

An Approach to the Medical Examination of Released Political Prisoners and Returnees — Dr Stanley Levenstein



Dr Stanley Levenstein

BSc, MBChB, MFGP(SA)
Rooms 24/25
Medical House
Central Square
Pinelands
7405

Curriculum vitae

Dr Stanley Levenstein is a general practitioner practising in Cape Town. He is currently National Vice-Chairperson of the SA Academy of Family Practice/Primary Care and was Founder President of the SA Balint Society. He was previously a member of the National Council of the National Medical and Dental Association (NAMDA) and chairperson of the Western Cape Branch. He has authored numerous publications and papers relating to general practice, and has received several awards for his contribution to continuing medical education for general practitioners, among the most recent being the 1988 Boz Fehler Fellowship and the 1989 Academy Writer's Award. Dr Levenstein has been closely involved with developments relating to Vocational Training in General Practice and Community-based Medical Education (CBME). He is currently director of Vocational Training in the Western Cape.

Summary

Doctors are sometimes asked to perform medical examinations on ex-political prisoners and returnees. The author gives some basic background-information about relevant experiences of these patients in the past. He shows how GPs can develop an approach, which will make the visit a positive and helpful experience for the patient.

S Afr Fam Pract 1991; 12: 273-6

KEYWORDS:
Physician-Patient Relations;
Prisoners.

This paper is aimed at providing some guidelines for doctors and other health workers who are requested to perform medical examinations on released political prisoners or political 'returnees'.

Medical caregivers working in clinics or services for released political detainees and prisoners have become familiar with the fact that a number of such persons have requested a "medical check-up". Many of those who have not requested a check-up have found the idea more acceptable than going directly to a non-medical "counsellor". In the majority of cases, medical examinations have not yielded significant organic pathology, so it may be useful to begin by raising the question as to the perceived value of such examinations on the part of the persons concerned.

To answer this question we have to

begin by making the rather obvious statement that detention (especially solitary confinement) and imprisonment are highly stressful experiences. Release from detention or imprisonment, though most often a great relief, can also be very stressful, presenting as it does many problems of readjustment to family, society, etc. It is extremely important for the examining medical caregiver to keep in mind that stressful feelings, such as anxiety, sorrow, anger, etc are almost invariably accompanied by some kind of bodily sensations which will in turn often give rise to anxiety about the health of that part of the body or organ system. For example, a person who experiences chest-wall pain as the result of stress and anxiety may become very concerned about his/her heart and request a medical examination. It is essential that the medical caregiver attempt to understand as best as he/she can why each person they see felt the need for a medical "check-up" and what particular anxieties they have about their own bodily health. This cannot be achieved by mere guesswork. Nor is it sufficient for the medical caregiver simply to perform a thorough physical examination and then to reassure the person that all is well. Unless the person's specific anxieties have been elicited, the most appropriate help will not have been given.

The above comments could justifiably be said to apply to most patients presenting to medical caregivers for physical examinations and not only to ex-political prisoners or detainees. In the case of the latter group of people, however, there are some additional distinctive features which need to be kept in mind. The first of these is the previous contact that these people

... Medical Examination

have had with medical caregivers. Political prisoners have not had access to doctors of their own choice. In some cases there have been reports of not being given access to doctors when they have requested or needed them. In other cases there have been reports of an indifferent or even hostile attitude on the part of the examining doctor. Even in those cases where the doctor appeared to be sympathetic and concerned

To be released from detention can be very stressful: a readjustment to family and society

towards the prisoner, the situation was complicated by the fact that the doctor was a District Surgeon employed by the state and therefore perceived as "part of the system". Ex-political prisoners have reported that even when dealing with District Surgeons who appeared to be genuinely concerned with their well-being, they found it extremely difficult to speak openly for fear that what they said might reach the ears of the Security Police who may then exploit the information to the detriment of the prisoner.

It is extremely important for medical caregivers examining released political prisoners to keep the above background in mind in order to avoid replicating, however unintentionally, the authoritarian and callous attitudes¹ of medical attendants which may have occurred during the period of the person's incarceration. The medical caregiver, by contrast, should take particular care to be as

sensitive, patient and empathetic as possible.

