Milana M. Ljubičić[*]

Original Scientific Paper
DOI: 10.47152/ns2025.21

THE RIGHT TO HEALTH IN THE PRISON CONTEXT: A COMPARATIVE ANALYSIS OF PRACTICES AND SOME ETHICAL DILEMMA[1]

The paper will address the practice of one of the fundamental human rights – the right to health of persons living in prisons. The starting assumption in the work is that prisoners have limited access to healthcare and protection services. To prove this thesis, the data sources we have used are the findings of scientific studies and official reports in which the medical protection and healthcare practices are analyzed in the longitudinal retrospective perspective in the USA, the European Union member-states and in our country. As an illustration for exercising the right to health, we have chosen the "case" of the recent coronavirus pandemic, owing to which numerous deficiencies of both prison and healthcare systems were revealed, just as it was shown that human rights were a rather flexible category. Furthermore, in an attempt to answer why the right to health is not fully accessible to persons deprived of liberty, we have also raised a number of ethical dilemmas which we find relevant to address.

***Keywords**: prisoners, right to health, practices, ethics*

[*] Milana M. Ljubičić, PhD, Full Professor at the University of Belgrade,
email: milanaljubicic@yahoo.com, ORCID: 0000-0002-1400-5705.

[1] This research was financially supported by the Ministry of Education, Science and Technological Development of the Republic of Serbia, within financing scientific-research work at the University of Belgrade, the Faculty of Philosophy (Agreement No. 451-03-68/2022-14/200163).

1. Introduction

Throughout our planet, there are 11 million people currently deprived of liberty (*Health in Prison*, 2023) and this number is likely to increase in the future. Globally speaking, in the past 15 years, prison population has grown by one fifth (Walmsley, 2018), while the causes of this trend have been discussed in many places (see: Ignjatović, 2025). The highlighted key causes for empowering the punitive populism discourse and, consequently, the tightening of penal policies, increasing social inequalities and system marginalization, whereas an important role in this process is also played by the introduction of a new method of managing and supervising different categories of the underprivileged from whose ranks prisoners are most frequently recruited (Ljubičić, 2024). Those are poor people, members of minorities, whose life chances of entering the circle of the so-called winners (Ljubičić, 2018) are extremely low, if any whatsoever. Hence, it comes as no surprise that the majority (60%) of the prison population in the USA is made of the members of the black minority although there are only 12% of them in the total population of this country; in New Zealand, the Maori are the majority among those deprived of liberty, while this majority in European prisons is made of Roma, and in India – of Muslims and Dalits, or untouchables (Rubenstein et al., 2016). Furthermore, a constant increase of retributiveness and other social injustices in practice inevitably leads to the prison overcrowding. This "global epidemic" (Ignjatović, 2025: 193) brings along a whole series of challenges at different levels. For example, there is an increase in the insecurity of prisoners and employees due to the large number of the former and often the insufficient number of the latter; the possibility of resocialization is brought into question as well as, eventually, the economic profitability of the institutions for deprivation of liberty. Moreover, numerous sources claim that a whole series of prisoners' human rights are violated nowadays. As a reminder, although they have lost their liberty, prisoners are not deprived of their civil rights (Whatson, Stimpson, Hostick, 2004; Lines, 2008; Abbing, 2013; Rubenstein et al., 2016; Ignjatović, 2018) and can enjoy them to an extent allowed by the loss of liberty because a prison sentence excludes any further sanctioning: degrading treatment, harassment or leaving prisoners to live in conditions unacceptable to a human being (Naylor, 2014).

One of the prisoners' particularly threatened rights is the right to health, which will be addressed in detail in this text. The following arguments justify why the focus is placed exactly on the protection of the prisoners' health: 1. in institutions for deprivation of liberty, there is a large number of people with specific medical needs; 2. prisons are not designed to take medical care of their residents, which directly affects their possibility to exercise the right to health; 3. imprisonment costs are too high in any case (having in

mind the results), and, if the prisoners' health needs are not addressed in an adequate manner, they will, measured by the amount of money or the lost human lives, continue to increase even when the person is out of prison. Non-treated diseases will not only pose a risk to public health, but will also increase the general burden of diseases when these people return to the community (Enggist et al., 2014). In the end, if the right to health is inseparable from other human rights (Lines, 2008), the failure to meet the prisoners' health needs borders on and, as a rule, leads to inhuman and degrading acting (*Healthcare services in prisons*, 1993).

