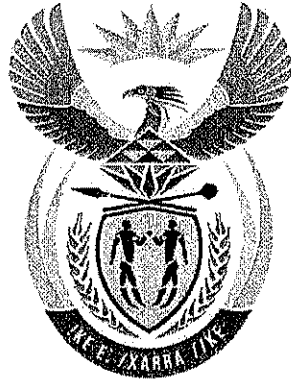


PC correct  
5 March 2014.



## correctional services

Department:  
Correctional Services  
**REPUBLIC OF SOUTH AFRICA**

# **PROGRESS REPORT: IMPLEMENTATION OF MEDICAL PAROLE PROVISION OF THE CORRECTIONAL MATTERS AMENDMENT ACT, 2011 (Act No 5 of 2011)**

**Briefing to the Portfolio Committee**

**05 March 2014**

**PURPOSE**

The purpose of this presentation is to provide a briefing to the Portfolio Committee on Correctional Services with regard to progress made on the implementation of the medical parole provision as contained in the Correctional Matters Amendment Act, 2011 (Act No 5 of 2011) and the Amendment of the Correctional Services Regulations, 2004.

The presentation will focus on:

- The purpose of the Medical Parole Policy
- Medical Parole process
- Diseases criteria for Medical Parole applications
- Summary of review meetings' outcome
- Delegated authority
- Summary of diseases or recommended applications
- Summary of deaths
- Challenges experienced and corrective measures

• Conclusion



## PURPOSE OF THE POLICY

The Constitution of the Republic of South Africa makes provision for inmates (offenders and remand detainees) to have the right to adequate health care services.

In terms of the Correctional Services Act, (Act 111 of 1998), the department provides primary health care services and refers patients to external health care facilities for secondary and tertiary levels of health care.

The following objectives guides the Medical Parole Policy :

- To provide guidelines on the management of offenders who are eligible for medical parole based on medical evidence;
- To standardize the procedures and processes for the implementation of medical parole in all correctional centres;
- To reduce the number of inevitable deaths of terminally ill offenders and remand detainees inside the correctional centres;
- The Medical Parole Advisory Board (MPAB) was established in terms of the Correctional Matters Amendment Act (Act No. 5 of 2011) to specifically focus on providing an independent medical report to the National Commissioner, the Correctional Supervision and Parole Board or the Minister as the case may be on offenders who have applied for medical parole, suffering from any of the medical condition(s) as listed in the Amendment of the Correctional Services Regulations, 2004.

# THE MEDICAL PAROLE PROCESS

1. IDENTIFICATION OF ELIGIBLE OFFENDER BY APPLICANT (as prescribed by the Act)	2. GRANTING OF INFORMED CONSENT BY PATIENT FOR DISCLOSURE OF HEALTH INFORMATION	3. COMPLETION OF THE MEDICAL APPLICATION FORM BY THE PATIENT OR APPLICANT	4. COMPLETION OF THE MEDICAL APPLICATION FORM BY THE TREATING MEDICAL PRACTITIONER
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CASE MANAGEMENT COMMITTEE COMMENCES WITH RELEVANT PROCESSES E.G. IDENTIFICATION OF FAMILY MEMBERS, CONFIRMATION OF ADDRESS

## DISCHARGE PLAN PREPARED AND IMPLEMENTED



## THE MEDICAL PAROLE PROCESS

5.	SUBMISSION OF APPLICATION FORM AND ALL RELEVANT CLINICAL RECORDS TO THE MPAB
6.	MEDICAL PAROLE ADVISORY BOARD (MPAB) SITTING OR MEETING
7.	CONSULTATION OF PATIENT BY MEMBER OF THE MPAB WHERE NECESSARY
8.	REFERRAL OF PATIENT FOR SPECIALIST'S CONSULTATION IF NECESSARY
9.	RECOMMENDATION/S OF MPAB TO NATIONAL COMMISSIONER, CORRECTIONAL SUPERVISION AND PAROLE BOARD OR THE MINISTER DEPENDING ON THE CASE
10.	DECISION TAKEN BY THE DELEGATED AUTHORITY
11.	DECISION IMPLEMENTED BY CMC

## **CRITERIA FOR APPLICATION : LIST OF MEDICAL CONDITIONS IN TERMS OF REGULATION 29A Infectious Conditions**

- World health organization (WHO) Stage 4 of Acquired Immunodeficiency Syndrome (AIDS) despite good compliance and optimal treatment with anti retrovirals (ARVs);
- Severe Cerebral Malaria;
- Methicillin resistance staphylococcus aureas despite optimal treatment, and
- Multi-drug resistant (MDR) or extreme-drug resistant (XDR) tuberculosis (TB) despite optimal treatment.

