

## LETTERS TO THE EDITOR

# EVOLUTION OF THE MAIN DIAGNOSIS UPON DISCHARGE IN THE PENITENTIARY POPULATION OF THE PROVINCE OF VALENCIA, 2000-2009

We have read with interest and attentively the article by Abad-Pérez I et al., published on the last number of this journal. Interested and attentively reading since this has been precisely, one of our research lines for a long time, dealing with the reasons for the inmates' usage of the hospital and the resources required for this usage.

We will not consider the design of the research study; authors themselves already consider the limitations of their study. On the other hand, we would like to underline our surprise at the moment of reading the objectives of the study where we did not find any quotations in the sources to the several research papers published in this same journal by our team, papers that deal with the same subject. The authors themselves mention the scarcity of published papers dealing with the usage of hospital resources by the imprisoned population but, at the same time, seem to not have considered the essential thoroughness that any bibliographic research must have in order to support a scientific paper.

The rigor demanded these quotations and the courtesy to the journal to which they address in order to publish their paper too; this courtesy is owed, consequentially, to those previously published papers that are in direct relationship to the issue of their work as well.

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## RESPONSE TO THE LETTER TO THE EDITOR BY MR. GARCÍA-GUERRERO AND MR. VERA-REMARTÍNEZ

We would like to apologize for the omission in the bibliographical references to your articles published in the *Revista Española de Sanidad Penitenciaria* (Spanish Journal on Prison Health), that would have contributed to the knowledge of our research without doubt.

This mistake might be explained by the fact that the data base that we had used for the bibliographical search was Medline. On the other hand, none of us had access to the *Revista Española de Sanidad Penitenciaria* at that time.

Fortunately enough, it will not happen again, since we know that the *Revista Española de Sanidad Penitenciaria* has recently been indexed in Medline.

We reiterate our apologies and we remain at your full disposal.

E Carbonell-Franco  
on behalf of the article's authors  
"Evolución de los principales diagnósticos al alta hospitalaria de la población penitenciaria de la provincia de Valencia, 2000-2009"

## LETTERS TO THE EDITOR

# INTEGRATION OF PRISON HEALTH CARE: A CHALLENGE NOT SO DECISIVELY TAKEN ON BY SOME

I have read with great interest the Letters to the Editor published in the last number of the JOURNAL *Revista Española de Sanidad Penitenciaria* where different points of view are exposed concerning the transfer or integration of the Prison Health Care (SP) in the Autonomous Communities' health care services. Those in charge of Prison Health are Jose Manuel Arroyo, Assistant Director in the Coordination of Prison Health<sup>1</sup> (who will be addressed as Assistant Director from now on) and the *Junta Directiva de la Sociedad Española de Sanidad Penitenciaria* (SESP)<sup>2</sup>, "Board of Directors for the Spanish Prison Health Society" in English. As a former president of the SESP, and as a member of its Board of Directors, I endorse myself to the last mentioned. This does not happen with the Assistant Director, actually responsible in a greater extent for the Spanish SP, and I would like to point out several clarifications on my behalf. From these I set off on the basis that the opinions of the Assistant Director are to a greater or a lesser extent very similar to those of the Boards of Directors of the SESP due to the several chances we have had to discuss on these matters when I was member of the Board of Directors of the SESP and when I was no more part of the Board. Nevertheless, I believe that there are important subtle differences that must be pointed out.

The Assistant Director states that the *Ley General de Sanidad*<sup>3</sup>, Health General Law, does not take into account the health care in prisons, which I believe not to be so. Leaving aside the fact of the comprehensive spirit of any health care in the public sphere in only one system which is under the mentioned law, which among them is the prison health care, I would like to point to the final provisions 2.5 and 3.1 of the law. These final provisions stipulate the participation of the SP in the National Health care that this legal text creates, participation that never happened. The Assistant Director also mentions the law of *Cohesión y Calidad del Sistema Nacional de Salud*<sup>4</sup>, "Act on Cohesion and Quality for the National Health System" in English, and its sixth additional provision. He does so by putting forward arguments that render poor service to the knowledge of the administrative procedures of the House of Parliament's representatives. The truth is that the document was approved in that particular

way, and that the legislator will have reasons for doing it so. My opinion differs from the one of the Assistant Director: that provision contains a firm and explicit command that, on the other hand, the Central and Autonomic Government Administrations are not willing to obey.