Having in mind the above-mentioned, we believe that the prisoners' right to health is the topic that deserves the attention of scientists-researchers,[2] not only to explore more thoroughly the status of human rights in prisons, but also to familiarize the public with the actual state of affairs and numerous controversies accompanying them. The above-listed at the same time constitutes the goals of our presentation.

2. About the right to health in the prison context: a short overview of the legal framework

Prisoners' health is not a topic in which practitioners, legal experts and scientists became interested in the 20th century: it has been raised largely thanks to the research by great English philanthropist John Howard who in 1777, after visiting the penitentiaries in most European countries of the time, published his capital work *The State of the Prisons*.[3] Based on his research, this matter was legally regulated almost 250 years ago, as Lines (2008) reminds us. One of the earliest laws in Europe regulating this matter, Britain's Act for preserving the Health of Prisoners in Gaol, and preventing the Gaol Distemper, contains principles that even today constitute the framework of a state's obligations regarding prisoners' health. Namely, as early as 1774, when this law was adopted, the state's responsibility was recognized in terms of treating and preserving the health of the people deprived of liberty, just as attention was dedicated to the matters of hygiene, cleanliness, fresh air, necessary separation of the diseased from other prisoners, as well as the obligation of undertaking measures for preventing the spread of infectious diseases.

The right to health as a set of the so-called second-generation rights is also recognized in the Universal Declaration of Human Rights (1948), including the persons deprived of liberty, as an inalienable right in a whole series of international documents (Rubenstein et al., 2016), among others, standards and resolutions of the United Nations

[2] More recently, this issue has been addressed by epidemiological criminology (Ignjatović, 2015) and ever since the moment of its foundation at the end of the 19th century, it has been the research subject of social pathology.

[3] The book has been translated into Serbian: Howard, 2015.

(*Health in prison*, https://cdn.who.int/media/docs/). These instruments, some of which are obligatory for the signatory states, while others, e.g., Recommendations of the Council of Europe and the European Committee for the Prevention of Torture, belong to the so-called "soft legislation" (Elger, Shaw, 2017), articulate prisoners' rights and standards of their health protection[4] (Lines, 2008).

However, do we know what the situation is like in practice? To what extent are laws, recommendations and standards applied in prison institutions? This will be discussed in the text below.

2.1. Health needs and medical care and protection of people deprived of liberty

There are those who believe that the prisoners' health condition is a direct indicator of the degree to which their rights are fulfilled in broader terms (Lines, 2008). In practice, prisoners' right to health often clashes with the Realpolitik principles (Gignon et al., 2011), while numerous reports from different parts of the world lead to a conclusion that, within international frameworks, it is frequently violated (Watson, Stimpson, Hostick, 2004). The number of prisoners as a rule exceeds the institution capacities, while living conditions are degrading: people deprived of liberty live in cramped, insufficiently lit space, without enough fresh air, and suffer extreme temperatures (Lines, 2008), which negatively affects their health condition (Abbing, 2013). Moreover, it is logical to assume that the situation in that respect will further deteriorate having in mind three facts: 1. prison population is increasing globally (Ignjatović, 2025; Watson, Stimpson, Hostick, 2004); 2. the prevalence of serious and even life-threatening diseases among prisoners is pronounced (Enggist et al., 2014) and 3. prison health services in many countries do not have a sufficient number of employees (Rubensten et al., 2016).

A range of prisoners' health difficulties is rather wide and in many cases the prevalence of becoming ill is higher than in general population[5] (Watson, Stimpson, Hostick, 2004). The data are frightening. Judging by the reports of the World Health Organization, there are about 3% HIV-infected prisoners at the global level, while every fourth

[4] Among these documents, of particular importance are the UN Standard Minimum Rules for the Treatment of Prisoners, also known as the Nelson Mandela Rules (from 2015). They provide a number of guidelines for protecting and improving prisoners' health, underlining that they are entitled to adequate living conditions (living space, sufficient air and light…), protection from violence, as well as the right to confidentiality, informed consent and access to medical documentation (Rubenstein et al., 2016; Pavlović, 2020; Matić Bošković, 2024; Stanila, 2024).

