



Canadian Nursing Students' Association Association des étudiant(e)s infirmier(ère)s du Canada

Position Statement

Equitable Healthcare for Prisoner Populations

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Introduction/Background Information

Around the world, incarcerated persons are known to be at increased risk of physical and mental health issues. When social determinants of health are compared to the general population, these persons can be considered vulnerable, and even prior to incarceration can have difficulty in accessing primary health care (CFPC, 2016). Being of the understanding that a majority of the prison population will return to the general population once time is served, it is obvious that prisoner health is directly related to the health of the community (CFPC, 2016; WHO, 2007).

The United Nations Standard Minimum Rules for the Treatment of Prisoners, also known as the Mandela Rules, outline the basic rights for incarcerated persons. Rule 24, dictates that prisoners should not encounter bias in accessing health care due to their imprisonment and should have the same access to treatment as one would have in the community. Rule 24 also states that public health agencies should be closely involved in prisoner health due to the community health risks for tuberculosis, HIV, and substance abuse, once the incarcerated re-enter the general population (UN, 2015). Currently in Canada, only Alberta, British Columbia, and Nova Scotia, follow the World Health recommendations of issuing health care delivery under the ministry of health; all others use stand-alone health services run by the ministry of justice (CFPC, 2017; BC Mental Health and Substance Use Services, 2017).

Solitary confinement during incarceration has detrimental effects on prisoner health as well. Solitary confinement takes away control, isolates from social contact, and reduces environmental stimuli dramatically. This results in anxiety, depression, anger, paranoia, psychosis, and self-harm. As well, persons in solitary confinement are seven times more likely to attempt suicide (WCPJS, 2016). Solitary confinement both worsens and creates mental health issues in prisoners, which comes with physical consequences as well (WCPJS, 2016). Solitary confinement has been condemned internationally, yet, Canada still uses this measure in its prisons, which will worsen the overall health of the prison populations and therefore the Canadian public by extension (WCPJS, 2016).



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The Position

The position of the CNSA has been in supporting and advocating for equitable health care for all Canadians. This belief naturally extends to Canadians in confinement, which we believe should be under the appropriate supervision of the Ministry of Health.

The CNSA supports the education of nursing students on these topics through its core principle of influencing and advancing nursing education. Topics regarding Mandela Rules, justice, and specific health care needs of this vulnerable population, both within and beyond the prison system, would be key for the future nurses of Canada. Advocacy for greater inclusion of this issue in nursing education could improve health promotion and community health knowledge, as well as social education outcomes for students.

The CNSA also stands in support and in partnership with the West Coast Prison Justice Society for their goal of abolishment of solitary confinement due to its devastating effects on persons' mental, physical, and social health. The CNSA believes that as future socially responsible health care providers, we cannot ethically endorse the use of solitary confinement under any circumstance.

Relation to Canadian Nursing School Curriculums

Currently, public and community health curriculum does not adequately address the needs of the incarcerated person, nor does it adequately prepare nurses for the impact on the health of the public in relation to prisoner health. Nursing curriculum should address prisoner health, prisoner rights, the UN Mandela Rules, and the responsibilities of the health care provider in care and ethics with regards to this vulnerable population.

As previously described, provisions for health care for incarcerated populations better the health of all Canadians. Inclusion of prisoner health topics in nursing education will increase awareness of this vulnerable population, and will better prepare the future nurse for the special responsibilities both ethically, and in basic care, that these persons require both during, and after, incarceration.

Conclusion and Restatement of CNSA Position

The CNSA believes in equitable health care for all Canadians even while incarcerated - this includes ensuring health care is delivered by the Ministry of Health. The CNSA further believes that education for chapter schools regarding Mandela Rules and the complex topic of prisoner health should be included in nursing curricula. With the partnership of the West Coast Prison Justice Society, we will stand for the abolishment of solitary confinement in Canada.



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