



Original Communication

Healthcare issues of detainees in police custody in London, UK

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ABSTRACT

Little is known about the general healthcare needs of detainees in police custody. The aims of this study were to: determine the level of general health issues, diseases and/or pathology for detainees in police custody, and to determine how well those general health issues, diseases and/or pathology are being managed. This was done by a detailed analysis of healthcare issues of a cohort of detainees and reviewing intended and prescribed medication needs with current medication availability. In August 2007, a prospective detailed, anonymised, structured questionnaire survey was undertaken of 201 detainees in police custody in London, UK. Of these 83.6% consented to participate in the study. 85.1% of subjects were male; mean age was 33.9 years; 70.8% had English as a first language; 13.7% were of no fixed abode; 70.2% were registered with a general practitioner (primary care physician); 25% were already in contact with other healthcare teams; 7.1% had previously been sectioned under the Mental Health Act 1983; 16.7% had previously intentionally self-injured; 33.9% were dependent on heroin, 33.9% on crack cocaine; 25% on alcohol, 16.6% on benzodiazepines and 63.1% on cigarettes. 56% of subjects had active medical conditions; of those with active medical conditions 74% were prescribed medication for those medical conditions; only 3/70 had their medication available. 28/70 were not taking medication regularly, and many were not taking it at all. Three subjects who had deep vein thromboses were not taking their prescribed anticoagulants and six subjects with severe mental health issues were not taking their anti-psychotic medication. Mental health issues and depression predominated, but there was a very large range of mixed diseases and pathology. Asthma, epilepsy, diabetes, deep vein thrombosis, pulmonary embolism, hepatitis, and hypertension were all represented. The study has achieved its aims and has also shown that – in part because of the chaotic lifestyle of many detainees – appropriate care was not being rendered, thereby, putting both detainee, and potentially others coming into contact with them, at risk.

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1. Introduction

Compared with many other countries, detainees (prisoners) held in police custody within England and Wales have a substantial number of rights. The conditions for detention are laid down in statute by the Police & Criminal Evidence Act 1984.¹ Codes of Practice related to the Act are published and regularly updated. Code C, in particular refers to care and treatment of detainees and how health and related issues must be managed.² Historically, registered medical practitioners have provided healthcare to detainees in police

custody. Such doctors, called forensic physicians (FP), may be appointed by police services and their job titles referred to variously as police surgeons, divisional surgeons, or forensic medical officers. Within the Metropolitan Police Service in London, UK, the term forensic medical examiner (FME) is used. Following changes in April 2004 to the Police and Criminal Evidence Act of 1984, a revised Code of Practice permitted other 'healthcare professionals' to become involved alongside FPs in the care and treatment of detainees. A 'health care professional' was defined as 'a clinically qualified person working within the scope of practice as determined by their relevant professional body'. The Code further states 'whether a health care professional is 'appropriate' depends on the circumstances of the duties they carry out at the time'.²

Within the police setting there are two main areas of healthcare needs: (a) those that are within the realm of expertise of a general

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practitioner/primary care physician (e.g. the treatment and management of asthma or diabetes) and (b) those issues that may have a direct relationship with the reason that a person is in custody, and which may require additional expertise over and above that of a primary care physician. Such issues include: drug and alcohol misuse; mental health diagnoses; and wound assessment, as well as the documentation and management and relating these to the forensic setting. Thus 'forensic healthcare needs' and 'general healthcare needs' may overlap.

Studies that specifically explore in detail the general healthcare needs of police detainees in the United Kingdom do not exist. A number of studies have looked at some forensic medical aspects of detention but have not addressed the 'ordinary' medical needs although much has been written regarding the care of detainees in custody and identifying relevant health issues.^{3–7} There is a current lack of any data as to the actual general healthcare needs of detainees in police custody. In many police forces within England and Wales there are systems and operating procedures to deal with such issues as drug and alcohol misuse and mental health. Initial input is provided by a forensic physician (and if within their competence, other healthcare professionals), but the system is much less organised in terms of follow-up and management of 'non-forensic' general healthcare issues. The severity of these issues in this context are such that they would appear to require appropriately trained and qualified medical practitioners to identify and determine appropriate management pathways for all police detainees, using other healthcare professionals and services.

This study was designed in an attempt to define more clearly the healthcare problems for the detainee population in police custody and identify their potential needs.