[5] The reasons are self-explanatory: in prisons, as a rule, there are members of marginalized groups whose lifestyle is "risky" (we find this term politically incorrect!), and the possibilities of prevention and treatment of different diseases are mostly negligible (Rubenstein at al., 2016).

prisoner has hepatitis (https://www.who.int-/teams/global-hiv-hepatitis-and-stis-programmes/populations/people-in-prisons) and the rate of becoming ill of tuberculosis is as many as a hundred times higher in prisons than among free people. Therefore, it is stated that the tuberculosis prevalence among British prisoners is almost 14 times higher than that in general population (Gignon et al., 2011), while prisons in the former Soviet Union countries hold a notorious record by the highest number of prisoners suffering from tuberculosis (Lines, 2008). All the above-listed diseases are infectious and their infection as a rule spreads at an astonishing speed, which is supported by the example of the Lithuanian prison Alytus where the number of HIV infected inmates soared from 361 to more than 500 within only two weeks (Mite, 28 May 2002).

In addition, the high percentage of those infected by HIV and other infectious diseases leads to the substantial mortality rate among prisoners (Abbing, 2013). Namely, in 2000, as many as 1.087 "natural death cases" were recorded in South African prisons, which is an increase of 584% as compared to the period five years earlier. The drastic feature of these data is also proved by the fact that through autopsy it was found that 90% death cases was HIV-related, according to which it was predicted that as many as 45,000 people deprived of liberty in South Africa would die of this disease by 2010 (Lines, 2008).

Apart from infectious diseases, prisoners also face mental illnesses. The presence of mental illnesses in prisons was observed by Howard back in the 1770s (according to: Birmingham, 2003), but the first relatively reliable data about the prevalence of mental disorders have been obtained relatively recently.[6] While (in)formal structures and the organization of prison institutions may provoke the emergence of mental disorders – depression is frequent in the situation of the loss of liberty, and prison psychosis emerges due to the deprivation of security, it is also necessary to say that a large number of convicts come to prison with an already disturbed mental status. It seems as a valid claim that a large number of people is wrongly directed to prison instead of a treatment within an appropriate mental institution (Limes, 2008). According to the findings of the World Health Organization, about 33% prisoners globally suffer from mental disorders, while 8% of them are addicted to PASs, while recent data shows that in the case of half of the non-affective psychoses, there is also a comorbidity with addiction (*Status report on prison health in the WHO European Region*, 2022, 2023). The most frequent diagnosis encountered in prisons is a personality disorder (Favril et al., 2024): antisocial in men (in about 43%) and borderline in women (22%). Neurotic symptoms, such as sleeping difficulties, anxiety, fatigue, depression and irritability are more present in female prisoners,

[6]In England and Wales, for example, psychiatric morbidity did not draw the authors' attention until the 1980s, when a high percentage was found of mentally ill men (37%) and women (57%) (Birmingham, 2003).

while about 4% prisoners are diagnosed with a psychosis[7], whereas it can be seen that it is far more frequent in low-income countries (Fazel, Seewald, 2012). Furthermore, the probability that people deprived of liberty will commit suicide is seven times higher in prison[8] than when they are free (Lines, 2008)[9].

A particular problem lies in the lack of mental health screening after hospital admission. In practice, it means that a large number of people stay without necessary healthcare and, if a disease is diagnosed, it is highly likely that the ailing person will encounter unacceptable limitations despite receiving help. It is not infrequent to find out that mentally ill prisoners are in the cells in standard prison wings, as well as that they encounter numerous restrictive practices regarding the possibility of movement, activities, socializing, which definitely has a negative effect on their treatment and rehabilitation. Moreover, the fact must not be forgotten that the number of psychiatric nurses and in particular psychiatrists working in prisons is insufficient (1.3 – 1.4 per 1,000), having in mind the number of mentally ill people and those addicted to PASs[10] (*Status report on prison health in the WHO European Region,* 2022, 2023).

What is behind these numbers? In sociological terms, it can be manifestly explained by a whole series of causes and numerous meanings can be read into it. For example, the above-average presence of infectious and mental illnesses and addictions in prisons not only describes well the poor living conditions in these institutions, but it also points to a number of discriminatory practices undertaken towards prisoners even before they lose liberty and during their stay in prison. This is partly due to the criminalization and more frequent apprehension of members of marginalized groups – e.g., people who consume psychoactive substances and sexual workers (both female and male), who as a rule have no access to the medical prevention and care services (*Recommended package of interventions for HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for people in prisons and other closed settings*, 2022). Unfortunately, even after the loss of liberty, prisoners mostly have no possibility of adequate medical treatment and the

[7] It is a meta-analysis of scientific studies published in the period between 1966 and 2010. It covers 109 samples, including 33,588 prisoners in 24 states (Fazel, Seewald, K2012).

