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CONCISE COMMUNICATION

Medical malpractice cases involving lack of access to dermatologists for incarcerated patients in the United States from 1982 to 2018

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Abstract

While prison medicine is a heavily researched area for quality improvement, little is known regarding prisoner access to dermatologists. The goal of this study was to characterize the claims related to a lack of dermatologist access in prison malpractice cases. We searched the LexisNexis Academic database of legal records from 1970 to 2018 using the terms "medical malpractice and dermatologist" to yield federal malpractice cases involving dermatologists. Ultimately, 89 distinct cases in which a prisoner was not able to see a dermatologist were included in the final analysis. Data relating to year, location, anatomical site, symptoms, dermatologist related claim, specialty of treating physician, and final diagnosis were extracted for each case. The 89 cases involving prisoners who were not able to see a dermatologist for their skin condition ranged from 1982 to 2018, with California ($n=12$) and Pennsylvania ($n=11$) containing the largest number of cases. 76% of the prisoners were only treated by primary care prison physicians for their dermatologic concerns. Several issues regarding dermatologist access were categorized in this study. This study reveals limited access to dermatologists for prisoners in need of dermatologic care. Improved collaboration between prison officials, prison medical staff, and dermatologists could help improve prisoner care and limit malpractice risk.

Keywords Prisoner · Access · Dermatologist · Public health

Introduction

The United States (US) detention system is estimated to include over 2.3 million prisoners [5]. Skin infections and associated dermatologic conditions are especially common in prisons, and dermatology consultation has been shown to improve diagnostic accuracy and prevent unnecessary treatment [1, 4]. Although a recent study described the common symptoms, diagnoses, and outcomes related to dermatologist malpractice cases involving prisoners, little is known regarding access to dermatologists for incarcerated patients [6]. As such, the goal of this study was to characterize prisoner concerns and dermatologist access-related issues through federal medical malpractice cases.

Methods

We searched the LexisNexis Academic database of legal records from 1970 to 2018 using the terms "medical malpractice and dermatologist" to yield federal malpractice cases against dermatologists. The LexisNexis Academic database contains updated full-text legal publications and associated court cases, along with collections in different disciplines [3]. Cases were excluded if the defendant was not a prisoner and if a dermatologist was directly involved in prisoner care. Further exclusions were made if a dermatologist acted as an expert witness, was part of the history of care, or was requested as part of injunctive relief for the case settlement. Data relating to year, location, anatomical site, symptoms, dermatologist related claim, specialty of treating physician, and final diagnosis were extracted for each case.

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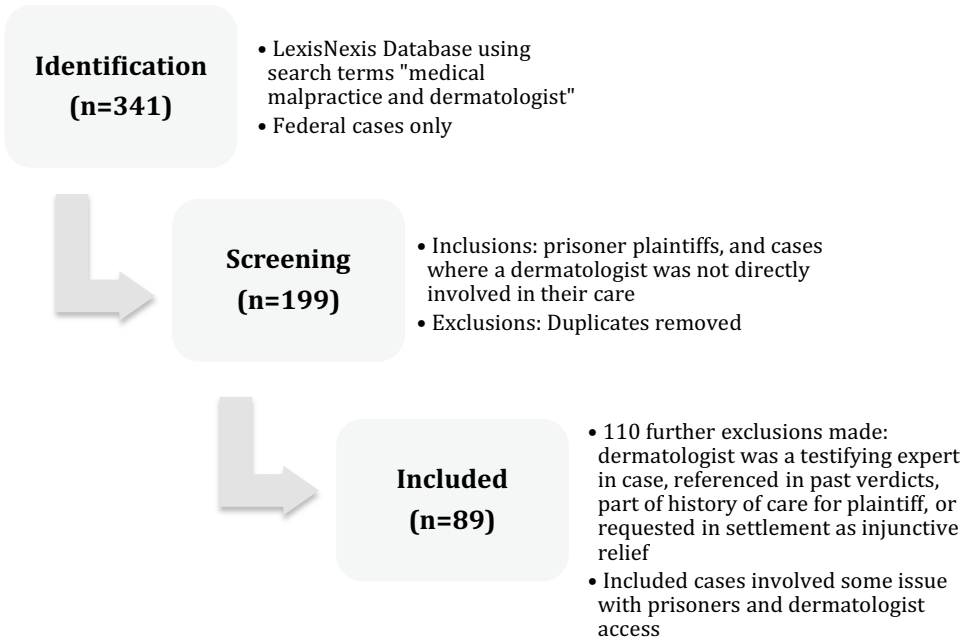

Fig. 1 Case selection methods and criteria

Results

In total, 89 distinct cases from 1982 to 2018 were identified in which an incarcerated patient was unable to see a dermatologist for their dermatologic concern (Fig. 1). The most common prisoner concerns were rashes ($n=26$), itching ($n=19$), and skin lesions ($n=16$). While anatomical location varied greatly, skin lesions were frequently found on the face ($n=13$), scalp ($n=10$), and feet ($n=9$). Final diagnoses included scabies ($n=5$), keloids ($n=4$), and basal cell carcinoma ($n=4$).