The Assistant Director deals with this transfer processes taking into account three aspects: the political, the technical and the administrative scopes. He goes on describing the administrative difficulties of any transfer process, for instance. I do not doubt that there are several difficulties, but I believe that seven years is time enough to overcome any obstacle of that kind: even the proverbial endless bureaucracy of the European Union is capable of finding a solution for more difficult matters in a lesser extent of time. In the technical aspect, the Assistant Director pleaded for the creation of "Welfare Harmonization Commissions" to overcome the unawareness of the SP by the Autonomous Communities. In my opinion, this is completely dispensable: in fact, at the moment, there are a certain rate of coordination among the SP and the Autonomous Community's Health care which could be improved and is still uneven, but there is no doubt of its existence since there can be found epidemiological information trespass among both systems, as well as specialists visiting the penitentiaries and involvement from the penitentiary health care in continued and continuing training programs from the Autonomous Communities... During these negotiating processes I am sure the technicians of the Autonomous Communities will acquire a better knowledge of the competence they will assume. Therefore, are these Commissions of any good? Besides, who will assure us that both Administrations will be satisfied with the *status quo* created after these Commissions are built and working, with us "harmonized"? Would they not try to go further in this process? There is no doubt that the law may not be capable of any guarantee in this sense. Finally, will these Commissions work to "harmonize" our salaries too?

The Assistant Director deals in passing what I consider to be the core of the matter: the political aspect or, more precisely, the political involvement.

This is the essential matter and this is what has been missing since the very beginning of the Law of Cohesion promulgation. We could take, for instance, the recent competence transfer of the SP to the Basque Autonomous Community. A process which had not even began a year ago, now is already solved. Only a political involvement to carry out the law was missing. This may be happening in the Autonomous Community's Administrations more than in the Central Administration, but it is a shared fault after all. If there was a determined political involvement from any of the administrations, this administrative process would have concluded long time ago.

In short, the Penitentiary Health transfer to the Autonomous Communities is ordered by the law, and if it has not occurred yet that is due to the lack of true political commitment from the Administrations entailed to it.

Finally, I would like to make a reflection on the penitentiary research. The Assistant Director states that, in our institution, no one has been more convinced of the importance of health research in prison than him, and he defends this statement bringing about his own condition as a founding member and as a coeditor of our Journal, *Revista Española de Sanidad Penitenciaria*. I believe he is completely right. I personally assure that without his work capacity and dedication, the journal would not be where it now is, that is, indexed in Medline (just in case, someone still does not know). But no one speaks of the Assistant Director in the Boards of Directors Letter. On the other hand, this Letter speaks of the obstructionist behavior by the administrations towards research. Is there anyone that still remembers the 1999 Circular Order on work, studies and research within the penitentiary sphere<sup>5</sup>? At that time, our institution was profoundly restrictive in terms of diffusion and publication of the papers and demanded a copy of every paper before being published. This was a sort of previous censorship that, fortunately, the Instruction 11/2005<sup>6</sup> overcame. Nevertheless, this Instruction that dealt this same matter and is currently in force, presents some peculiarities that clearly borders on the law. For example, the forth point of the instruction,

by which the Chief Counsel assumes the authority to determine which research project will take the selection process carried out by the Ethic Commission for Clinical Research, is in contradiction with the spirit of the law 14/2007 on biomedical research<sup>7</sup>. Furthermore, it is arbitrary since nobody really knows, outside the Chief Counsel, who evaluates the projects and the authorization that must be requested, nor the criteria by which a project is accepted or rejected. And arbitrariness is worse than obstruction.

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