Some practical hints in this regard would include avoiding sitting behind a desk or on a chair higher than the other person; also avoid an unduly interrogative style (which could easily evoke memories of other interrogations!) or the taking of notes while speaking with the other person. (The forms with which doctors are often provided can be filled in after the examination if necessary, and it should not be considered too serious an omission if some of the points mentioned in the questionnaire were not raised in the interview.) The medical caregiver should also resist the temptation of trying to establish his/her "political credentials" at such times, as this may make it more difficult for the persons being examined to express their feelings openly - they may feel that the medical caregiver's expectations of them are to stay in a "political" mould and not to express their personal (human) emotions. Finally, avoid *excessive* reassurance and do not "lecture" to the person about their health, what to expect in the future

A mere physical examination becomes an occasion laden with emotional significance for the ex-prisoner

etc - it is much more important for you to give them an opportunity to tell you what is going on in their heads than for you to burden them with what is going on in yours!

The next point concerns the actual

experience of detention or imprisonment and its relation to the anxieties the released person may have concerning his/her health. It is common knowledge that a large proportion of political prisoners and detainees were subjected to some form of physical and/or mental assault while in prison.^{2,3} It has also

Strong, stressful feelings invariably go with organic or bodily complaints

been well documented that the effects of these experiences can often persist long after the actual trauma is inflicted.^{2,3} From the perspective of the medical attendant examining a recently released prisoner, this can present in different ways, and I will now quote some examples from my own experience. In one case, the person concerned complained of headaches. When asked why he was so worried about these headaches, he said that he had been repeatedly struck on the head while being interrogated by the Security Police some months previously and he now feared that he may have suffered brain damage. A similar story emerged from a person with low back-pain who now feared that his "spine may be damaged". This person had been a sportsman and he now feared that it may no longer be possible for him to participate in sport. He also feared that if he had spinal damage he may not be able to resume normal sexual relations with his wife. A third example is of a released long-term political prisoner who complained of tiredness. When I asked him what he thought the tiredness was due to, he said he

... Medical Examination

feared that his bodily health had been permanently undermined by the poor food and living conditions he had experienced while in prison.

It should be noted that in the three examples cited above, the complaints expressed, namely headache, backache and tiredness, were common symptoms which all medical caregivers encounter daily. However, in each case, they were "the tip of an iceberg", beneath which lay a profound underlying anxiety which was related to their prison experience. Of particular importance, from a practical point of view, is the fact that these anxieties were only elicited by my actually enquiring from the people concerned as to what *they* thought or feared was the possible cause of their symptoms. In none of the cases was the explanation volunteered by them: they presumably first had to be sure that I was (a) interested in *their* perception of what may be wrong with them and (b) willing to take their anxieties seriously. From a therapeutic point of view it seemed clear to me that the benefit which was afforded these

Caregivers must understand why almost every ex-prisoner wants a check-up

persons was mainly the relief that accompanied the ventilation of these anxieties, and only secondarily the reassurance that I was able to offer them. The message, I hope, is clear: always attempt to establish what the person you are examining thinks or fears is wrong with him/her and why. Concentrate on *listening* rather than on rushing in with medical

explanations or reassurances concerning your clinical findings.

Most of my remarks so far have concerned released political prisoners and detainees rather than returned political exiles. Most of what has been said so far concerning the importance of listening to the

The ex-prisoner's specific anxieties need to be elicited otherwise help will not be appropriate

person's anxieties concerning his/her health, etc, applies equally to returnees. There are, however, a few specific distinctive aspects here. The returning exile has been living in a non-South African environment for a period of time, often longer than that of many political prisoners. On returning to South Africa they may experience a sense of disorientation and anxiety even greater than that of the released political prisoner or detainee. While in exile, the person will have had various fantasies about what life would be like when they return home. Depending on how realistic these fantasies have been, they may experience a variable degree of disillusionment when they come face to face with reality. The returnee's attitude to the medical examination could reflect a lot of the returnee's hopes, aspirations and anxieties about the future and it is important that the medical caregiver be aware of this.

