



A Day in the Life of a Forensic Correctional Physician/Researcher

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Introduction

The Ghana Prisons Service began as a component of British colonial administration in the early 1800s, with its caretaker functions formalized in the Gold Coast Prisons Ordinance of 1876 and the Prisons Ordinance of 1880. Initially under police oversight, the Prisons Service gained autonomy with the Prisons Service Act 221 of 1963, taking full responsibility for prisoner management. The transition to democracy under the 1992 Constitution further defined its role, with Article 205(1)(2) mandating safe custody of inmates and their welfare, including healthcare. Additionally, Article 83(1)(f) places the Service on the National Security Council.

Physicians play a critical role in the Prison Healthcare System, as outlined in several legal frameworks such as the Prisons Service Act, 1972 (NRCD 46), and the Prisons Service Regulations of 2016 (C.I. 92 and C.I. 93). Operating across 16 regions with 48 establishments, the Prison Healthcare System initially functioned under the Directorate of Welfare.

Significant milestones include my enlistment as a Correctional Officer medic in 2016 and the implementation of a 10-year strategic development plan (2015 – 2025), culminating in the establishment of the Prisons Health Directorate in 2019. This move addressed decades of inadequate physician presence and enhanced healthcare delivery. The creation of Prisons Medical Services under the Directorate further solidified this commitment, with its vision to become the premier healthcare provider in Ghana and beyond. Its mission emphasizes access to quality, equitable, and cost-effective healthcare, delivered by competent professionals to support inmates' well-being.

Background

Stepping into the unique world of Prison/Correctional Healthcare as a Forensic Physician and Researcher with dual experiential exposure — first as a civil prison medic and now as a trained Prisons Officer and medic — is an unparalleled specialty. It demands a delicate balance between medical

care, forensic science, public safety, human rights, court processes, and research.

Prison/Correctional Healthcare has historically been an overlooked specialty, a reality not unique to many continents. However, it plays a crucial role in achieving Universal Health Coverage (UHC). Understanding the dual governance structure of healthcare resources within the Prisons Service — managed through the Ministry of Interior and Ministry of Health via the Ghana Association of Quasi-Health Institutions (GAQHI), an agency under the Ministry of Health — is essential.

This understanding is indispensable for the effective provision of healthcare in line with Sustainable Development Goal (SDG) 3: “Ensuring healthy lives and promoting well-being for all at all ages,” as well as the Nelson Mandela Rules (UN, 2018), also known as the United Nations Standard Minimum Rules for the Treatment of Prisoners.

Currently, as the Medical Director of the Ghana Prisons Service and the Medical Superintendent of the Prisons Hospital at the Medium Security Prison in Nsawam — the largest prison facility in the country — I will outline some specifics of the various activities carried out on typical days during the week.

Morning Routine: Preparation for the Day Ahead

Morning Affirmations and Physical Wellness

The day begins with a focus on personal well-being through morning affirmations. As a trained and certified Seminar II Wellness Recovery Action Plan (WRAP) Co-Facilitator, I “check into life” every morning with reflections and affirmations to start the day on a positive note. Following this, I engage in simple ergonomic postural exercises, cardiac and aerobic routines, as well as breathing exercises. This is complemented by my routine hydration and cleansing therapy with fluids. These practices set the tone for what I call, “Every day is a unique adventure as a Prison Doctor”. As an inmate once echoed into my ears “Doctor, welcome to the prison, the school of life and experiences”.

Arrival at Work: Setting the Stage- Coordinating Daily Operations:

The prison shift system consists of Early, Main, Late, and Night shifts. As the schedule head of the hospital, I typically run the Main shift to oversee the morning routine and participate in decisions to be implemented the following day before the end of the shift. The morning rush-hour briefing and debriefing is a routine that every officer looks forward to when scheduled for the Early or Main shift. Counting prisoners (i.e., “Number Checking”) occurs between shifts, with lock-up number confirmation serving as the benchmark for ending a shift.

