

Wechsel in der gesundheitlichen Versorgung Gefangener.
Vom Ministerium für Justiz zum Ministerium für Gesundheit
– Stand der Dinge.

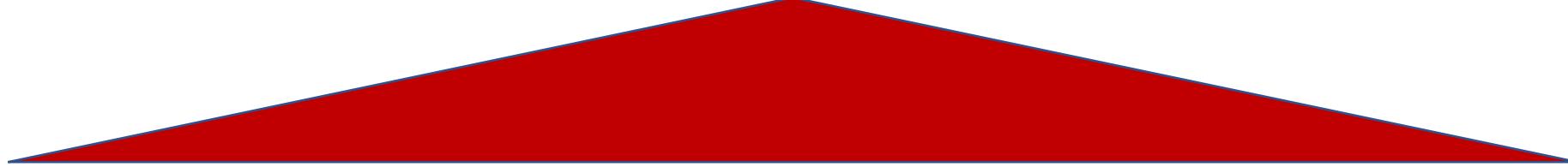
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EUROPE

**PATIENT OR PRISONER:
Does it matter which Government Ministry is responsible for the
health of prisoners?**

A briefing paper for network meeting, Copenhagen October 2010



Aufgaben der Gesundheitsbetreuer

- Erhaltung der Gesundheit
- Prävention, Vorsorge
- Diagnose und Behandlung von Erkrankungen
- Individuelle Betreuung

Medizinische Ethik

Aufgaben der Vollzugsbeamten

- Anhaltung in Untersuchungshaft
- Vollzug der Freiheitsstrafe
- Sicherheit und Ordnung
- Rehabilitation

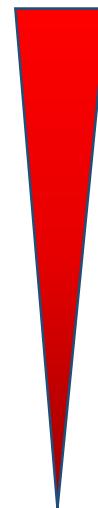
Strafvollzugsgesetz

Verantwortlichkeit der Gesundheitsbetreuung im Gefängnis

- Gefängnisdirektion
- Justizministerium
- Gesundheitsministerium

Herausforderung für Äquivalenz
und klinische Unabhängigkeit der
Gesundheitsbetreuung

hoch



gering

Council of Europe R (98)7 on the Ethical and Organisational Aspects of Health Care in Prison

12. The role of the ministry responsible for health should be strengthened in the domain of quality assessment of hygiene, health care and organisation of health services in custody, in accordance with national legislation. A clear division of responsibilities and authority should be established between the ministry responsible for health or other competent ministries, which should co-operate in implementing an integrated health policy in prison.