## **Non- infectious Conditions**

- Malignant Cancer Stage 4 with metastasis being inoperable or with both radiotherapy and chemotherapy failure;
- Ischaemic Heart Disease with more than two ischaemic events in a period of one year with proven cardiac enzyme abnormalities;
- Chronic Obstructive Airways Disease (COAD) with grade 3- 4 dyspnoea;
- Cor-pulmonale;
- Cardiac disease with multiple organ failure;
- Pancytopenia;
- End Stage Renal Disease )



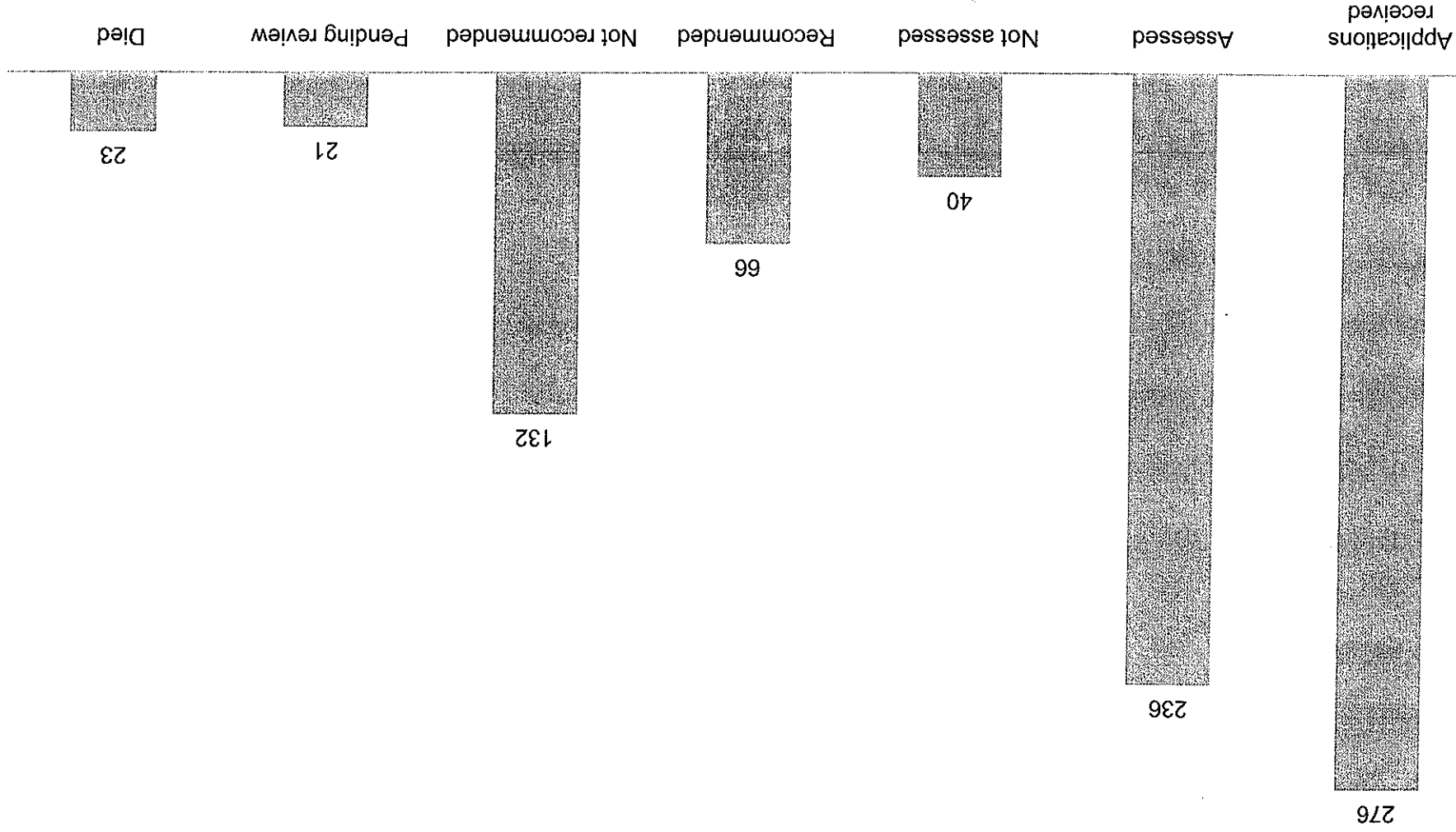
## **CRITERIA FOR APPLICATION : LIST OF MEDICAL CONDITIONS IN TERMS OF REGULATION 29A (CONT)**

- Liver cirrhosis with evidence of liver failure;
- Space occupying lesions in the brain;
- Severe head injury with altered level of consciousness;
- Multi- system organ failure;
- Chronic Inflammatory Demyelinating Polyradiculoneuropathy;
- Neurological sequelae of infectious diseases with a Karnofsky score of 30% and less;
- Tetanus;
- Dementia, and
- Severe disabling Rheumatoid Arthritis and whether such condition constitutes a terminal disease or condition; or the offender is rendered physically incapacitated as a result of injury, disease or illness so as to severely limit daily activity or inmate self-care.