I arrive at work around 07:30 – 07:45 hours, or earlier if emergency cases require my attention. My responsibilities include addressing the previous day's decisions, arranging



inmate referrals to specialist hospitals, preparing court reports/referrals, facilitating reception office transfers, and ensuring smooth logistical operations, such as emergency evacuations via ambulance or elective specialist reviews.

After coordinating these tasks with the medical team, the Commander of the Prisons is briefed through the Second-in-Command regarding all external movements for final authorization and command. Debriefing with Command helps streamline healthcare operations and address pressing concerns, creating a synergistic mechanism that integrates medical care into security operations effectively. The physician's advice is pivotal in maintaining the overall security of the prisons.

Simultaneously, the nursing, laboratory, pharmacy, and public health teams are busy medicating patients, collecting early morning samples, conducting tests, and providing public health education during triage for inmates seeking healthcare. Administration of medication to inmates is an important activity, as is done on the Directly Observed Approach (DOA). Inmates can pretend to have taken medications, however, remove it after the nurse has left, to bargain for another item with a colleague, accumulate for intoxication/cause self-harm (suicide) or discard it.

The Physician Assistant (PA)/Nurse at the Female Prison notifies me of any urgent cases requiring my attention. Once external movements are completed, I conduct quick ward rounds to review patients admitted to the 50-bed male-only capacity Prison Hospital located within the facility. Following this, the PA at the Prison Annex Hospital, which serves officers and their dependents, reports to discuss any cases needing review.

Inmates in isolation, segregation, or lockups are also reviewed, and any external admissions to tertiary hospitals are accounted for during my debriefing.

Providing In-Patient and Out-Patient Consultations

This is the period when typical one-on-one consultations begin, during which patients are assessed through standardized clinical history-taking, examinations, laboratory investigations (when indicated), and the formulation of proper management plans. Prison healthcare provision presents a unique setting where a wide range of cases are encountered. Physicians are expected to actively follow up on medication administration and provide constant monitoring to ensure patient recovery, with regular feedback and progress evaluations.

On a typical day, forensic cases such as psychiatric and psychological assessments and treatment, court orders, presidential pardon/amnesty recommendations, medical boards for voluntary retirement of sick officers, drug and substance abuse treatment and testing, custody death investigations (coroner's inquests), forensic clinical medical assessments of assaults, sexual misconduct, and evaluations for smuggling contraband in body orifices are handled. Other responsibilities include forensic correctional intelligence management, forensic odontological services for criminal databases, and more.

In addition to these core forensic activities, the physician and their dynamic healthcare team provide basic healthcare services to patients, ensuring holistic care delivery within this specialized setting.

FORENSIC SERVICES OFFERED

Forensic Clinical Medical Examinations

This role is unique and specialized forensic services are offered in secured, detained, and custodial centers. It involves the clinical assessment of reported cases between inmates engaged in physical assaults or battery, resulting in reports to the prison administration. To establish the veracity of such cases, a forensic clinical examination is conducted by a physician, facilitating either disciplinary measures or court proceedings for additional sentencing.

In cases of alleged sexual misconduct, evaluations are conducted. A notable example involved an inmate claiming to be a "hermaphrodite" and refusing to be housed with male prisoners. Following consent, an assessment was requested and conducted. Another case involved an inmate alleging that his "penis" had vanished due to a colleague's touch. He was examined, and a report was provided.

Inmates involved in smuggling contraband into prisons during external labor (e.g., farm activities), court duties, or hospital referrals often conceal items in body orifices, such as the anus, ears, urethra, buccal cavity, or wounds. These cases arise through two approaches:

1. Security-Reported Approach – When inmates are searched upon entry, and suspicion of internal contraband arises, they are referred for forensic examination.
2. Medically-Reported Approach – When inmates manage to smuggle contraband into the prison but cannot retrieve it from the body cavity, they are referred as sick prisoners for evaluation. Through assessment, confessions or further laboratory/radiological investigations often confirm the presence of such items.