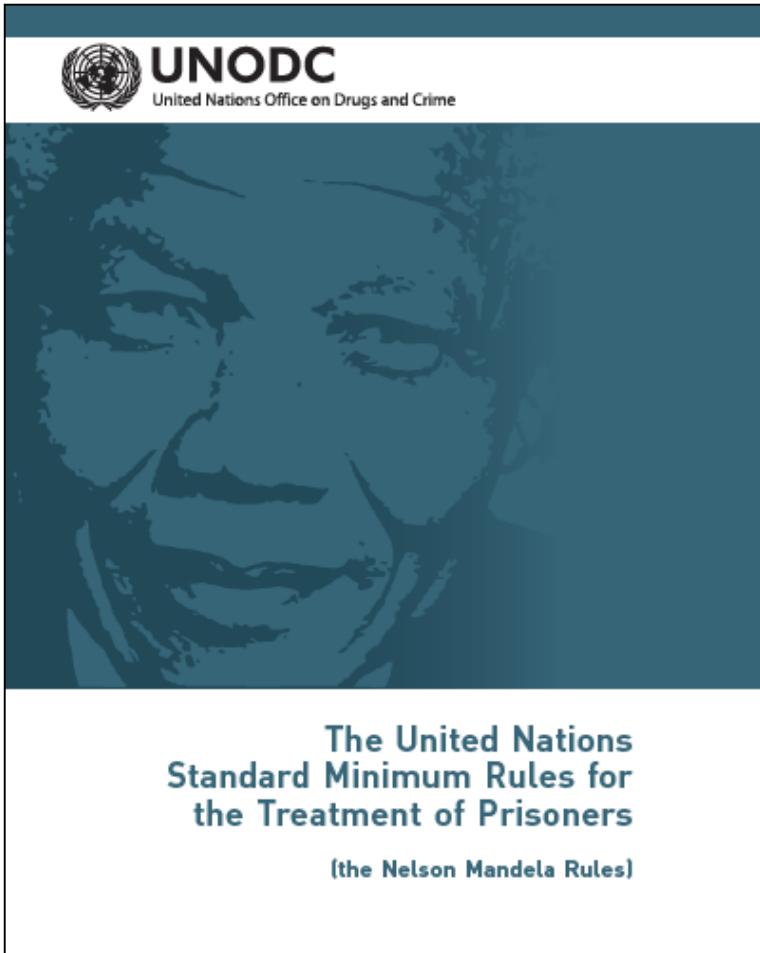


Council of Europe R(2006)2 European Prison Rules

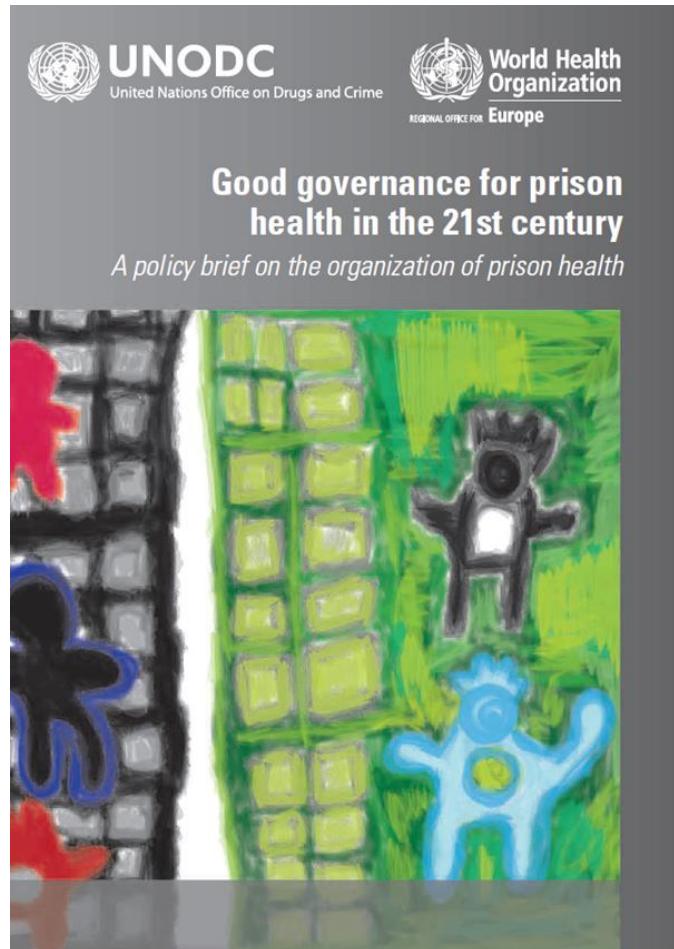
40.1 Medical services in prison shall be organised in close relation with the general health administration of the community or nation

40.2 Health policy in prisons shall be integrated into, and compatible with, national health policy.

71. In order to guarantee their independence in health care matters, the CPT considers it important that health care personnel in prison should be aligned as closely as possible with the mainstream of health care provision in the community at large.
72. Whatever the formal position under which a prison doctor carries on his activity, his clinical decisions should be governed only by medical criteria.



24/2: Health care services should be organised in close relationship to the general public health administration and in a way that ensures continuity of treatment and care, including for HIV, TB and other infectious diseases, as well as for drug dependence.



- Managing and coordinating of the health and well-being of prisoners is a whole-of-government responsibility.
- Health ministries should provide and be accountable for health care services in prison and advocate healthy prison conditions.
- Equivalence and integration

Strasbourg Conclusions on Prison and Health 2014

“The subordination of prison health services under the jurisdiction of health ministries is the most effective way to guarantee the professional independence and ethical conduct of prison health staff.”