The aims of this prospective study were to:

1. Determine the level of general health issues, diseases and/or pathology of detainees in police custody.
2. Determine how well those general health issues, diseases and/or pathology are being managed by the detainee by reviewing their intended medication needs with their current medication availability.

2. Methods

2.1. Ethical approval

This research was conducted in accordance with the University of Ulster's ethical policies; the project was assessed and ratified by the local Research Ethics Committee. Approval was also sought and given by the multiprofessional Commissioner's Advisory Panel of the Metropolitan Police Service.

2.2. Data collection

In August 2007, detainees ($n = 201$) who were seen while in police custody by forensic medical examiners in police custody were invited to participate in a detailed questionnaire study exploring their health issues. All subjects were detainees held within police stations within the Metropolitan Police Service area in London, England. Each detainee was informed of the nature and purpose of the study and asked to provide their consent. After the routine medical examination and assessment the questionnaire was undertaken. The questionnaire contained questions with yes/no and free text responses. The data were anonymised. Exclusions included those detainees who were unable to give valid consent or those below the age of 16. Questionnaires were completed by forensic medical examiners (FMEs) undertaking sessional forensic medical work at the request of the police in August 2007.

3. Results

Responses to the questionnaire were entered into an Excel spreadsheet. Results are given as total numbers and percentages of responses of those who gave consent. Consent was sought from 201 detainees. 168 (83.6%) gave consent. Of those not giving consent to participate in the study, the reasons for not obtaining consent were, intoxication with drugs or alcohol – $n = 3$ (1.5%); no interpreter – $n = 3$ (1.5%); no reason given – $n = 23$ (11.4%), and aggressive behaviour – $n = 4$ (2%).

Within the study 143 (85.1%) subjects were male and 25 (14.9%) were female. The mean age was 33.9 ± 10.4 years (mean \pm SD). Self-reported ethnicity is shown in Table 1. 119 (70.8%) had English as a first language. The reasons for arrest are shown in Fig. 1. Of those 29 (17.3%) had never been arrested previously, 69 (41.1%) had been arrested on 1–5 occasions, 14 (8.3%) on 6–10 occasions and 51 (30.3%) on at least 10 occasions. Reason given for examination and assessment of the detainees (at the request of the police) are shown in Fig. 2.

Twenty-three subjects (13.7%) were of no fixed abode and 112 (66.6%) were unemployed. 118 (70.2%) were registered with a general practitioner (GP), and out of those 106/118 (89.8%) were able to provide the GP details. Forty-two (25%) of detainees with other healthcare teams, including mental health, drug and alcohol referral teams, an ulcer team; and an HIV/AIDs team.

Sixty-seven subjects (39.9%) had previous significant medical conditions, 62 (36.9%) had previous significant surgical conditions and 41 (24.4%) had previous significant mental health or psychiatric conditions all of which were not necessarily relevant at the time of the study. Of those with previous mental health or psychiatric conditions, 12 (7.4%) had been admitted under one of the sections of the Mental Health Act 1983 and a further 3 (1.8%) had previously been in-patients in psychiatric units as informal patients. Twenty-eight (16.7%) had previously intentionally self-injured, including cutting themselves, overdosing, burning themselves and attempted hanging. Table 2 shows the numbers of those with self-reported dependency on drugs or alcohol or cigarettes. Of those using heroin or crack cocaine, 18/57 (31.6%) were using an intravenous route of administration. Thirty-three percent ($n = 56$) of the total population admitted consuming alcohol in the previous 24 h and 33% ($n = 56$) had consumed illicit drugs in the previous 24 h.

Table 1
Ethnicity of study group (16 + 1 ethnicity classification system)

	Numbers	%
<i>White (W)</i>		
W1 British	51	30.4
W2 Irish	6	3.6
W9 Any other White background	21	12.5
<i>Mixed (M)</i>		
M1 White and Black Caribbean	5	3
M2 White and Black African	2	1.2
M3 White and Asian	1	0.6
M9 Any other mixed background	3	1.8
<i>Asian or Asian British (A)</i>		
A1 Indian	2	1.2
A2 Pakistani	0	0
A3 Bangladeshi	14	8.3
A9 Any other Asian background	6	3.6
<i>Black or Black British (B)</i>		
B1 Caribbean	30	17.9
B2 African	13	7.7
B9 Any other Black background	2	1.2
<i>Chinese or other ethnic group (O)</i>		
O1 Chinese	0	0
O9 Any other ethnic group	4	2.4

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