

Access to care at the frontier of health care, advocacy and research

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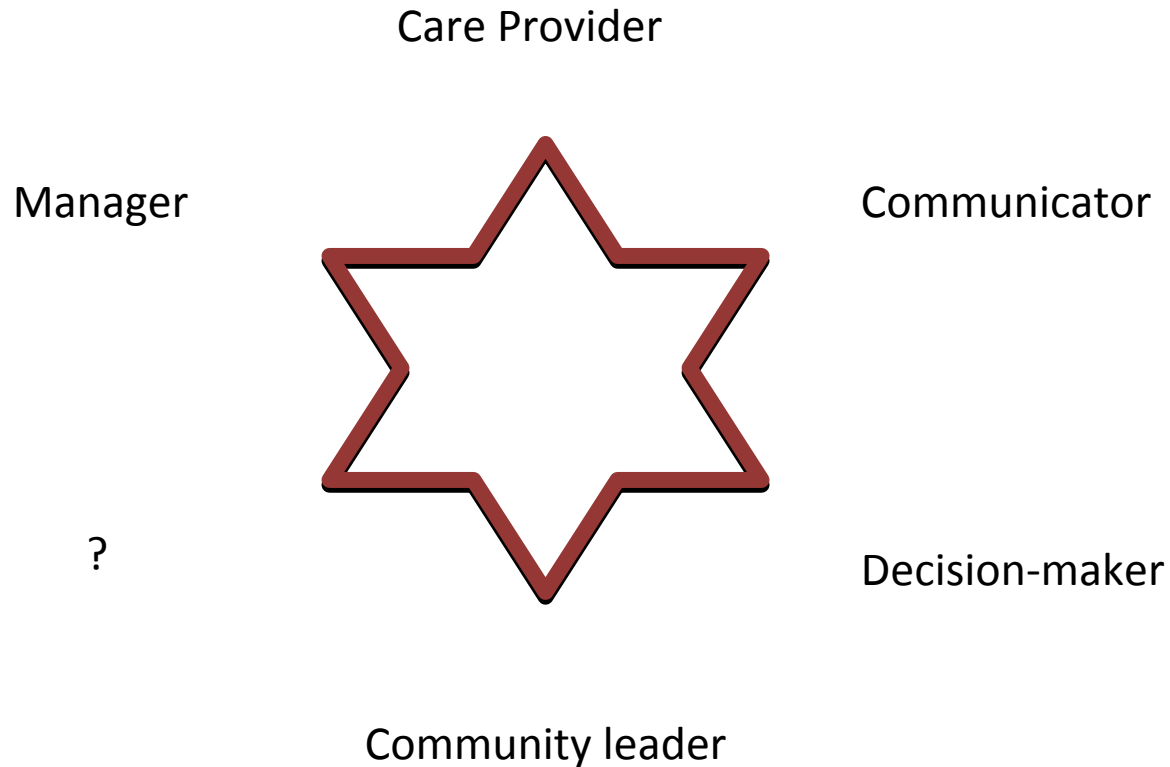
Outline

- Setting :
 - Primary care
 - Vulnerable populations (detainees)
- 5 star doctor
- Role of the physician: a personal view

Background and Setting

- Training MD Internal medicine, MPH
- 1999-2007: Health care unit for vulnerable populations (homeless, undocumented migrants)
- Since 2007: Prisoner medicine in Geneva

5 star doctor





PRIERE DE S'ANNONCER
A L'INTERPHONE
S.V.P.

ENTREE



Prison Champ-Dollon, Geneva, Switzerland

- 3000 incarcerations/year
- 270 places; 448 detainees (170% !!)
- 94% male
- 60% under 30 years
- Nationality:
 - Swiss 11%
 - Other Europe 35%
 - North Africa 19%
 - Africa other 19%
- No residency permit 63%
- 50% stay < 1 month



- 14.500 consultations/year
 - 18 nurses (24h/24)
 - GP, psychiatrist, psychologist, Dentists, other specialists
- Access to care/prevention
- Equivalence of care
- Separation of hierarchies
- Every inmate seen same day by nurses:
 - Infectious diseases, addiction, morbidity, medicaments, mental health, violence



Violence

- 100-200 allegations of violence/year by detainees against:
 - Police, guards, other inmates
- Systematic notification (head of police/prison director) if detainee agrees
- No feed-back last 10 years
- Important public (and media) sensibility about violence by Police
 - Report April 2007

Report 2007

- Experts:
 - improve violence detection
 - transmit systematically every allegation of violence:
even against the wish of the detainee

Measures

- 1. visit (nurse) in medical unit (confidentiality)
- New patient file: better transmission
- Record to head of the Police and to a neutral commissioner
- BUT:
 - No transmission against the will of the patient

Role:

Therapeute (confidentiality)  Expert

Measures II

- Opportunity to improve contact with head of the Police
 - Direct contact if allegation severe
 - Neutral Expert (Forensic medicine)
 - Regular feed-back
- Aim: stimulate reforms among Police
 - Interest of the Police: image, human rights, prevention
 - Interest of us/patient: justice, prevention, human rights

Why adapt our roles ?

- World changes, so also we
- SEP doctor \neq SEP patient \rightarrow challenge
- Values (personal similar to professional)
- Pleasure (contact with patients, partners,....)
- Conviction (that our action matters)
- Research
 - Problem/Impression/Feeling \rightarrow evidence
 - Evidence \rightarrow action
- **ADVOCACY**

Advocacy

- GP: privileged place to observe inequalities
- Detect and communicate the problem
- Make sure that concerned persons approve
- Interests with main stake-holders?
 - If yes: search common strategies/interactions
 - If no: search transparency, make it public
 - Research (quantify the problem)
 - Other stakeholders
 - Media (be careful!)

6 star doctor