Praktische Gründe für Integration mit dem kommunalen Gesundheitswesen

- Kompetente fachliche Aufsicht über gesunde Lebensbedingungen in Haft
- Lizenzierung, Akkreditierung von Gesundheitseinrichtungen in Haftanstalten
- Gesundheitsbudget getrennt vom Vollzugsbudget
- Kostensparendes gemeinsames Verwenden von Ressourcen (Humanressourcen, Ausbildung, Einrichtungen)
- Spitalsbehandlung
- Einbeziehung inhaftierter Personen in öffentliche Gesundheitsinitiativen
- Kontinuität der Betreuung bei Entlassung
- Rekrutierung von Gesundheitspersonal
- Vermeiden professioneller Isolation
- Vereinheitlichte medizinische Dokumentation und Erfassung epidemiologischer Daten
- Kompetente Behandlung von Beschwerden über gesundheitliche Betreuung in Haft

1980



1990



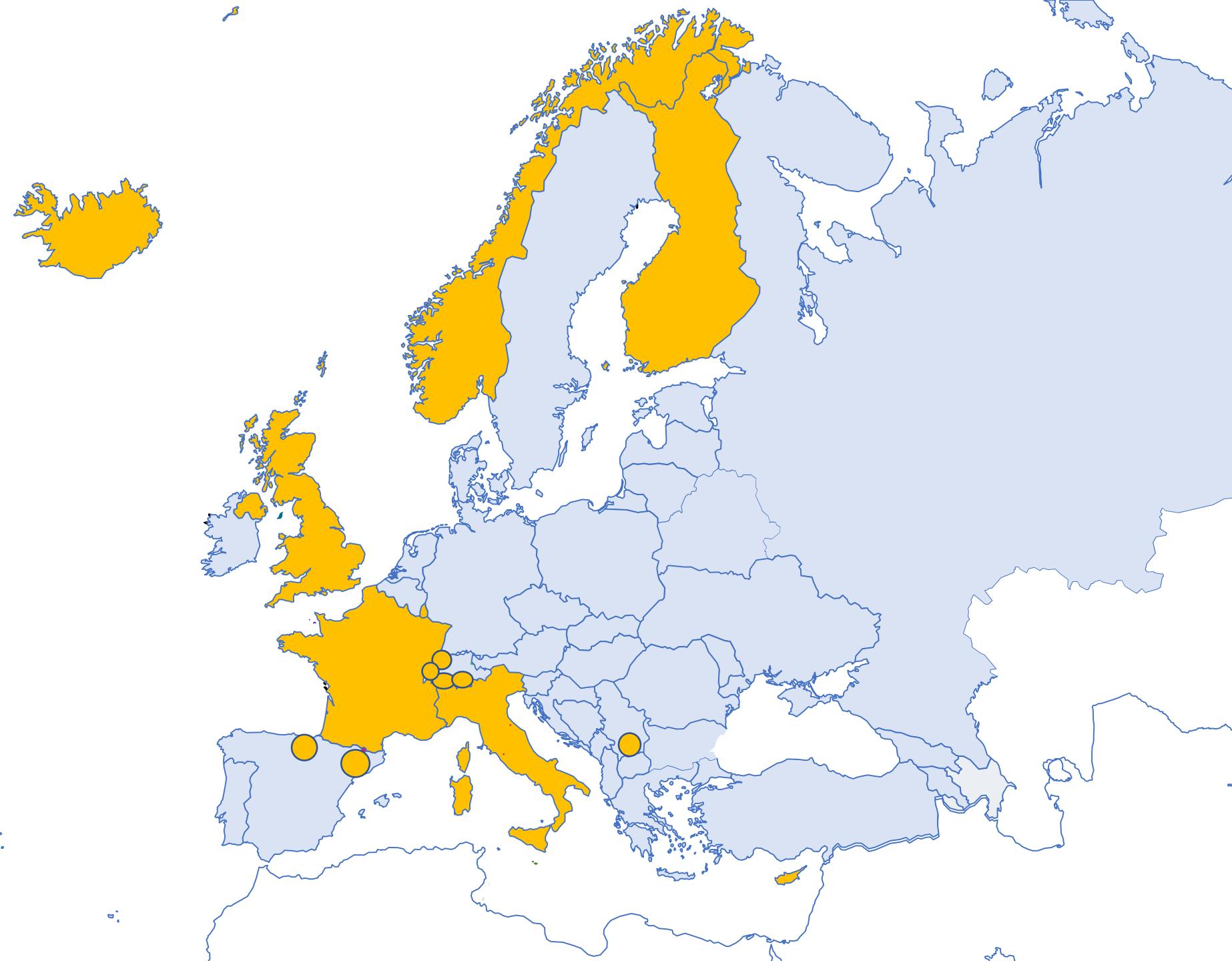
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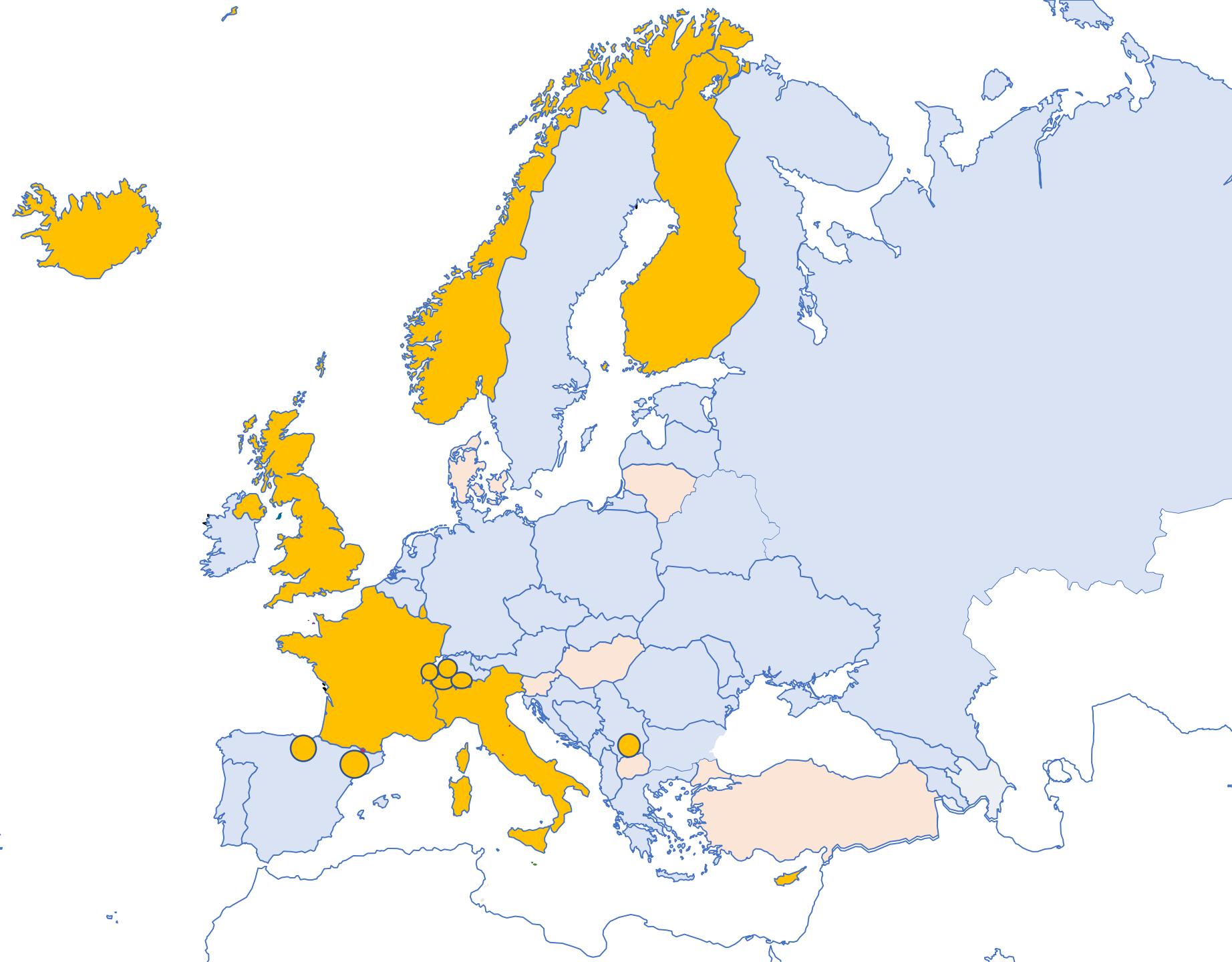
2010



