding of the complexities faced by nurses who practice in these settings.

Many resources and references are available to help nurses understand this challenging area of practice. Explore the references as well as a list of resources including those compiled by Mace and Michel (2005) in the references and online resources section. Also check out the nursing consultants list if you have questions or would like to Email an experienced nurse with related questions.