

Midwest Bioethics Center is concerned with vulnerable persons who cannot protect themselves from threats to health and dignity. Prisoners are persons who cannot protect themselves adequately from threats to health and dignity and are therefore a vulnerable population.

Law imposes limits to freedom on inmates in a correctional facility. But human rights are not entirely forfeited when one is imprisoned. Under the standard of universal human rights, including the ethical provision of health care, there is a moral obligation to treat prisoners with dignity. But a prisoner's dignity rights, for example, much of his or her freedom of movement and self-determination have been limited. Can a prisoner's right to the provision of health care be so diminished that the prisoner is no longer treated as a human being? The more positive form of the ethical question ought to be asked: How may dignity be maintained in the provision of health care for prisoners?

Health services in prisons are provided by a combination of state and private health care organizations. These organizations have an accrediting system that surveys their professional conduct. Standards of clinical care and ethical conduct have been established by the Joint Commission on

Prisoners as Vulnerable Persons

Accreditation of Health Organizations and by the National Commission on Correctional Health Care. Both of these nongovernmental organizations have defined acceptable minimum requirements for competent and ethical correctional health services. The degree of compliance to standards remains unclear, and specific instances of questionable conduct continue to arise. A recent book review in *JAMA* on correctional medicine called for practitioners to work together to evolve a standard of ethics.

Examples of areas where prisoner-patient rights are theoretically preserved and yet practically diminished are

- consent to treatment and right to refuse treatment,
- confidentiality and privacy,
- forced medication of mentally ill patients,
- ethics committee functions, and the
- rights of patients admitted to non-correctional hospitals under guard and shackled.

End-of-life issues are of particular concern to Midwest Bioethics Center. The National Institute of Corrections reports that in 1998, 800 inmates were terminally ill. The first prison hospice was established in 1987 at the Federal Bureau of Prisons medical facility in Springfield, Missouri. This volunteer effort has returned a sense of humanity to those prisoners who are cared for and those who do the caring.

Midwest Bioethics Center has begun a preliminary evaluation of what is happening with health care in the prison system and when prisoners are admitted to contract hospitals. A staff team has visited a prison hospital, collected literature, and conversed with health care providers within the prison system. As our understanding of health care ethics in the correctional system matures, we will be able to design a fitting response to the vulnerability of the prisoner population.