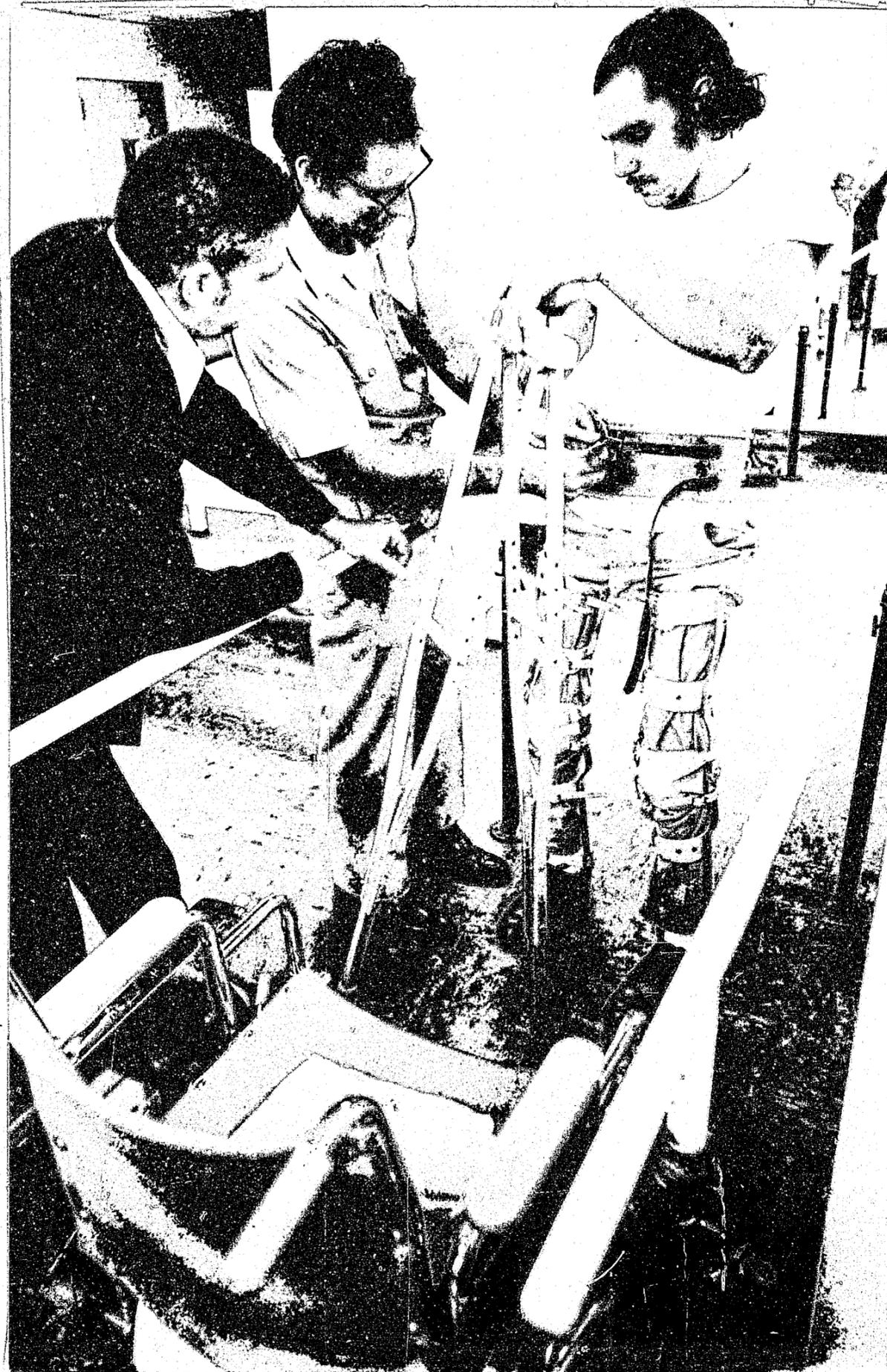


75765³



OPPORTUNITY and CHALLENGE

"Prison medicine is a speciality of its own. If you treat men inside these walls, there is nobody on earth you can't treat ..."

The speaker is a physician serving in one of the fifty correctional institutions maintained by the Federal Bureau of Prisons. A Public Health Service Commissioned Officer in his midforties, he talks of his practice in terms that vary from enthusiasm about the wide range of pathology he encounters and excellent staff support to the realities of dealing with patients frequently on the "hustle" for drugs or favors.

