

Prison healthcare in images: the demonstration

Vera-Remartínez EJ, Lázaro-Monge R,
Rincón-Moreno S

Centro Penitenciario Castellón I, Castellón (España)

Text received: 03/05/2017

Text accepted: 04/05/17

As Sancho Panza said to the noble gentleman, in the first part of Chapter XXV of *Don Quixote* "...to go seeking adventures all one's life and get nothing but kicks and blanketings, brickbats and punches, and with all this to have to sew up one's mouth without daring to say what is in one's heart, just as if one were dumb."

In this section of *Prison Healthcare in images* we would like to illustrate graphically some curious images that we have come across in our every day practice.

Among the measures of protest that inmates take in prison to show their discomfort before what can be considered unfair, or as a measure of pressure to achieve some type of benefit or change, or just as a means of standing out we have seen a wide variety of self-inflicted injuries: sharp wounds¹, stabbing of metallic objects in the abdominal wall² or elsewhere³, intake of toxic substances such as bleach⁴; or foreign bodies⁵ (blades, batteries, needles, etc...).

Nevertheless if there is a means of protest that has further become a true opposition struggle is that of voluntary fasting or "hunger strike", which entails a series of ethical, deontological and legal controversies within the correctional setting, both for the administration and for healthcare providers. Its incidence rate was estimated at 11.09 episodes per every 1000 inmates and year and a multi-centre study on 22 Spanish prisons⁶ revealed that the most common fasting period was that of between two and seven days (40.6%) followed by that of only one day (27.2%) and only lasting for more than fourteen days in 12.2% of cases.

Hunger strike can be carried out in different ways: solid (refusal to take in food but able to drink), dry (when no food or liquids are taken) and its most extreme version, by sewing one's lips in an attempt to show how serious the commitment is.

These stitches are usually done by means of sewing needles and thread or strings with no concern

for sepsis whatsoever. They usually involve the continuous stitch of both lips trying to seal completely the mouth (Figure 1) or by sewing only the central part of the mouth (Figure 2), which allows drinking and even smoking - a deep-rooted habit among inmates.



Figure 1.



Figure 2.

CORRESPONDENCE

Enrique J. Vera-Remartínez
 Servicio Médico del Centro Penitenciario
 de Castellón I.
 Carretera de Alcora, Km. 10
 12071 Castellón.
 E-Mail: enriquevera@ono.com

BIBLIOGRAPHIC REFERENCES

1. Arroyo-Cobo JM. Manifestaciones subculturales de la autolesión en el medio penitenciario. *Rev Esp Sanid Penit.* 2015;17(3):33-4.
2. Martínez-Cordero A, Amo-Fernández J. Autolesión producida por punción e introducción de un objeto alargado a través de la pared abdominal. *Rev Esp Sanid Penit.* 2013;15(3):114-5.
3. Peñafiel-Rebutti A, Marco-Mouriño A, Cardona-Cabezón FJ, Osanz-Juan F, Artigot-Cánovas MR, Tarrés-Madero Y. El enclavamiento craneal, una forma de autolesión poco común. *Rev Esp Sanid Penit.* 2011;13(1):330-2.
4. Martínez-Cordero A. Caso clínico: ingesta de lejía. *Rev Esp Sanid Penit.* 2005;7(3):142.
5. Íñigo-Barrio C, López-López A. Trastorno límite de la personalidad e ingesta de cuerpos extraños. *Rev Esp Sanid Penit.* 2016;18(1):38-9.
6. García-Guerrero J, Vera-Remartínez EJ, The Hunger Strike in Prisons Study Group. Episodes of voluntary total fasting (hunger strike) in Spanish prisons: a descriptive analysis. *J Forensic Leg Med.* 2015;34:182-6.