[8] The prisoners' suicide rate at the global level ranges between 24 and 89 per 100,000 inhabitants and it is particularly high in European prisons, the countries with higher income and a lower rate of imprisonment (Mundt et al., 2024).

[9] The suicide rates in Serbia have been dealt with in detail by Dragišić Labaš (2018).

[10] No one wants mentally ill prisoners: if there is a possibility of their treatment in the community, they will be refused because they often have two combined diagnoses, e.g., psychosis and addiction. The diseased are not accepted by teams in charge of mental health in the community or in infirmaries because they think that the primary problem is addition to psychologically active substances, and those who provide services of treating addiction send these patients to a psychiatrist. In fact, only the patients with a serious clinical diagnosis are sent to hospitals outside prisons and even then, they have to wait long before being admitted to hospital (Birmingham, 2003).

reasons for it are of both organizational and structural nature. The possibilities of treatment are limited by the shortage of financial funds (Rubenstein et al., 2016), insufficient and/or poorly trained staff, while healthcare workers are placed into a situation of violating the rules of medical ethics by putting the interests of the prison management before their patients0 rights (Lines, 2008). In addition, healthcare workers[11] are often forced to participate in the disciplining of prisoners; because of the safety rules, the principle of confidentiality is frequently violated and the management has access to the prisoners' medical documentation (Rubenstein et al., 2016). An example of the attitude towards HIV-infected convicts perfectly illustrates the prison Gordian knot. Although the past decade has seen an increase in the number of countries providing HIV testing in prisons, the violation of confidentiality and the lack of protection against discrimination resulting from testing is still present (Rubensten et al, 2016).

The above-described situation is characteristic of our country as well: although there are no recent data about the number of prisoners suffering from infectious diseases, mental illnesses and addiction to PASs, the medical protection of persons deprived of liberty is illustratively addressed in a report from 2016 (*Rights of persons deprived of liberty in the Serbian prison system*, 2016). This document states that medical protection in Serbia is at the minimal functional level because of material and organizational problems. It points to an insufficient number of employees,[12] inadequately equipped emergency rooms, as well as the violation of the principle of confidentiality between doctors and patients, and of the prisoners' privacy.[13]

Taking into account all the above-mentioned, we find fully justified the assessment in scientific and professional literature that the prisoners' right to health is frequently violated. The reasons for it and the consequences of such a treatment of persons deprived of liberty have already been addressed and, on our part, we will further illustrate it by describing the prisoners' treatment during the COVID-19 pandemic.

[11] At the same time, they were isolated by both the prison administration and by their colleagues outside the institution, which undoubtedly affected their (low) professional status and reputation. Health workers in Great Britan tried to resist the negative image created both because of the establishment of the prison health service and because of the image of prisoners as special patients, but in vain (Watson, Stimspon, Hostick, 2004).

[12] This was further exacerbated by the prohibition of employment in the public sector (*Rights of persons deprived of liberty in the Serbian prison system*, 2016).

[13] The data about the number of prisoners with health difficulties in the available material cannot be found except in the text by Draganović (2021), who claims that in the prison in Sremska Mitrovica there are about 300 out of 2,000 prisoners suffering from chronic diseases (asthma, diabetes, heart condition, tumours, hepatitis, HIV infection).

3. Prison, prisoners and COVID-19.

The recent COVID-19 pandemic fully revealed numerous deficiencies of the prison system in almost all modern countries (Ignjatović, 2021), while prisons, quite expectedly, were hotspots of infection on several occasions (Ismail et al, 2022). The analysis of clinical outcomes of the disease in the USA shows that prisoners had higher infection rates and that the disease outcome was far worse in comparison to general population (Williams et al., 2024). It was found that the number of the infected correlated with prison overcrowding and an increase in the prison population (Bretaña et. al., 2004), while the prediction model of SARS-CoV-2 transmission in the prison system of New South Wales in Australia determined that without introducing control measures, all the prisoners would have been infected after four months. In addition, the most efficient measures were claimed to be prompt immunization and isolation of the institutions – as hotspots of infection, which, at least judging by the model, reduced the number of the infected by 62-73% (Bretaña et. al., 2024).