Additionally, forensic clinical assessments are conducted for inmates and officers during medical board reviews, particularly in cases of voluntary retirement due to ill health.

Handling Custody Deaths with Coroner's Inquest

As a Forensic Physician in a prison setting, my daily responsibilities require meticulous attention to detail, adherence to legal frameworks, and collaboration with law enforcement and judicial authorities. A critical aspect of my role involves handling custody deaths and facilitating coroner's inquests, as stipulated by the Coroner's Act 1960, Ghana.

Each day begins with a review of medical records to monitor the health of inmates, particularly those with underlying conditions that may predispose them to sudden demise. In the unfortunate event of a custody death, I promptly initiate a detailed investigation as mandated under Section 2 of the Coroner's Act, 1960. This Act states that every unnatural or suspicious death must be reported to the Coroner, who will determine the necessity of an inquest.



My role includes conducting a thorough external examination of the deceased, documenting all findings, and ensuring that evidence of trauma or foul play is recorded meticulously. As part of the multidisciplinary approach, I liaise with pathologists for autopsies and ensure the preservation of forensic evidence. Statements from prison staff and inmates are collated to provide a comprehensive report.

Throughout the process, my primary responsibility is to provide objective, expert evidence to assist the Coroner in determining the cause and manner of death, as per Section 4 of the Act. This routine underscores my commitment to ensuring accountability, justice, and the health rights of the incarcerated.

Drug and Substance Use Treatment and Testing

In the prison setting, my daily routine involves addressing the complexities of drug and substance use among inmates. The day begins with reviewing case files and assessing inmates referred for substance-related concerns. These referrals often come from security personnel, counselors, or healthcare staff who observe withdrawal symptoms, behavioral changes, or possession of contraband substances.

Morning rounds involve evaluating inmates enrolled in treatment programs, monitoring their progress, and addressing withdrawal symptoms or complications. This includes conducting clinical assessments, prescribing medication for detoxification, and providing mental health support for co-occurring disorders like depression or anxiety.

Drug testing is a critical part of my routine. Randomized and targeted testing is conducted to detect and monitor drug use within the prison. This involves collecting urine, saliva, or hair samples, ensuring proper chain of custody, and interpreting results to inform management decisions. Positive cases are discussed with a multidisciplinary team to develop individualized treatment plans.

In collaboration with counselors and psychologists, I lead group therapy sessions focused on rehabilitation, relapse prevention, and coping strategies. These sessions aim to educate inmates on the harmful effects of substance abuse and equip them with tools for reintegration into society.

Administrative responsibilities include documenting medical records, compiling reports on drug prevalence, and contributing to policy formulation. My role extends to educating prison staff on substance use trends and effective intervention strategies, ensuring a safer and healthier environment for all.

Medical Board for Inmates' Selection and Evaluation for Presidential Pardon and Amnesty

As a forensic physician, my role on the medical board for inmates' selection and evaluation for presidential pardon and amnesty is integral to ensuring that decisions are made with fairness, compassion, and evidence-based medical evaluations. This process is critical to upholding the balance between justice, rehabilitation, and humanitarian considerations.

My primary responsibility involves conducting comprehensive medical assessments of inmates to determine their physical and mental health status. This includes evaluating inmates with chronic, terminal, or debilitating conditions to assess their ability to cope with incarceration or their potential for rehabilitation. These evaluations are guided by clinical findings, detailed medical histories, and diagnostic tests, ensuring that each case is thoroughly examined.

I also provide expert advice on the extent to which an inmate's medical condition may affect their risk of recidivism, capacity for reintegration, or potential for causing harm to society. For inmates with psychiatric conditions or mental health challenges, I collaborate closely with psychologists and psychiatrists to determine their cognitive and emotional stability.