While there have been frustrations for this physician, one among the sixty-five who serve a Federal prison population of 24,000 inmates, the professional and personal benefits far outweigh the drawbacks as he looks back on his fourteen years with the Bureau of Prisons. He has grown professionally, he has been

active in his community, he has been able to spend time with his family, and he has received a comfortable salary.

The doctor under discussion is extremely competent. The Bureau of Prisons wants more like him as it seeks qualified candidates for medical positions now available within the system.

For you the physician, the choice is not an easy one. Whether you are in mid-career or have recently completed your residency, you must be convinced that prison medicine will be fulfilling to you as a person and as a doctor. The Bureau hopes that this material will provide you with some insight into what the practice of medicine is like in the Federal prison system and what it can mean for you.

FEB 24 1981

ACQUISITIONS



A COMMITMENT TO PEOPLE

"Everyone is entitled to medical care. In delivering that care to inmates, I feel that I can contribute something to their overall rehabilitation. I can actually help these people . . ."

Physicians in the United States enjoy a wide range of opportunity. Their skills and talents are in great demand. For the most part they can select the specialties they will pursue, with whom they will be associated, and where they will be located.

The physicians serving in the Federal prison system today do not have to be there. They have made their decisions to serve an inmate population by choice. While there are many advantages to practicing medicine in Federal prisons, a dominant factor in sus-

taining those decisions is a strong commitment to a group of men and women who need medical care and support.

That commitment is rarely expressed in this group of dedicated, hard-working professionals. However, one physician summed it up this way:

"Everyone is entitled to medical care. In delivering that care to inmates, I feel that I can contribute something to their overall rehabilitation. I can actually help these people. . ."



THE MEDICAL DAY

"Our primary function is the delivery of health care to the prison population. The tone is set and the quality of care established by our integrity as physicians. . . My practice here in the prison basically works like a clinic in a town of 2,000 . . ."

A typical day for a physician in one Federal correctional medical facility begins at 7:30 a.m. with a half hour for reading X-rays and EKGs. He spends the hour from 8:00 a.m. to 9:00 a.m. making rounds in the hospital, and for the remainder of the morning sees the outpatients, who have been thoroughly screened by a capable staff of physician's assistants. The afternoon hours are open for a range of tasks from checking out new patients for admission to the hospital and giving physicals to new inmates, to doing spinal taps, bone marrow tests, or minor surgery. Acute emergencies are rare though some will inevitably occur.

Usually by 4:00 p.m. the doctor has finished his work and is through for the day. With of course some variation, he repeats this daily routine five days a week. Although he rotates on call

with other physicians, he rarely needs to return to the institution.

While much of the work is routine, it is far from dull. As one young physician said, "I've seen a variety of illnesses, the scope of which I wouldn't have seen in ten years of practice, and a total of cases I couldn't hope to touch in fifteen."

A surgeon reports that, "I have a good volume and a wide variety of surgery here. I enjoy modern facilities and I can call in fifty consultants in subspecialties from the surrounding area. We're equipped to do everything except open-heart surgery."

But a normal work schedule and a wide range of pathology are only two elements among the many practical advantages which make the Bureau of Prisons a solid and attractive career choice for today's doctor. Consider some of the other features.



STAFF and CONSULTANT SUPPORT

The Bureau physician has impressive professional and para-professional support both from inside and outside the institution.

Inside, the physician's assistant screens all patients before referring them to the doctor. As a rule of thumb, ten percent of a given inmate population report for daily sick call. In a typical, medium-size minimum-security institution, this means that about 60 of the 600 inmates will report to the clinic. Only 20 of these will actually appear in the doctor's office for consultation. The remainder will receive medication or advice from the physician's assistant, who has been especially trained in a Bureau program to handle the wide range of tasks from preliminary diagnosis to routine physicals and injections. The contribution of the physician's assistant, who usually has had prior experience as a military medical corpsman, is widely praised by Bureau physicians. They view the "PA's" as competent, valuable timesavers who free the doctor from tedious chores and enable him to devote time and attention

to the major problems that might arise in the course of his day.

External support is provided the Bureau physician by consultants who are available to lend their specific expertise on a wide range of problems. Professional staff support is usually immediate and excellent in any prison community. Patients with acute problems, such as major surgery, which Bureau physicians and consultants judge to be beyond the capability of their respective facilities, are referred to the Medical Center for Federal Prisoners in Springfield, Missouri, the Federal facility in Lexington, Kentucky, and other Government and community hospitals.

Beyond response to specific problems, consultants serve a valuable function with informal evaluations and critiques on the health care inmates are receiving. They often provide an important source of professional stimulus.