Immediately after the outbreak of the pandemic, a number of control strategies and measures in prisons were devised in order to reduce the risk of infection. For example, a 14-day quarantine was applied upon prison admission, visits were prohibited, the infected were isolated from others, an early permanent or temporary release was recommended (e.g., in Iran) of those prisoners who did not pose a threat to society, and in some countries, mandatory vaccination was ordered for persons living and working in prisons (Bretaña et. al., 2024). In one of the largest prisons in the Balkans – the prison in Sremska Mitrovica – immediately after the outbreak of the pandemic, a number of measures was undertaken[14]: special space for quarantine and isolation, sufficient medical equipment and a whole set of other protective measures were provided (e.g., mandatory temperature taking before entering the institution, going through disinfection barriers etc.), while as many as 70% out of 2,000 prisoners were vaccinated (with their consent[15] (Draganović, 2021).

On the other hand, if we look only at two measures – earlier release and immunization, we can see that these measures did not produce expected results and they also brought along a number of ethical difficulties. When it comes to early release from prison, experts who were for or against discussed whether it is socially safe to release perpetrators of some criminal offences on a temporary or permanent basis. It seems that the first camp

[14] Draganović (2021) states that, due to the application of the isolation measures, including the prohibition of visits, a number of prisoners expressed the feelings of sadness and helplessness.

[15] After one of the prisoners kept silent about losing the sense of smell and taste, thus endangering others, the prison warden ordered that all persons deprived of liberty should be tested by a quick antigen test. In this way, it was found out that 380 convicts had been infected with the coronavirus (Draganović, 2020).

won, at least in the discussion, while in practice little has actually changed. As a matter of fact, Great Britain planned to release about 4,000 prisoners before the expiry of their sentence, whereas prison wardens at the national level believed that 15,000 prisoners could be released without any threat to society (Ignjatović, 2021). Out of the number of 4,000 prisoners proposed in April, 57 of them were released in May 2020 (https://theconversation.com/more-than-a-million-prisoners-have-been-released-during-covid-19-but-its-not-enough-170434). Moreover, there was another unexpected (?) outcome: the number of the prisoners released worldwide was soon exceeded by the number of persons who were deprived of liberty (https://theconversation.com/more-than-a-million-prisoners-have-been-released-during-covid-19-but-its-not-enough-170434). In addition, the released people coming from social margins ended up in the street and, thus uncared for, in the time of the social and medical crisis, they once again became a serious threat to public health (Ignjatović, 2021).

Voluntary and/or mandatory vaccination of prisoners also raised a number of dilemmas. One of them was whether employees in the institutions for deprivation of liberty and prisoners should have priority in immunization. The largest number of researchers dealing with this topic believe that due to the circumstances in which prisoners live, they should be among the first to be vaccinated. This created a specific moral front: why would those who acted against society have priority in immunization? The second camp, citing a number of internationally recognized rules and standards (the Nelson Mandela Rules, the Beijing Rules and the Havana Rules, to name but a few) defends the prisoners' right to health and demands that prisoners should have the priority in vaccination.

On the other hand, almost no one asked whether people living and working in prisons (Ismail et al, 2022) actually wanted to be protected in this manner. For instance, in a number of countries, such as Spain, Poland, Finland, Ireland and Sweden, as well as in the USA [16], the majority of the persons deprived of liberty were vaccinated despite huge resistance to vaccination, even among the prison staff. The reasons for their refusal to be vaccinated were their concern about the safety of the vaccine because it was developed rather quickly. A high percentage of the prison staff (almost half of them) refused to be vaccinated and the study cited by Ismaili et al. (2024) shows that between one third and two thirds of prisoners refused to receive the first dose of the vaccine.

The reason for it should be sought in their huge distrust in the judicial system institutions (Ismaili et al., 2024). For example, there are well-known medical practices to

[16] In 35 US federal states, people in prisons were supposed to be the first on the immunization list (Lewis, 3 January 2021). In 10 states, about 70% prisoners were vaccinated, while this percentage in other states was far lower (Herring, Widra, 18 May 2021).

