

# The Use of Telemedicine to Treat Prisoners

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## Introduction

Prison is designed with punishment, correction and rehabilitation to the community and these goals may conflict with the aims of health care [1]. The prison population is increasing and health problems should be addressed to prisoners. However, the high costs of transporting and escorting sick inmates to the doctor is a deterrent. So, we need Telemedicine to provide health services to prisoners.

Telemedicine describes the use of medical information exchanged from one site to another via electronic communications to improve patients' health status and care [2]. In fact, Telemedicine represents a combination of expertise and technology that delivers medical services and information over distance [3]. It is a rapidly expanding technology involving the exchange of medical information to assist diagnosis and treatment at a distance [4].

The Telemedicine is one of the fastest growing technologies of the future. It can provide medical expertise to remote rural areas of the county, thus reducing the need for on-site specialists, improving access to care, decreasing transportation costs, and reducing or eliminating the risk of escape. Facilities that have tried telemedicine have generally found it to be very helpful and continue to discover new applications. Jails and prisons have also become the de facto housing for the mentally ill, especially in the case of the homeless population, as de-institutionalization of the mentally ill has run its course over the past few decades [5].

Moving prisoners for health care consultations and for minor treatment have implications: it is a security risk, costly and disruptive [1]. One solution is the use of the telemedicine. It plays an important role in improving access to the required health expertise for the prisoners.

Watson et al. [1] said, the Telemedicine can improve access to a highly demanded specialty and facilitate the provision of expertise at prisons. So, the Telemedicine helps to inmates with remote access to primary care physicians for initial consultations. Acute evaluation of burn patients can be performed by the Telemedicine and it raises physician confidence in treating burn patients.

On the other hands, Vera researchers found that the total taxpayer cost of prisons in the 40 states that participated in their study was 13.9 percent higher than the cost reflected in those states' combined corrections budgets, that \$335 million related to the hospital and other health care for the prison population [6]. The transport prisoners impose large costs to states [7]. As a result, Telemedicine reduced costs by decrease transmission of prisoners to Health care centers.

Watson et al. [1] argued that the use of telemedicine is benefit and cost-effectiveness for psychiatry and emergency medicine in prisons.

A study [8] was compared tele-ophthalmology and non-teleophthalmology strategies in prisoners and showed that tele-ophthalmology holds great promise to reduce the cost of inmate care and reduce blindness caused by diabetic retinopathy in type 2 diabetic patients [8].

The California Department of Corrections' use of telemedicine to treat adult prisoners saved the state \$13 million, largely by reducing transportation and security costs [9].

## Benefits of Telemedicine in Prisons

- ◆ Reduce security threats,
- ◆ Reduce cost by reducing travel expense,
- ◆ Accessibility to specialists and disease management (many prisons rural),
- ◆ Offers opportunity to discuss consultation with caregivers,
- ◆ Opportunities for Residents and medical students,
- ◆ Reduction in medical malpractice litigation,
- ◆ Satisfaction survey [10].

## Barriers to Prison Telemedicine

- ◆ Prison medical and nursing staff acceptance,
- ◆ Hospital physician acceptance,
- ◆ Joint decisions between staff with different perspectives,
- ◆ Hidden costs of training,
- ◆ Support from administration,
- ◆ Cost of equipment [10].

## Conclusion

Therefore, Telemedicine allows us to have the high quality care, without danger of inmate transportation or the need for clinical specialists to enter the facility, and finally lead to saving time and cost.

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