

LETTER TO THE DIRECTOR

REGARDING THE MANAGING GROUP WORKING SESSION AT THE LAST SESP (SPANISH SOCIETY FOR PRISON HEALTH) CONGRESS

My friend Quino (Dr José Joaquín Antón, physician at Albolote Prison) caught my attention at the congress held in Seville, during and after such working session. He did not understand nor share my reaction to the deputy director, Dr José Manuel Arroyo's answer, during the realization of the session. Although I had questions for the majority of the participating speakers, I did not ask them since I did not think it was the right moment to do so. On the other hand what really made me angry was our political coordinator's answer regarding the inclusion of Prison Health within the National Health System (NHS).

As I have explained in a previous letter to the director of this journal¹, we conceptually form part of the NHS, as stated in art. 44.1 of General Health act 14/1986 of 25 April: "All the different public health structures and services are to be included in the National Health System". The same article, in point 2, states: "the National Health System is made up of both the State and Autonomous Community Health Departments...". Thus Prison Health Care is part of the NHS as it is a public structure providing health services and therefore a State Health Department. However, legally and/or juridically "it is not", since the third final provision of the same General Health act 14/1986 of 25 April, establishes that it is the Government, "by means of a Royal Decree, under the joint proposal of the Ministries concerned, that will decide on the participation of the National toxicology Institute, Forensic Medicine, Civil Registry Health care services and **Prison Health Care...** within the National Health Services".

There is a lack, thus, of a simple Royal Decree which should be, I think, administered by the Prison Health Care coordinator and incited by the president of the Spanish Society for Prison Health (SESP). All of the above-mentioned is prior to the law of March 12 2003 on Cohesion and Quality in the National Health System. Therefore, the most important is to rapidly sign the abovementioned Royal Decree and then to carry out the transfers of power to the Autonomous Communities. This must be the principal task of the political representative of Prison Health if he really believes what he expressed in the congress held in Seville in November.

Prior to the Law on Cohesion and Quality, there is Royal Decree 1753/1998, 31 July on the exceptional right to obtain the title of Specialist in Family and Community Medicine as well as on the practice of Family Medicine within the NHS. This Royal De-

ree, in its first additional provision set forth in point 1, establishes that: "one's work in the field of Family Medicine within Prison health care services will compute for the exceptional access to the speciality of Family Medicine" and establishes, in point 2, that the title of Specialist doctor in Family and Community Medicine will be necessary in order to access to a position in Family Medicine within the Prison health care services". This Royal Decree establishes that this position must be classified exclusively under the name of Family Medicine, and it establishes as well that during the examination phase the positions of Family Medicine acquired through residency system will be computed with a score of between six and eight years.

We are, consequently, practitioners of Primary care for inmates; that is to say, Specialist Doctor in Family and Community Health, independently of whether it was achieved via MIR or not. We are not pseudo specialists of other subjects. And while we are at it, I ask: why isn't the Spanish Society for Prison Health part of the forum of Primary Care in which the Primary Care scientific societies (SEMFYC, SEMG, SEMERGEN, the Medicine trade union, the Medical College Organisation) are represented? Penitentiary Medicine is not and will not be a medical specialty since it is part of Primary care and within the Specialty of Family and Community Medicine and this is the reason why the exceptional right to obtain the title of Specialist doctor in Family and community Medicine was contemplated, according to Royal Decree 1753/1998, of 31 July, first additional provision. Nevertheless, it could be an Area of Specific Training of such specialty, as stipulated in the Health Professions Act, art. 24 of Law 44/2003, of 21 November, of health professions act, Official State Gazette of 22 November 2003.

I think that these are issues the new president of the SESP must think about.

Antonio Rodríguez

Physician in Prison Health Care services
Specialist Doctor in Family and Community Medicine

BIBLIOGRAPHIC REFERENCES

1. Rodríguez-Martínez A. Integración en los Sistemas Sanitarios Autonómicos. ¿Por Qué? Rev Esp Sanid Penit 2010; 12: 61.

Dear colleague,

With reference to the letter that you have sent to the editorial staff of the Spanish Journal of Prison Health regarding the debate that took place in the managing group working session at the SESP congress last November; I would like to make some clarifications:

1. The report which was asked from the General Secretary of Penitentiary Institutions to the National School of Health, regarding the inclusion of Prison Health Care within the National Health System (NHS), established a series of legally well argued facts, concluding affirmatively to the question raised. Among other arguments, the report said:

“Prison health is therefore a health care structure from the public administration aimed at the prison population and is thus by law part of the National Health System, since it is defined in Art. 44.2 of Health General Act of 1986 as “set of Health Services from the State Administration and the Autonomous Communities”.

In accordance with this approach, the third final provision of Health General Act states:

“1. The Government, by means of a Royal Decree, under the joint proposal of the ministries concerned, will decide on:

a) the participation of the National toxicology Institute, Forensic Medicine, Civil Registry Health care services and Prison Health Care within the National Health Services”.

Unfortunately, this decree within the General Health Act has not progressed towards a regulation and although we can say that Prison Health Care is part of the National Health System, it is not officially represented in the NHS coordination bodies, and technicians from the NHS do not even form part of the Prison Health Work Groups, not even on issues related to Public Health. On account of the characteristics of the population Prison Health deals with, and its relation with the general population, a close collaboration between Prison Health Care and the rest of the NHS is more than necessary.

The Law on Quality and Cohesion of the National Health System (2003) reinforces the idea of joining and thus integrating Prison Health within the NHS through the Autonomous Community Health Services. Therefore, the sixth additional provision states word for word:

“Prison Health will be transferred from the prison administration to the health administration in each autonomous community.

“For such purpose, and for a period of 18 months after this law has come into effect and by means of the

corresponding Royal Decree, Prison health care services will be integrated into the NHS, in accordance with the transfer system established in the statute of autonomy”.

To conclude, the Royal Decree that the Health General Act (1986) referred to, set forth in the third final provision, is the same Royal decree as in the Law on Quality and Cohesion and its publication will not be necessary for Prison Health to be considered a part of the NHS, since it already is, but rather in order to establish how it will participate in it once the transfer to the Autonomous Communities has occurred.

2. The manner in which you interpret my responsibility as head of prison health care coordination as being a “political representative” is to say the least bizarre. The fundamental principles of any Penitentiary Institutions Secretary General are of course set out by a public figure who has been democratically elected for this purpose, from among the members of the political party in government at the time. But to deduce from this fact, that the general sub-direction of health care coordination is of a political nature, is a serious mistake. I do not have, nor had any political affiliation. I have not followed political guiding plans in establishing the strategic objectives of the unit I coordinate, nor will I. I am not likely to use my position to play politics. I think there are already enough channels for that, beyond the positions of technical responsibility like the one I am honoured with. The criteria of my management have been based and will always be based on evidences from experience and knowledge, not only coming from me but also from the General Direction team, as well as from the information collected by the professionals and people in charge of the centres.

3. I am grateful for the opportunity to make the necessary contributions in this letter so that this important issue can be clarified. I would like to thank not only the RESP Editorial committee but also you for the initiative you have had of writing your opinion in the corresponding section of such a prestigious journal.

Yours sincerely,

MINISTRY OF THE INTERIOR
General Secretary of Penitentiary Institutions

José Manuel Arroyo Cobo
Deputy Director of Health care coordination
Penitentiary Institutions
Alcalá, 38 - 28014 MADRID