The book opens with a shocking story of a prisoner giving birth in the confines of a dank and miserable cell. The baby was found lying in a pool of blood on the cold, hard floor, the umbilical cord torn by the mother. With screams of ‘get it out of me!’ ringing through the corridors, fears for the baby’s health rang through Brown’s head. Brown’s sympathetic outlook places readers and prisoners on the same side. She may describe a prisoner as attractive, or as having kind eyes, which is in stark contrast to how the media might describe them. She does not judge them as they open up to her, offering an explanation for their actions. The voice that Brown gives her patients challenges perceptions we may have about many criminals.

When treating several patients, Brown remarks that she did not care about their past or the crimes they committed. However, she delved deeper into the stories of other inmates, recounting tragic stories of abuse. This selective hearing begs an interesting question: how much should a doctor know about their patient? By not asking about their crimes, or their thought process around the time they committed crimes, Brown can frame her patients in such a way that she can treat them with compassion. This is the psychological trick (and coping mechanism) she plays on herself to remain fair to all her patients.

True, it makes it easier for the doctor, however others may argue they may miss crucial parts of a patient’s social history. There is no right or wrong approach. If the circumstances of the patient’s crime are known, the doctor will, even if only subconsciously, treat their patient differently. But that knowledge could provide insight into the patient’s lifestyle or mental state at the time, invaluable information in some cases.

Brown’s process is her way of providing the best care she can, which is all that can be expected.

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