Remote Medical Care in the Penitentiary System of Bavaria

Field report from a medical perspective

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Medical Examination Standards

- Professional Code of Conduct
 - consent
 - doctor-patient confidentiality
 - documentation requirements
 - suitable examination and treatment methods



Examination Methods

- medical history
- inspection
- auscultation
- technical findings

 ultrasound, ECG, EEG, laboratory findings, X-ray
- palpation
- interpersonal contact
- functional examination
- percussion
- smell, taste



Telemedicine Development in Bavaria

- TEMPiS (Telemedical Project for Integrated Stroke Care; 2003)
- pilot projects for telemedical on-call service (A+ Videoclinic, 2019) good acceptance
- from 2020, part of standard medical care general medicine, psychiatry, psychotherapy, orthopedics, surgery, ophthalmology, dermatology, anesthesiology, addiction medicine, ...
- partly with foreign-language doctors/therapists or integration of an interpreting service



Principles

- no regular doctor is going to be displaced
- only if no doctor available or to relieve workload
- collaboration with on-site paramedics or medically experienced personnel



No Doctor on Site

- Physician deficit but obligation to provide care at specialist standard
- staff must make decisions themselves
- external hospital \rightarrow risk of escape
- underestimation of intramural treatment possibilities
- prison doctor often has an unofficial 24/7 on-call service



Benefits from Telemedicine

- few extramural examinations (hospital admission rate 3%)
- at any time, access to physicians experienced in prison medicine
- vacation and weekend replacement of the prison physician
- good acceptance in facilities without a physician or limited physician availability
- rapid availability of medical specialists
- availability of foreign languages



Typical Cases

- entrance examinations
- back pain, toothache, headache, urinary tract infections
- addiction medicine, withdrawal from alcohol and various drugs
- supervision of substitution / substitution consultations
- exclusion of myocardial infarction
- guidance for first aid measures
- psychiatric diagnostics, suicidality
- psychotherapy



Limitations

- vaccinations
- intravenous administration of drugs
- quality of findings collected by auxiliaries
- forced treatment
- monitoring of patients restrained in bed
- integration of the telemedical physicians into the staff
- each institution has special needs that must be taken into account

