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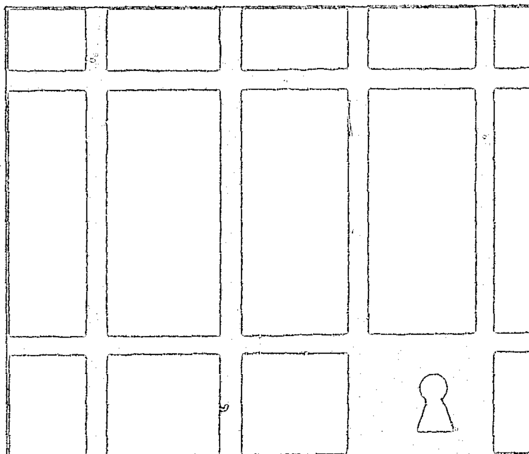
PROCEEDINGS

2nd National Conference on Medical Care and Health Services in Correctional Institutions



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DENTAL CARE -- WHAT IS REALISTIC? *

This paper will focus on conditions as they are today after studies and on-site surveys in Michigan jails. It is hoped that the topic "Dental Care -- What is Realistic?" may be answered in more certain terms during this program. It may be that the topic of our discussion ought to be followed by the question, "What is Achievable?" today and in the foreseeable future.

Reliable data have not yet been assembled to give us answers, but we can at least discuss what we have learned so far.

After two years and many hours of discussions, debates and consultations, the AMA National Advisory Committee evolved an approach to jail dental care which is now being tested by incorporating this type of care into the Standards. Credit must be given to the Advisory Committee for their foresight in recognizing the importance of including adequate dental care as an integral, connecting segment to any good medical care system.

The Michigan Project Group, as one of the original pilot project states, developed a philosophic framework, expressed in the Michigan Manual for Health Care in Jails. I quote: "Society has the responsibility to provide adequate medical, dental and mental health care to inmates in county jails just as society has the responsibility to protect the health of any citizen."

The Michigan Project Group was fortunate in having Doctor Jerry Booth, DDS, MS, as a consultant. He provided vital input on the clinical aspects of dental services in county facilities. Doctor Booth has 10 years of experience as consultant at the Southeastern Michigan Prison -- better known as Jackson Prison.

When you study the 42 AMA Standards you will note the many references to dental observation, treatment, care and education throughout the document. You will not be surprised to learn that 22 of the 42 Standards refer in varying degrees to dental care and treatment.

To pursue this thought, I'd like to underline two points. One, too many believe that dental care is a minor or secondary part of the total

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*Presented by Herbert Mehler, Jail Pilot Project Director, Michigan State Medical Society.

health system. Two, to emphasize this recognition of dental care in jails, let me take a few minutes to quickly summarize these dental standards for a better perspective.

Because these Standards all begin with the numerical 1000, I'll refer to them by citing the last two digits.

Standards 01, 03, 04 and 05 require physician approval of dental services; quarterly and annual statistical reports; receiving screening; hygiene; examination and treatment; and that dentists be licensed in the state in which they practice.

Standards 06, 07, 10, 11, 12 and 14 deal with written job descriptions; written or standing orders for allied health personnel; contents of first aid kits; the receiving screening form and a health appraisal data collection to be completed by the 14th day of stay.

Standards 14, 15, 16, 18, 19, and 21 requires a written communication on how inmates gain access to dental care; medical complaints; sick call; the availability of 24-hour emergency care; insuring that trained personnel are capable of rendering first aid; and an explanation of chronic and convalescent care and medical preventive maintenance as part of any educational effort.

Standards 22, 23, 28, 29, 30 and 38 relate to protheses; a dental examination on or before the 90th day of stay; management of pharmaceuticals; passing medications; medical records; inmate transfers and personal hygiene.

Despite the fact that dental care plays an important role in the accreditation process, it is my observation that some sheriffs, jail administrators and medical people still do not yet fully appreciate this kind of care in jails.

These Standards are not as awesome as you may think.

I want to give you approaches that some of our Michigan jails use to comply with these Standards. Obviously, these may not be appropriate for all jails -- depending on personnel and funding.

One of the Standards requires that there be 24-hour emergency dental care. Let's use the example that an inmate has a severe toothache at 3:00 in the morning and the dentist can't be reached until 8:00 a.m. Even the smallest jail can see to it that the inmate gets a couple of aspirin or Tylenol for relief until the dentist is contacted. Or, if the ache is severe enough, the inmate can be sent to the hospital emergency room.

A tooth extraction may result in a dry socket within one to seven days.

If that occurs, it can be handled by a medically trained jailor by following the written standing orders of the physician or dentist.

In the area of personal hygiene, our jails provide a toothbrush and toothpaste to indigent inmates. The cost for both the brush and paste comes to 67¢ -- a cost that almost any jail ought to be able to cover.

Another Standard requires that inmates receive a dental examination on or before the 90th day of stay. Our records show that only 5% of inmates sentenced to the county jail stay on or beyond the 90th day. Most of the others completed their sentence and/or had seen a dentist. A simple procedure is to flag the inmate who will be incarcerated 90 days and more at the 80th or 85th day for a timely examination.

These are just a few examples to show what a jail can do to provide adequate dental care and treatment in any jail. I know that both Doctors Booth and Rawlins will elaborate on their more extensive experiences.

Returning to my previous comment that some do not appreciate or understand why medical and dental care is provided inmates, let me give a personal anecdote. My dentist asked what I was now doing at the Medical Society. When I told him about the Jails Project, he replied, "Herb, it's a shame these people who violate our laws are receiving better medical and dental care than I get." I suspect this attitude is fairly prevalent in our general population. A question -- is a public educational effort needed?

Let me conclude by giving some notes, comments and observations in my role as Michigan Pilot Project Director:

1. The size of a jail determines the scope of dental care given. Larger jails provide more in-house services.

2. All jails can provide emergency treatment in the form of first aid or other relief measures until the dentist is contacted. This emergency care can be given by a trained jail employee.

3. Routine cursory oral examinations should be made soon after the inmate is booked.

4. It is important that inmates know how to get emergency care -- including written and oral instructions on the way to properly brush teeth and care of the gums.

5. You will find that county boards are reluctant to appropriate funds for medical and dental services. Some

method must be found to break through this barrier.

6. Most dentists prefer to use their own equipment in their own offices. A variety of contractual arrangements can be made so that inmates are not denied this care.

Finally, I'm pleased to announce that the Michigan Department of Corrections, with whom the Michigan Project Group and staff maintains close liaison and communication, proposes to include the AMA Standards, with minor variations, in the Michigan jail rule revisions.

END