2019



2019



Lessons learned

- Anstoß meist extern: Sorge um Q der Gesundheitsbetreuung
- Langwieriger Prozess, erfordert volles politisches Engagement
- Gründliche Vorbereitung, inter-ministerielle Steuerung
- Nicht Kosten neutral
- Administrative Trennung erfordert intensive Kooperation auf allen Ebenen
- Gezieltes Training unerlässlich



UNODC

United Nations Office on Drugs and Crime

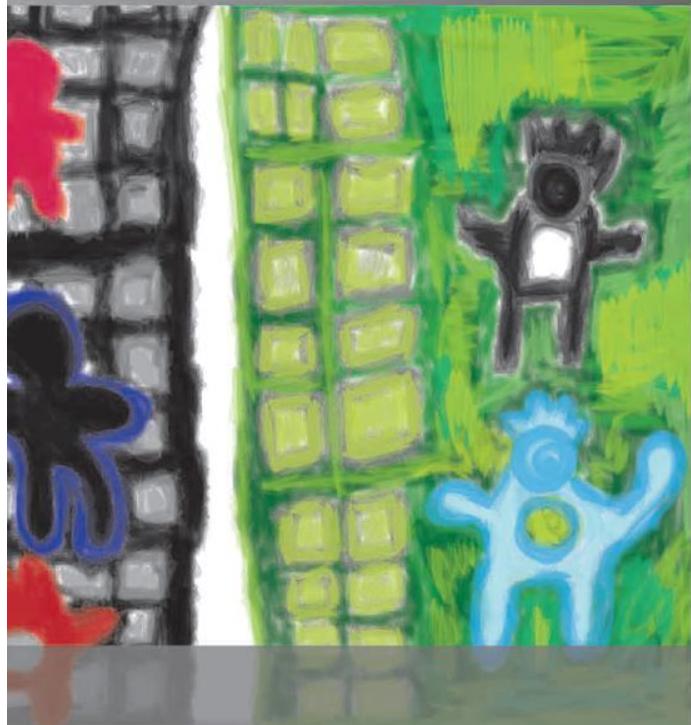


World Health
Organization

REGIONAL OFFICE FOR Europe

Good governance for prison health in the 21st century

A policy brief on the organization of prison health



The Expert Group is aware that transferring prison health care to the jurisdiction of health ministries and thus integrating prison health into national health systems will be a long process.

It is aware that success, and not putting prisoners at increased health risks, require that governments give this process the highest political commitment, communicate fully across all levels of management and personnel, and carefully plan and execute the practical steps, including all necessary budgetary implications and transfers of funding.

Lessons learned

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 - Administrative Trennung erfordert intensive Kooperation auf allen Ebenen
 - Gezieltes Training unerlässlich
- ? Qualitätsverbesserung der Gesundheitsbetreuung
Fehlen von base-line Daten und validierten Indikatoren

Hayton P, Boyington J: Prison and Health Reform in England and Wales. Am J Public Health 96:1730-3, 2006

Public Health England: Rapid review of the impact on health outcomes of NHS commissioned health services for people in secure and detained settings to inform future health interventions and prioritisation in England. 2016. <https://www.basw.co.uk/resource/?id=5797>

Leaman J, Richards AA, Emslie L, O'Moore EJ: Improving health in prison – from evidence to policy to implementation – experiences from the UK. Int J Prisoner Health 13:139-147, 2017

Lessons learned: Public Health England: Rapid review

- Significant improvement of care
- Rise in clinical standards and accountability
- Increase in transparency
- Partnership PHE/NHS/NOMS
- Rise in professional development of health care staff
- Health needs assessment on the population level: the prisoner's voice
- Links with the wider community

Care not custody

Care in custody

Care after custody