The Medical Parole Advisory Board (MPAB) may consider any other condition not listed above if it complies with the principles contained in Section 79 of the Act.

# SUMMARY OF MEDICAL PAROLE ADVISORY BOARD REVIEW MEETINGS

Applications reviewed and outcomes





## DELEGATED AUTHORITY

Prior to taking a decision the following are considered:

- that the risk of re-offending is low;
- whether appropriate arrangements for the inmate's supervision, care and treatment are available within the inmate's community;
- whether at the time of sentencing the presiding officer was aware of the medical condition;
- any sentencing remarks of the trial judge or magistrate;
- the type of offence and the length of the sentence outstanding;
- the previous criminal record of such offender;
- the conduct, disciplinary record, adaptation, training, aptitude, industry, physical and mental state of such offender;

## SUMMARY OF DISEASE CATEGORIES FOR THE RECOMMENDED APPLICATIONS

YEAR	WHO Stage IV Malignancies (Cancer)	Cardiac	Pulmonary	Renal diseases	Incapacity	Total
2012	06	08	01	04	03	28
2013	11	09	03	03	08	36
2014	-	1	-	-	1	02
Total	17	18	04	07	15	66



## SUMMARY OF MPAB REVIEWS MEETINGS : DEATHS

Category	2012	2013	Reasons
Before applications were received	01	04	Delays in finalizing application documents  Delays in submitting re-applications of previously non recommended patients when health conditions deteriorated.
After initial assessment by one member of the MPAB	00	02	Offender's health condition deteriorated rapidly before the MPAB could have a meeting
Before assessment by a member of the MPAB	03	08	Patients who were not recommended in previous applications  Late identification of offenders in need of medical parole thus applications were done late after medical conditions have progressed.

## SUMMARY OF MPAB REVIEWS MEETINGS : DEATHS

Category	2012	2013	Reasons
Awaiting further medical investigations and specialist reports	02	01	Limited specialist appointments in public health facilities
After recommendation	02	00	Families reluctant to accept terminally ill offenders after release Time delays in finding suitable placement with hospices
	08	15	



## CHALLENGES AND CORRECTIVE MEASURES

Challenge	Corrective measure
Delays in submitting application forms due to incomplete information	Health care professionals within Management Areas sensitized to complete application form properly. All vital information must be attached for e.g. results of current and previous clinical tests and Occupational Therapists' reports where applicable
Delays in positive identification of offender's address	Engage Community Corrections and Social re-integration to fast track the confirmation of addresses
Reluctance by family members to accept the terminally ill	Continuous engagement with Hospice and Palliative Care Association of South Africa (HPCASA) to support the department in the provision of palliative care  Terminally ill offenders are referred to management areas with adequate inpatient facilities

# CHALLENGES AND CORRECTIVE MEASURES

Corrective measure	Challenge
<p>Emphasis to all health care professionals on prompt initiation of medical parole process during meetings and work sessions</p>	<p>Identification of eligible offenders not done in time</p>
<p>MPAB members to continuously engage with sessional medical practitioners on the correct completion of the application forms when visiting patients for assessment purposes.</p>	<p>Reluctance by sessional Medical Practitioners to complete medical application forms comprehensively Reluctance by sessional Medical Practitioners to attend continuous professional development (CPD) related work sessions for orientation purposes</p>



## CHALLENGES AND CORRECTIVE MEASURES

Delays in obtaining specialists reports where indicated especially from State health facilities.

Delays in securing appointments for further specialists investigations and reports, e.g. three (3) months waiting period for biopsy

The regions grant approval for the utilization of private specialists as prescribed by policy to prevent delays and imminent deaths.

## CONCLUSION

*Highly Confidential*

The implementation of the current medical parole process has ensured that offenders that met the requirements for medical parole are placed accordingly. The process is aimed at preventing imminent deaths in Correctional Centres where practically possible. This process also addresses the past challenges regarding granting of medical parole and ensure that qualifying offenders receive the humane treatment they deserve.





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**Thank you**