which prisoners were exposed during a relatively short history of prison existence (Gostin, 2007; Pont, 2008). We will also remind of the fact that at the beginning of the 20th century the first biomedical experiments were conducted on prisoners. In the period 1906-1912, an American prison doctor (later a university professor) caused death of a large number of prisoners suffering from cholera and berry-berry by infecting them deliberately and exploring the effect of medications. In San Quentin, bizarre experiments were conducted with testis transplantation (1919-1922) and this type of extreme violence over persons deprived of liberty continued during the Second World War in Nazi Germany and Japan, but also in the USA. Namely, prisoners were exposed to extreme weather conditions, deliberately infected by malaria, bubonic plague or gonorrhoea; tissue transplantations were performed and biological weapons were tested on them.[17] After the war and the Nuremberg Trial, known as the Doctors' Trial, the Nuremberg Code was adopted (1947), which regulated the issue of conducting experiments in prisons. Paradoxically, after the adoption of this document, there was an increase in the abuse and exploitation of prisoners in the USA for medical purposes. Thus, in the period of only four years (1962-1966), 33 pharmaceutical companies tested 153 experimental medications in Philadelphia-based Holmesburg Prison, while until 1975, as many as 90% of all medical research on people was conducted on prisoners, including all clinical studies in the first stage of research (metabolism, toxicity and safety of new medications on people). The respondents were not asked to give their voluntary consent and they did not get any treatment because of pain.

This practice encountered sharp criticism. However, there is a large number of legal experts and practitioners who believe that society's needs exceed an individual's needs and that it is justified to conduct experiments on prisoners. It should be pointed out that such experiments are still conducted although now it is necessary to obtain the consent of the subjects, i.e., prisoners, for the participation in research. However, it should not be forgotten that prisoners often agree to participate in experiments for practical reasons, for example, to obtain some medical service or shorten the sentence. That the logic of such indirect coercion was also applied in the case of the pandemic is proved by the fact that anti-COVID-19 vaccination became the prerequisite for the conditional release of prisoners throughout the USA. In fact, federal courts with no exception refused the requests of those prisoners who were not vaccinated, so that the refusal of vaccination was practically a disqualifier (Tomasek, 14 April 2022).

[17] Draganović (2021) states that the prisoners in the prison in Sremska Mitrovica were exposed to brutal treatment which resulted in a large number of death cases, particularly during the First World War, under the Austro-Hungarian rule, and during the Second World War, when this institution was situated in the territory of the Independent State of Croatia. Most victims were of Serbian nationality.

What do these practices tell us? The dominant discourse about COVID-19 that is promoted as evidence-based medicine, claiming that immunization reduces the probability of infection (Cáceres, 2022), should serve as a support to public policies. However, we cannot help suspecting that "scientific evidence" speaking in favour of this discourse are fabricated in order to protect the interests of pharmacological companies, with the aid of subtle corruption and sharp censorship[18] (Cáceres, 2022).

This is particularly relevant when it comes to prisons. If we agree with the possibility that science is in the service of politics (Cáceres, 2022) and if we take into account the fact that prisoners have for decades been the objects of clinical testing, which they accept for various reasons even today, the question of anti-COVID-19 vaccination becomes rather controversial. They are by definition members of marginalized groups, disempowered and not very important people in the public perception.[19] That is why the prioritization of prisoners in vaccination can be understood both as true care for the man and the practice whose goal is much more mundane, defined by the profit logic. In fact, conducting testing of vaccine effects on them is much cheaper, the monitoring continuity is guaranteed due to the conditions they live in and, in addition, the public has no insight into the medical consequences of such experimentation.

Instead of a conclusion

Human rights – the legacy of the modern age, should be accessible to everyone, with no difference, in theory. However, today we bear witness to practice denying theory. There are numerous examples showing how the process of the so-called "sacralization of identity" through legal frameworks is actually fragile (Joas, 2018: 50-51). In other words, human rights are not "a firmly founded property" (Joas, 2018: 51) but the extent to which we can enjoy them depends on the amount of our social power. People on the margin – to a large number of whom prisons are temporary or permanent destinations – are fully or partly deprived of human rights, including the right to health,

Although this right is guaranteed to prisoners, it is difficult to exercise because of the objective circumstances in which these people live. We will only a few of them: poor conditions of the space in which they reside, huge medical needs of residents, the shortage of medical staff, on the one hand, and the tendency of reducing imprisonment costs, as well as post-penal support. What should not be forgotten are the effects of penal

[18] These are the findings relying on disputable ethical principles, practices and canons of science, which do not allow different approaches to treatment (Cáceres, 2022).

[19] Biomedical research is, as a rule, conducted on humans in underdeveloped countries, the poor and prisoners (Gostin, 2007).

populism due to which an increasing number of people who do not belong in prison are deprived of liberty? In addition, it is with great disgust and disbelief that we must state yet another thing which borders on the conspiracy theory: these people's lives are so cheap that pharmaceutical companies and other stakeholders are ready to *spend* them for the sake of their own economic interests, using the prisoners' difficult position. Admittedly, this is cruel!

