MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

Joy Obayemi MD
1500 E Medical Center
Ann Arbor, MI 48108

Testimony Regarding Senate Bill 599

Good morning. My name is Dr. Joy Obayemi and I am a physician and general surgery resident practicing at the University of Michigan Hospital. I am submitting this written testimony in support of Senate Bill 599.

My Perspective

I have had the enormous privilege of honing and refining my practice of medicine in the state of Michigan as a trainee in the University of Michigan Hospital System. In my capacity as a general surgery resident, I have had a wide range of experiences. I routinely evaluate patients in clinic for their suitability for elective surgery. I am often the first member of the surgical team that a patient sees when they present with a need for an emergent operation. I sometimes have to deliver diagnoses of terminal illnesses. I collaborate with patients to determine if and when surgery may provide them with some relief and when it would simply prolong their suffering. I am with patients in their final moments in the intensive care unit and often am the first person to tell family members that their loved one did not make it. I have cared for newborns and for the elderly, for patients experiencing homelessness and for wealthy university donors. I have also had the privilege of caring for incarcerated individuals, who often are handcuffed to their beds and flanked by officers at all stages of their recovery.

From all of those experiences, I have personally reached the conclusion that every single human deserves to die with dignity and respect. I am proud to say that this is an opinion shared by the vast majority of the medical community. An American Medical Association Board of Trustees report on compassionate release stated that it was “a matter of medical ethics, as the continued incarceration of patients with serious or debilitating illness can constitute a violation of human dignity if appropriate palliative care is unavailable.”[1]

Current State of Affairs

The need for a compassionate release policy was recognized in 2019 with bipartisan support for medically frail parole. Unfortunately, only one incarcerated individual has benefited from this policy. I support Senate Bill 599 because it removes the obstacles that prevented this policy from being utilized effectively.

In the hospital, we care for medically frail patients constantly. These patients often require frequent medication adjustment, special accommodations in their physical space, consultation with medical specialists, and close monitoring for clinical changes. Even in the hospital, where we have abundant resources and physicians readily available, caring for frail patients can be quite challenging. I cannot imagine the challenge of caring for medically frail patients in prisons, where resources are significantly limited. I imagine that

this would require significant financial resources from the Michigan Department of Corrections since they are charged with paying for the medical care of all of these individuals. Allowing medically frail patients to be compassionately released from prisons and into the care of Medicaid or Medicare providers would allow these patients to be channeled into healthcare mechanisms that routinely provide the complex care that these patients require.

Frailty

In the medical community, frailty is a topic that has received increasing amounts of attention in recent years. In our pursuit of understanding why certain patients do poorly, we have realized that many older patients have an aggregate loss of function across multiple organ systems that significantly impacts health outcomes. We collectively call this aggregate loss of function frailty. Frailty is not a single symptom or clinical presentation. It is assessed by taking a comprehensive patient history and performing a comprehensive physical exam. Some of the signs of frailty include significant weight loss, decreased gait speed, decreased grip strength, physical exhaustion, and low energy expenditure[2]. Research suggests that social vulnerability – such as social isolation (as one might see in a prison) and lower levels of education – and multiple co-morbidities are important risk factors for frailty.

Studies have shown that patients are often their most frail towards the end of their life. Patients with terminal diagnoses such as metastatic cancer often cannot carry out activities of daily living without significant assistance. As a physician who believes strongly in health equity, I feel that every single individual has the right to reach their full health potential, even in their last few weeks or months of life. However, with every moment that these patients spend under the care of prisons, we are potentially stripping them of this right.

I would argue that patients who are terminally ill and frail pose no appreciable risk to society. Though patients who are in prisons have been convicted of a crime, they have not lost their humanity nor their right to comprehensive medical care. I believe that making the proposed changes to this compassionate release policy would allow for more incarcerated patients to receive appropriate medical support in their final months of life and would reduce a significant financial strain on the MDOC.

Sincerely,

Joy Obayemi

Joy Obayemi, MD
joobayem@med.umich.edu

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