Recovering at Her Majesty’s Pleasure: JODS 21.3

Authors: Maronge et al.

Dear Sir

What an interesting topic. This paper raised for me a potential gap in our collective thinking.

I do not know a great deal about care in a prison setting. However, I know something of providing acute-care in a patient’s own home and in residential home settings. It occurred to me that there may be some crossover between these two areas.

The move to more ambulatory care is inevitable. And day surgery has been ahead of this trend for a quarter of a century.

Best practice necessitates discharge to a responsible adult. And as professionals we have worked hard to establish procedures, escalation routes and protective infrastructure that keep our patients safe whilst they complete their acute episode beyond the boundaries of the hospital.

When we transfer a patient from hospital to the care of a family member we are confident that that individual will be vigilant if not expert. When we discharge to a care institution such as a residential home, we have confidence in the professional expertise of carers and the infrastructure of both those institutions and the community care providers.

I was struck by the fact that a patient returned to prison from hospital may fall between all stools. Prison officers are not expert carers, cell-mates may not be motivated to be vigilant, and medical infrastructure may not be available around-the-clock.

Recent case law further complicates the question for clinicians by imposing a duty of care (with potential liability for damages) for prisoners with a medical condition.

I was further struck by the absence of guidance and quality standards in this area. It was the authors themselves who established safe practice and appropriate support for the prisons following an increase in ambulatory care and day procedures performed for prisoners.

It seems to me that this is an area of care to be taken seriously and one which deserves continued research, perhaps drawing comparisons between acute care at home and discharges made to prison.

Like prisons, residential homes are a supervised environment but their staff have a wildly different ethos, skill-set and access to supporting services.

Would we find infrastructure deficiencies in residential home care post day surgery?

Have we the right expectations of family members as carers in the patient’s home?

I enjoyed this paper and thank the authors for their ambition to quality-assure post-operative care for prisoners.

It has left me with an appetite for greater understanding of how care is assured in the three very different settings I have described.

James Heffron
Sageci Limited