Cases most commonly occurred in California ($n=12$), Pennsylvania ($n=11$), and overall in Southern states (34%) (Table 1). The majority of incarcerated patients (76.4%) were treated only by primary care prison physicians for their dermatologic concerns. The most common alternate referrals were to general surgeons ($n=3$) and orthopedic specialists ($n=2$). A large portion of patients (36.0%) did not request to see a dermatologist and a referral was deemed unnecessary by prison medical staff at the time. In these cases, patients retrospectively reported that they should have seen a dermatologist, which led to the malpractice lawsuits. Some incarcerated patients (28.1%) requested to see a dermatologist, but were denied due to the complaint being described as "trivial", "cosmetic", or "elective" by prison medical staff. In two cases (2.3%), the prison physician did not refer the patient to a dermatologist as they "thought the prison would not pay for a dermatology visit." A referral was made, but a dermatologist was not available in five additional cases (5.6%).

Discussion

Previous research has demonstrated that there is high demand for dermatologic care in prisons, but issues facing the prison population are understudied [2]. This study reveals evidence of limited access to dermatologists for incarcerated patients in need of dermatologic care. The cases likely underestimate the true number of prisoner–dermatologist access limitations since only those documented as medical malpractice cases were examined. Medical malpractice cases were useful in characterizing these access gaps since they provide high detail on prisoner grievances and follow consistent templates. However, limitations of our methodology include lack of temporal information, including final diagnoses and medical outcomes. Our study shows that dermatologic concerns are often treated only by prison medical staff, and this has resulted in various federal malpractice lawsuits. Closer coordination among prison officials, prison medical staff, and dermatologists may help improve prisoner care.

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Table 1 Characteristics of prison malpractice cases involving issues in dermatologist access ($n = 106$)

Location	Number of cases (%)
Northeast	22 (24.7)
Midwest	17 (19.1)
South	30 (33.7)
West	20 (22.5)
Gender	
Male	85 (95.5)
Female	4 (4.5)
Dermatologist related issue	
Appointment made, patient did not follow through	2 (2.3)
Delay in deciding which specialist to refer to for skin cancer	1 (1.1)
Delay in re-examination by dermatologist	1 (1.1)
Referral made by physician, but denied by prison/administrators	3 (3.4)
Referral to dermatologist was changed to different specialty	1 (1.1)
Dermatologist appointment delayed due to hospital backlog	2 (2.3)
Referred to dermatologist but never saw one	2 (2.3)
Referred to dermatologist, but dermatology P.A. provided	1 (1.1)
Referral deemed unnecessary	32 (36.0)
Referring physician did not think prison would pay for dermatologist	2 (2.3)
Prisoner sought transfer to prison with a dermatologist on staff	1 (1.1)
Prisoner transferred before appointment could occur	1 (1.1)
Request denied (mostly due to cosmetic or elective reason)	25 (28.1)
Dermatologist contacted did not deem it was necessary	1 (1.1)
Referral made but dermatologist not available	5 (5.6)
Failure to refer to dermatologist	5 (5.6)
Follow-up with dermatologist denied	1 (1.1)
Prison staff did not fill out proper form, so patient was left waiting	1 (1.1)
Waiting for dermatologist to respond	2 (2.3)
Specialty of eventual treating physician	
Orthopedic specialist	2 (2.3)
Prison physician	68 (76.4)
Otolaryngologist	1 (1.1)
General surgeon	3 (3.4)
Infectious disease specialist	1 (1.1)
Nephrologist	1 (1.1)
Primary care physician	3 (3.4)
Rheumatologist	1 (1.1)
Surgeon- unspecified	2 (2.3)
Dentist	1 (1.1)
Not specified in case	6 (6.7)

Compliance with ethical standards

Conflicts of interest The authors state no conflict of interest relevant to this work.

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