Professional support also means that the Bureau physician can call on consultants for instant coverage when he takes a vacation or needs time away from the hospital for personal reasons.



REGULAR HOURS

A doctor serving in the Bureau usually works an eight-hour day, five days a week, plus his turn on making weekend ward rounds. In some cases, he can work out his own schedule. While the regular work week is attractive in itself, it also means that at the end of the day, a doctor can finish up and go home. He leaves his work at the hospital to be resumed the following morning. He has more time with his family,

for community activity or other interests. The benefits are both physical and psychological, as the tensions of a 24-hour day, seven-day-a-week practice are dramatically reduced. Time spent "on call" or weekend rounds is minimal and emergencies are infrequent. As one doctor stated, "For the first time in my professional life, I am free to do things I was never able to do."

PROFESSIONAL ACTIVITIES

Some physicians in the Bureau take advantage of their free time and complement their prison practice with efforts of their own. These can range from participation in a private clinic on a regular schedule, to covering the emergency room in a local hospital on weekends, or teaching at a nearby university. Many physicians feel that this additional activity breaks the routine of prison medicine, sharpens their skills, keeps them in touch with a more varied patient population, and makes up for what can become a lack of urgency in prison practice.

There also is an opportunity for research, though current activity in the system is generated primarily by individual physicians. Research efforts in the recent past have included work in chromosomal abnormalities, glucose tolerance, audiology, malaria, influenza, rubella, and pulmonary disease.



10

SALARY and BENEFITS

At a top level of \$50,000 per year, the Civil Service salary offered by the Bureau of Prisons to the qualified physician approaches parity with the financial opportunities of private practice. Additional incentive pay and bonuses for commissioned officers add to an already attractive financial picture.

The advantages of a salaried position at this level are more evident when one considers that the Bureau physician is not faced with an initial dollar investment nor saddled with heavy overhead costs. Doctors now in the Bureau earning \$50,000 favorably compare their financial situation with their contemporaries in private practice whose gross earnings exceed \$100,000 a year. They point to two tangible cost factors: office upkeep and taxes. In addi-

tion, they cite the reduced number of working hours which they, as Bureau physicians, enjoy. Again psychology plays a major role. The assurance of a regular, substantial paycheck has obvious benefits, and doctors in the Bureau, backed up by hospital administrators, are free from the demands of running an office and from having to assume the role of bill collector.

In addition to salary, the Bureau offers a generous retirement plan, a liberal annual leave policy, and attractive health and life insurance plans to the physician and his dependents. Physicians may join the Bureau under either Civil Service or PHS Commissioned Corps appointments, which depend on qualifications and career interests.

11

THE OTHER SIDE

There are good reasons for choosing a career in medicine with the Bureau of Prisons. But there is another side to the story which the Bureau wants you to know about and think over. Doctors now serving in the Bureau have candidly shared their impressions of the drawbacks, as well as the benefits, of practicing prison medicine. You should consider all the factors before making your career decision.

When asked what they do not like about their jobs, Bureau physicians invariably cite two points. Both involve the inmates and their attitudes toward the prison establishment, of which the doctor is very much a part.

First, doctors feel they are the objects of a frequent "game" or "hustle" which takes a variety of forms. One is a badgering for drugs and medication. Some of this pressure is mounted for medically legitimate reasons; a great deal of it stems from a desire to alleviate the tedium of imprisonment. Another variety of "hustle" is the inmate who reports for sick call because he wants time off, or an easy job, or a chance to talk to people, or simply for the sake of doing something different.