Returning then, to the actual medical examination, it will hopefully be clear why it is so important that an empathetic receptive attitude be

adopted, and that the medical caregiver pays close attention to the concerns that the 'patient' has about his/her body. The physical examination itself can be highly therapeutic. It could be regarded as a "laying-on of hands" onto the body of a person who perceives him/herself to have been damaged, perhaps irrevocably, by the experiences of the preceding years.

From the medical point of view the examiner will need to be aware that the period of incarceration (or exile), with its attendant physical and mental stresses, places the person at increased risk for certain serious conditions such as hypertension, diabetes and tuberculosis which may need to be excluded as soon as possible. In addition to these there are also certain "minor" (but nevertheless very troublesome and irritating) conditions which ex-prisoners frequently complain about problems

Prisoners said they never feel free to speak openly to their prison doctors - it might be used against them by the police

such as athlete's foot (possibly due to the moisture in prison cells - "The walls bleed water"), and photo-sensitivity.

The question which will now be asked is what specific points the medical caregiver should look out for to alert him/her to the existence of possible serious psychological problems which will require further attention. The first response to that question flows out of the "listening" or "patient-centred" approach which

... Medical Examination

has been referred to above. For example, if a person is asked about their concerns regarding a particular physical symptom and it becomes clear that they have a major and morbid preoccupation with the symptom concerned, which is not reduced by talking about it or by the doctor's explanation and reassurance, then it is possible that the person may be suffering from an underlying emotional disorder (which could have been caused or aggravated by torture or other maltreatment while in prison) which requires further treatment.

When performing the medical examination, the medical caregiver should take careful note of the *appearance* of the patient. Is she/he excessively withdrawn on the one hand, or overly talkative and hyperactive on the other? These could indicate underlying emotional problems which may require further attention. (Note, however, that the medical attendant need only be

A returnee's attitude to the medical consultation reflects his fears, hopes, disappointments and disillusionment with realities "back home"!

concerned if the withdrawal (or hyperactivity) is *excessive*; a certain amount of anxiety or withdrawal is quite normal in this situation.)

While performing the examination and speaking with the person, note should also be taken of the person's responses to the examination, and

whether for example the person complains of a multiplicity of symptoms, indicating possible underlying emotional problems. Note should also be taken of any apparent bizarre manifestations, eg a person repeatedly addressing an apparently

A physical examination in itself can be highly therapeutic - like laying-on of hands

strange question to the medical attendant during the course of the examination, or making some comments which indicate gross disorientation for time and space. (With regard to the latter point the medical attendant should take into account the period of time that the released person was incarcerated.)

If the need is felt for further referral, this should be conveyed in a sensitive way, eg the medical attendant can say the person has clearly been through a stressful experience and how would they feel about the opportunity to discuss their feelings about it in more detail with a suitable person? The necessary arrangements can then be made with the help of the available resource people (but always bearing in mind the person's possible fear of stigmatisation as "mentally ill".)

In conclusion it is hoped it will be clear that the medical examination of the released political prisoner or exile is an important occasion for the person concerned, and should not be regarded merely as a perfunctory exercise to exclude major organic pathology. It is an occasion potentially laden with emotional

significance for the persons concerned. In a way it could be regarded as a time when the released person tells his/her story of the preceding years through his/her body. It is up to the medical attendant to be an attentive listener to that story, being sensitive to the cues that are given and being able to read between the lines when necessary.

From the ex-political prisoner or exile's point of view the medical examination may be experienced as a crucial first "port-of-call" before the long and difficult journey ahead can be undertaken. It is our responsibility to make this "port-of-call" not merely an hospitable one, but hopefully also an opportunity to unburden some of the painful baggage of the past as well as pointing to some useful supply lines for the future.

References

1. Levenstein S. Patient Care in a Repressive Society (The Doctor/Patient Relationship in an Authoritarian Society) in "Towards a National Health Service". Proceedings of the 1987 NAMDA Annual Conference. Owen CP. (ed) Namda Publications, 1987.
2. Foster D, Davis D, Sandler D. Detention & Torture in South Africa - Psychological, Legal and Historical Studies. David Philip, 1987.
3. Browde S, et al. The Treatment of Detainees in "Towards a National Health Service". Proceedings of the 1987 NAMDA Annual Conference. Owen CP (ed). Namda Publications, 1987.