



Tearing down walls in Canada's prisons

Lynne Cohen

Not content to revolutionize medical practice in federal prisons, Kingston, Ont., family physician Mary Pearson would like to transform the entire prison system.

In 1994 she helped make medical history in Canada's penitentiaries by setting up an innovative group practice with 8 other physicians and introducing new programs and services at 7 prisons in the Kingston area. The province has 4500 federal prisoners, and the doctors have been able to provide an unprecedented level of medical care and advocacy for many of them. (Federal prisons deal with inmates whose sentences are longer than 2 years.)

With pit-bull tenacity, Pearson has pushed her progressive ideas through the Correctional Service of Canada (CSC) bureaucracy. Among other things, she has helped establish a limited methadone program, screening for hepatitis C and HIV, and TB testing.

She has also helped to streamline the provision of prison medical services. "One doctor used to look after 1 institution, 24 hours a day, 7 days a week," explains Pearson, who sees her contributions as a small beginning. "That was no way to give care. After-hours activity was making our local emergency room [staff] angry. Staff there considered some of [these patients] dangerous offenders, with no real medical problems."

Pearson proposed an alternative: a group practice of 9 local doctors with different areas of expertise but a common interest in corrections. Together they provided around-the-clock service for a cluster of institutions — until they lost the contract in February.

Pearson, who plans to bid for the contract again next year, continues to work in prisons 40% of the time and in her family practice for the rest. She also works in a public health unit clinic that takes a harm-reduction approach in providing care for addicts. Pearson says these approaches include needle exchanges and methadone maintenance, "so these ideas are not so radical in the real world."

"We probably lost the contract because of my philosophy," she laments, adding that she is "cranky" to work with because she doesn't believe in prisons, particularly for drug addicts. "[The system] made less and less moral sense the more I became involved."

Pearson, who has 4 children under age 11 as well as 2 stepchildren, was raised in Quebec and Toronto and gradu-

ated from Queen's University. She made her major career choices by chance. She chose Queen's for the size of its scholarship and intended to practise family medicine in an underserved area, but soon became attached to Kingston. She began her family practice in 1981 and later became interested in prison work. "I got started in the Prison for Women in 1987 because [CSC] was desperate. They had a hard time keeping doctors. The working conditions were difficult."

As the new prison doctor, her first priority was to control the number of overdoses involving narcotics. In the previous 3 months there had been 7 deaths related to heroin overdoses in Kingston-area prisons — a death rate that is 200 times higher than in a similar male population outside the prisons.

Her ideas for reforming the system are, by Canadian standards, radical. She sees federal prisons as our way of hiding and housing severe addicts. "Liberal European countries don't stick addicts behind walls. It's pointless to make doing drugs illegal for people who are addicted — we have to deal with their [illness] and their social needs."

Freedom for convicted addicts is often temporary, because they simply begin breaking the law to support their habit. "If you have an addict who has already done a few tours of duty inside, the idea should be to treat their addiction so they don't need to reoffend."

Abstinence, society's prevailing addiction philosophy, has limited success in prison. For a prisoner with a 25-year habit, "insisting on abstinence is just not a realistic goal." She supports harm-reduction programs, including needle exchanges. So far, these ideas have been rejected.

Pearson is disappointed that more Canadian doctors don't take an interest in prison medicine. "The inmates are a sick, captive population, fascinating to treat from both a medical and psychological perspective," she says.

The rewards are surprising, often touching. She says her patients trusted and loved her to a degree most Canadian FPs would envy. "We had a big HIV-hepatitis C screen in Joyceville last fall. The inmate who was the cause of the need for the screen died 3 days before my baby [Sam] was born last December. At Christmas I got a card from the lifers. One [addict] wrote, in very shaky handwriting: 'Mary, we thought you were trying to overpopulate the world, but maybe this baby will just replace [the inmate who died].' " ?



Dr. Mary Pearson with Sam, then 3 months old