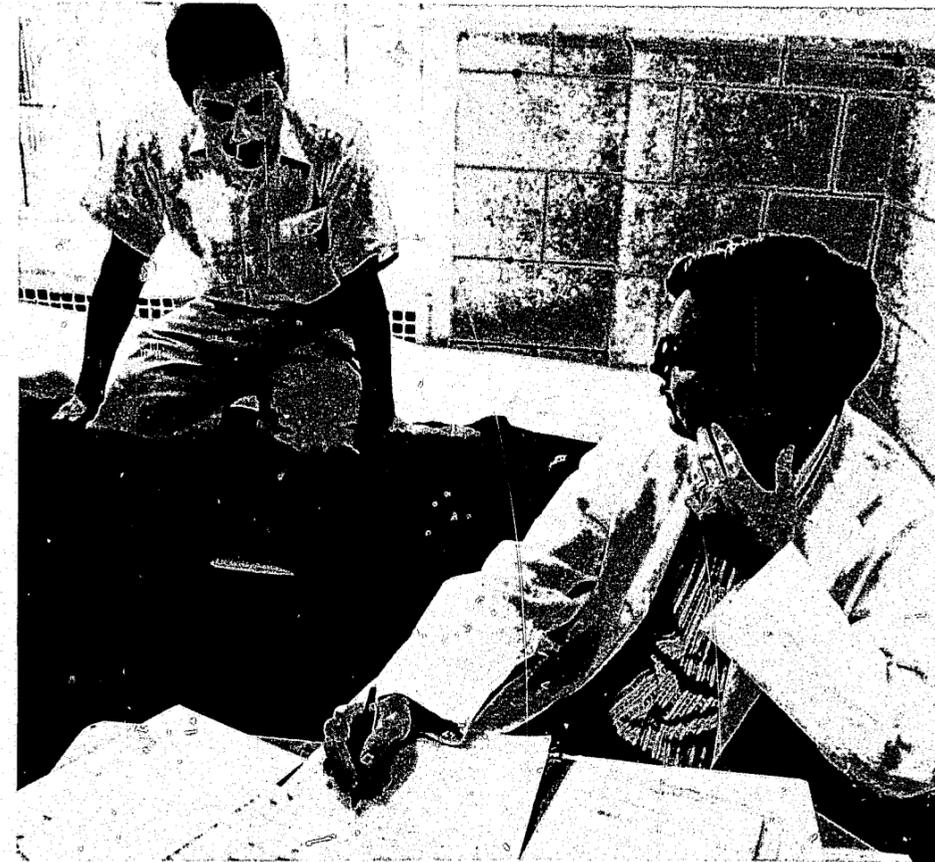
A Bureau physician in a minimum-security institution in the Southwest said, "I see a lot of malingerers but that's the chal-

lenging part of my job. Of the twenty patients I see every morning, probably only five are really sick. But the other fifteen have a problem. They need someone to talk to or a sleeping pill. I give them what I think they need."

Second, some inmates use legal redress to seek the medical treatment they think they require or to sue the Government for alleged malpractice. The latter is, of course, not endemic to the Federal prison system, but it occurs frequently enough to be a topic of discussion among Bureau physicians who feel they have to spend an excessive amount of time on legal paperwork to assist Depart-

ment of Justice lawyers who handle these cases with consistent success.

Prison priorities also affect the life of the Bureau physician. Custody is the primary mission of the Federal prison system. Good medical treatment of prisoners is an essential but secondary element in an institution, except for serious medical emergencies when it becomes paramount. For the most part, the correctional and medical staff work very well together and when occasional minor problems arise (usually only in maximum-security institutions), both staffs work together cooperatively to eliminate the conflict.





CHOICE and DEDICATION

In the preceding material, the Bureau has attempted to present a balanced picture of the practice of prison medicine. We hope that this frank and honest exposition, as perceived through the eyes of physicians now serving in the Bureau, will help you make an initial assessment of your interest in joining the Bureau of Prisons.

However, over and above the practical factors you will consider, there is again the question of commitment. Prison medicine is a challenge and an opportunity, not a sinecure. Bureau physicians are dedicated to providing, often under trying circumstances, the best possible medical care to their patients. While their medical practices have their difficult moments, the overwhelming majority of Bureau physicians would not trade their places for any other.

One physician, who has more than twenty years service with the Bureau, put it this way: "As a G.P. in private practice, I was putting in eighteen hours a day and

saw the handwriting on the wall. One of the best things I ever did was join the Bureau. The medical staff here is compassionate and hard-working. They not only feel that everyone has a right to medical care, they care about their patients and feel that maybe they can contribute something to their rehabilitation. We have our problems, our bureaucratic hassles, but in spite of them we do a commendable job. I think we succeed because Bureau of Prisons personnel have an esprit de corps, a certain spirit that makes it all possible."

The Bureau of Prisons needs qualified, dedicated physicians. If you are interested and feel that you are eligible, call or write:

Robert L. Brutsche, M.D.
Assistant Surgeon General, USPHS
Medical Director, Bureau of Prisons
U.S. Department of Justice
320 - 1st Street, N.W.
Washington, D.C. 20534

(202) 724-3055

"I've seen a variety of illnesses, the scope of which I wouldn't have seen in ten years of practice, and a total of cases I couldn't hope to touch in fifteen."

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
Public Health Service
Health Services Administration
Bureau of Medical Services
DHEW Publication No. (HSA) 80-2015 (Revised)



END