Can this state of affairs be changed essentially and not only theoretically? In our opinion, it cannot change until the social conditions, which have left many people on the margin, have changed.

References

Abbing, H. R. (2013). Prisoners' right to healthcare, a European perspective. *European Journal of Health Law*, 20(1), pp. 5-19.

Birmingham, L. (2003). The mental health of prisoners. *Advances in psychiatric treatment*, 9(3), pp. 191-199.

Bretaña, N. A., Kwon, J. A., Grant, L., Galouzis, J., McGrath, C., Hoey, W., et al. (2024). Controlling COVID-19 outbreaks in the correctional setting: A mathematical modelling study. *PLoS ONE*, 19(5), e0303062. https://doi.org/10.1371/journal.pone.0303062.

Cáceres, C. F. (2022). Unresolved COVID Controversies: 'Normal science' and potential non-scientific influences. *Global Public Health*, 17(4), pp. 622-640.

Draganović, N. (2021). Preventing the spread of Covid-19 infection at the penitentiary facility in Sremska Mitrovica. *Crimen*, XII(3), pp. 301-307.

Dragišić Labaš, S. (2018). Suicidal behavior in prison, *Sociologija*, LX(4). pp. 786-798. [In Serbian]

Elger, S.B., Shaw, M.D. (2017). Confidentiality in Prison Health Care – A Practical Guide. In: S. B. Elger, C. Ritter, H, Stöver (eds.). *Emerging Issues in Prison Health*, Springer, pp. 183-200.

Enggist, S., Møller, L., Galea, G., Udesen, C. (2014). *Prisons and Health*. World Health Organization.

Favril, L., Rich, J. D., Hard, J., & Fazel, S. (2024). Mental and physical health morbidity among people in prisons: an umbrella review. *The Lancet public health*, 9(4), pp. 250-260.

Fazel, S., Seewald, K. (2012). Severe mental illness in 33 588 prisoners worldwide: systematic review and meta-regression analysis. *The British journal of psychiatry*, 200(5), pp. 364-373.

Gignon, M., O'Grady, J., Mwaba, P., & Zumla, A. (2011). The health of prisoners. *The Lancet*, 377(9782), p. 2001.

Gostin, L. (2007). Biomedical Research Involving Prisoners: Ethical Values and Legal Regulation. *JAMA: the journal of the American Medical Association*, 297, pp. 737-740.

Howard, J. (2015). *The State of the Prisons*. Beograd: Univerzitet u Beogradu – Pravni fakultet. [In Serbian]

Health in prison. https://cdn.who.int/media/docs/librariesprovider2/regional-committee-meeting-reports/fact-sheet---health-in-prisons-(2020).pdf?sfvrsn=ce722f2_2&download=true (Accessed on 29 May 2025)

Healthcare services in prisons (1993). Council of Europe, European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). Available at: https://rm.coe.int/16806ce940 (Accessed on 10 April 2025)

Herring, T., Widra, E. (18.05.2021). *Just over half of incarcerated people are vaccinated, despite being locked in COVID-19 epicenters*. https://www.prisonpolicy.org/blog/2021/05/18/vaccinationrates/ (Accessed on 23 April 2025)

https://theconversation.com/more-than-a-million-prisoners-have-been-released-during-covid-19-but-its-not-enough-170434 (Accessed on 11 April 2025)

https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/people-in-prisons (Accessed on 11 April 2025)

Ignjatović, Đ. (2015). Epidemiological criminology, *Sociologija*, L VII(2). pp. 205-218. [In Serbian]

Ignjatović, Đ. (2018). *The right to enforce criminal sanctions*. Beograd: Univerzitet u Beogradu – Pravni fakultet. [In Serbian]

Ignjatović, Đ. (2021). The COVID-19 pandemic and the penitentiary system – first experiences. *Crimen*, 12(3), pp. 233-258. [In Serbian]

Ignjatović, Đ. (2025). *Criminology*. Beograd: Univerzitet u Beogradu – Pravni fakultet. [In Serbian]

Ismail, N., Tavoschi, L., Moazen, B., Roselló, A., & Plugge, E. (2022). COVID-19 vaccine for people who live and work in prisons worldwide: A scoping review. *PLoS ONE*, 17(9), e0267070. https://doi.org/10.1371/journal.pone.0267070

Joas, H. (2018). *Are human rights a Western invention?,* Loznica: Karpos. [In Serbian]

Lewis, N. (3 January 2021). *We Asked People Behind Bars How They Feel About Getting Vaccinated.* https://www.themarshallproject.org/2021/03/01/we-asked-people-behind-bars-how-they-feel-about-getting-vaccinated (Accessed on 23 April 2025)

Lines, R. (2008). The right to health of prisoners in international human rights law. *International Journal of Prisoner Health*, 4(1), pp. 3-53.

