I’ve finally decided to send this letter to the Spanish Journal of Prison Health after attending the speech by Professor Vicente Martin on “Prison Health after the General Prison Organic Law: Present and Future thirty-five years later” in the last Conference on Prison Health held in Barcelona.

All those assisting the Meeting witnessed how Mr. Martin, who presided the Spanish Society of Prison Health during the heroic times of professional claim in the 1990s, was surprised to have been invited by the Management Board, to give his opinion on the current situation of prison health, a reality from which he has been set apart for decades now.

This is undoubtedly why his approach was so warmongering with the current management of the General Secretariat of Prison Health: an institution in which I’m involved and to which I transfer all responsibility on the issues suffered by this small part of the National Health System, and more specifically on the dark and unutterable attitude to boycott any initiative seeking to materialize the integration of prison health within the Autonomous Communities’ healthcare systems.

For some years now, at least since I have been in charge of the General Deputy Directorate of Prison Health, the General Secretariat of Penitentiary Institutions has been fully convinced on the need to fulfill the legal mandate established by the 2003 Act on Cohesion and Quality to transfer prison health to the corresponding healthcare services in each Autonomous Community. In 2011 I already had the opportunity to explain it from this section of the Journal¹ and I hereby reaffirm it once more. In June last year, by the end of the last term of office, such transfer was materialized in the Basque Country², therefore clearing up the administrative procedures to enable this type of transfer, exploring the coordination procedures between Penitentiary Institutions and the Community Health Service and comparing before and after assistance standards. Last October 2014 prison health in Catalonia was also transferred following the natural process which had already been initiated ³.

There are many reasons for transferring prison health, but from my perspective, according to my management experience throughout these years, I can say that the 2003 Act on Cohesion and Quality pretended to solve the inefficacy entailed by providing healthcare in prison in a functionally and organically isolated way from the rest of the National Health System. The isolation of prison health actually interferes with the natural logical organization of public healthcare which as a matter of fact defines a territory where healthcare resources achieve a certain level of self-sufficiency to accordingly manage its interaction and interdependence. The prescription and supply of medication, the availability and suitability of diagnostic tests and ultimately all the provisions, especially those referring to the specialized and hospital setting, is exposed in this context to a lack of appropriate interaction, to excessive variability, to both under and overutilization and worse, sometimes to malpractice entailing a risk for patients’ safety.

All efforts to involve Community healthcare decision-makers have not even managed to establish a negotiating table so far. Nowadays it is virtually unimaginable to conceive that a negotiation between two parts should be preceded by the imposition of any of them. The procedure to be followed has been perfectly defined and is always preceded by the willingness of the Central State, a willingness to assume what is being transferred and a negotiation that will last what is needed. The first part of this condition has been fulfilled by Penitentiary Institutions for years now. It is for the Autonomous Communities to take the next step. I believe that in the future Management Boards of the Conferences held by the Spanish Society of Prison Health should invite healthcare decision-makers from Autonomous Communities to present their arguments. This would be far more productive than keeping a permanent melancholy or mourning for our bad luck and blaming others, without taking any other measures.

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3. RESOLUCIÓ SLT/785/2014, de 19 de març, per la qual es resol el procediment d’integració en la condició de personal estatutari de l’Institut Català de la Salut del personal sanitari del Departament de Justícia adscrit als serveis sanitaris penitenciaris i de justícia juvenil (DOGC núm. 6602, de 11/04/14).