Beyond clinical assessments, my role entails contributing to the documentation and presentation of findings to the board, offering evidence-based recommendations on whether an inmate qualifies for a presidential pardon or amnesty on medical grounds. This requires impartiality, ethical considerations, and adherence to legal standards.

In this capacity, I contribute to fostering a humane justice system that recognises the dignity of incarcerated individuals while balancing public safety and societal interests.

Court Orders

My role involves handling court orders concerning inmates, which include conducting medical assessments and providing detailed medical information. I serve as a liaison between various specialties to ensure comprehensive evaluations are carried out. Additionally, I am sometimes invited to court to provide expert testimony or clarification regarding an inmate's health condition. I interact with lawyers who visit the prison, offering professional advice on health-related matters to support appeals or mitigate sentences on medical grounds. My responsibilities are pivotal in balancing justice and healthcare, ensuring inmates' rights to proper medical care are upheld within legal frameworks.

Forensic Psychological Assessment and Treatment

The forensic psychological assessment and treatment of prisoners involves conducting comprehensive health evaluations upon admission. This includes identifying psychological, physical, and behavioral health issues that may impact their well-being or rehabilitation process. Based on the assessment, I provide recommendations to the Reception Office for appropriate classification, ensuring prisoners are placed in environments conducive to their needs. This collaborative approach supports targeted reformation and rehabilitation programs. I also liaise with multidisciplinary teams to address mental health challenges, implement treatment plans, and monitor progress, ultimately fostering rehabilitation and reintegration into society while maintaining public safety.

Forensic Psychiatry

As a Forensic Physician, my role in forensic psychiatry liaison involves bridging the gap between the criminal justice and mental health systems. I evaluate and manage prisoners with psychiatric conditions, including those referred from



psychiatric hospitals, undergoing trial, or remanded in custody. This entails conducting comprehensive mental health assessments, providing expert opinions to guide legal decisions, and ensuring continuity of care for inmates with psychiatric disorders. I collaborate with psychiatrists, legal professionals, and correctional staff to develop treatment plans that prioritize rehabilitation and humane care. My role also includes advocating for policies that address the unique mental health needs of prisoners.

Forensic Correctional Intelligence

As a Forensic Physician and a trained Correctional Officer, my role in correctional intelligence is pivotal in bridging healthcare and security within correctional facilities. I provide expert medical evaluation for inmates, focusing on detecting, documenting, ensuring justice and accountability. I contribute to criminal intelligence by identifying patterns of violence, abuse, or neglect. My work ensures ethical standards in inmate care, supports legal processes, and mitigates public health risks within the correctional system. By integrating forensic medicine with correctional intelligence, I help safeguard human rights and enhance security within these environments.

Training and Capacity Development

During some days, as a forensic physician serving within the prison system, I play a pivotal role in integrating correctional healthcare with forensic medicine for educational and practical purposes. The Prisons Hospital, located within the municipality, serves as a dynamic training ground for medical students from public and private universities, undergoing their senior clerkship community rotations. Here, students are introduced to the unique challenges and methodologies of correctional healthcare, including forensic applications.

Additionally, students from law schools, occupational therapy programs, and security training institutions regularly visit the facility for practical learning sessions. These engagements often include forensic sessions, fostering a holistic understanding of healthcare in secure environments.

Through interactive teaching sessions, practical simulations, and discussions, I guide students to navigate the intersection of medicine, law, and security. This multidisciplinary approach not only enhances their academic journey but also underscores the significance of forensic and correctional healthcare in achieving justice and equity in underserved populations.

Closing Reflections: Continuous Improvement

Reflecting on the day's accomplishments and preparing for future tasks, embodying the spirit of resilience and excellence in forensic healthcare is always the closing routine.

Conclusion

A day in my life as a Forensic Correctional Physician/Researcher is dynamic and impactful, driven by a mission to deliver top-notch healthcare, advance forensic science, and contribution to public safety. My journey for a day, is a mixture of the enumerated activities that exemplifies a commitment to professional excellence and the vision of bridging science, medicine, and justice.

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