Ljubičić, M. (2018). Self and others in postmodern society: research on the characteristics of relational patterns in a sample of students. *Zbornik Matice srpske za društvene nauke*, 166(2), pp. 235-247. [In Serbian]

Ljubičić, M. M. (2024). Social management of parenthood: forced sterilization of mentally disabled women. In: Z. Pavlović, I. Stevanović (eds.). *The right to life and body integrity*, Beograd: Institut za kriminološka i sociološka istraživanja; Novi Sad: Advokatska komora Vojvodine, pp. 505-520.

Matić Bošković, M. (2024). Right to bodily integrity and criminal justice. In: Z. Pavlović, I. Stevanović (eds.). *The right to life and body integrity*, Beograd: Institut za kriminološka i sociološka istraživanja: Novi Sad: Advokatska komora Vojvodine, pp. 135-150.

Mite, V. (28.5.2002). *Lithuania: HIV Prison Outbreak Raises Alarm Where AIDS Cases Still Rare*. https://www.rferl.org/a/1099833.html (Accessed on 11 April 2025)

Mundt, A. P., Cifuentes-Gramajo, P. A., Baranyi, G., & Fazel, S. (2024). Worldwide incidence of suicides in prison: a systematic review with meta-regression analyses. The Lancet Psychiatry, 11(7), pp. 536-544.

Naylor, B. (2014). Human rights and respect in prisons: The prisoners' perspective. *Law in Context*, 31, pp. 84-124.

Pavlović, Z. (2020). Personal dignity and challenges of imprisonment. In: Z. Pavlović (ed.). *The Right to Human Dignity*. Novi Sad: Uprava za zajedničke poslove pokrajinskih organa Vojvodine, pp. 45-61.

Pont J. (2008). Ethics in research involving prisoners. *Int J Prison Health*, pp. 4(4), 184-97.

Recommended package of interventions for HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for people in prisons and other closed settings (2022). UNODC, WHO. https://iris.who.int/bitstream/handle/10665/370569/9789240075597-eng.pdf?sequence=1, (Accessed on 18 May 2025)

Rights of persons deprived of liberty in the Serbian prison system (2016). Serbia: Youth Initiative for Human Rights. https://www.yihr.rs/wp-content/uploads/2016/06/Pravalica-li%C5%A1enih-slobode-SRB.pdf (Accessed on 11 May 2025) [In Serbian]

Rubenstein, L. S., Amon, J. J., McLemore, M., Eba, P., Dolan, K., Lines, R., & Beyrer, C. (2016). HIV, prisoners, and human rights. *The Lancet*, 388(10050), pp. 1202-1214.

Stanila, L. M. (2024). Right to bodily integrity and criminal justice. In: Pavlović, Z., Stevanović, I. (eds.). *The right to life and body integrity*, Belgrade, Novi Sad: Institute of Criminological and Sociological Research, Bar Association of Vojvodina, pp. 151-168.

Status report on prison health in the WHO European Region 2022 (2023). WHO. https://iris.who.int/bitstream/handle/10665/365977/9789289058674-eng.pdf?sequence=1 (Accessed on 11 April 2025)

Tomasek, J. P. (14 April 2022). *Outrage Over The COVID-19 Vaccine Mandate Stops At Prison Doors*, https://interrogatingjustice.org/https-interrogatingjustice-org-governmental-accountability/outrage-over-the-covid-19-vaccine-mandate-stops-at-prison-doors/ (Accessed on 17 May 2025)

Walmsley, R. (2018). *World Prison Population List*. https://www.icpr.org.uk/theme/prisons-and-use-imprisonment/world-prison-brief (Accessed on 10 May 2025)

Watson, R., Stimpson, A., Hostick, T. (2004). Prison health care: a review of the literature. *International Journal of Nursing Studies*, 41(2), pp. 119-128.

Williams, D. B., Spinks, B., Williams, D., Lewis, R., Bull, F., & Edwards, A. (2024). Effects of the COVID-19 pandemic on people experiencing incarceration: a systematic review. *BMJ open*, 14(4), e076451.