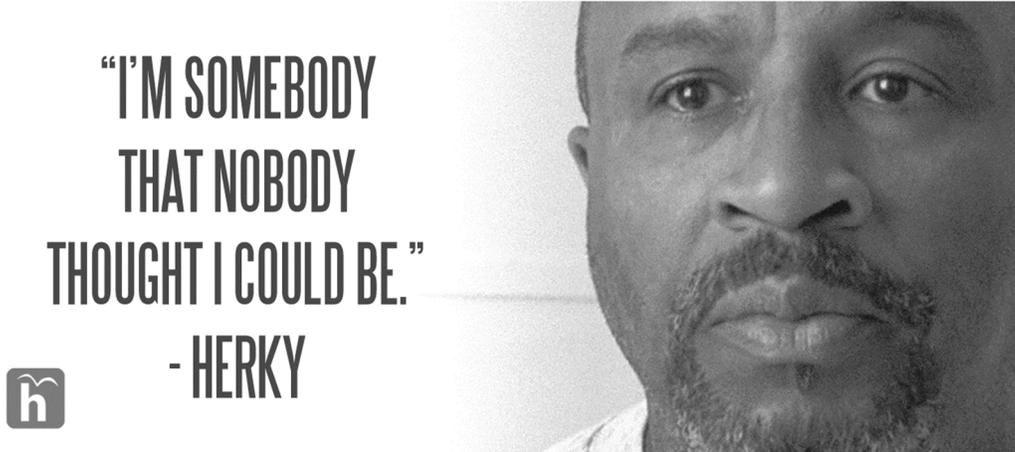


End-of-life Care in the Prison Environment (Supplement #6)



Source: Humane Prison Hospice Project <http://bit.ly/2VLRkTK>

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THIS SUPPLEMENT LISTS SELECTED ARTICLES, REPORTS., ETC., published in the literature and in the news media in recent months. The last 'Backgrounder,' dated 1 August 2022, can be downloaded from the Palliative Care Network website at: <https://bit.ly/3JkYGVg>. Download Supplements #1, #2 & #3 (July, September, November 2023) at: <https://bit.ly/3QGRyXC>. Download Supplements #4 & #5 (January, March 2024) at: <https://bit.ly/2RdegnL>.

[Aging Prison Populations](#)

The U.S. prison population is rapidly graying. Prisons aren't built for what's coming

NATIONAL PUBLIC RADIO (U.S.) | Online – 11 March 2024 – Prison is a difficult environment, and people behind bars tend to age faster than people on the outside. For that reason, “geriatric” in prison can mean someone as young as 50, though it varies by state. The proportion of state and federal prisoners who are 55 or older is about five times faster than what it was three decades ago. In 2022, that was more than 186,000 people. In Oklahoma, the geriatric population has quadrupled in the past two decades. In Virginia, a quarter of the state's prisoners will be geriatric by 2030. In Texas, geriatric inmates are the fastest-growing demographic in the entire system. Prison systems across the U.S. have a constitutional obligation to provide adequate health care, and they're racing to figure out how to care for the elderly in their custody... <https://bit.ly/4aKPIfu>

Related:

THE NEW YORK TIMES | Online – 3 March 2024 – **'Living slow deaths behind bars.'** Many long-termers languish in cells or in substandard prison infirmaries or even in so-called long-term care units. With labored breathing, they limp to the mess hall and miss their chance to eat, sink deeper into dementia, fall and get seriously injured, and navigate hearing and vision impairment. They are under the supervision of guards who lack the training and often the empathy to properly manage the diminished capacity of many. **Full text:** <https://bit.ly/44h0GXt>

[Prison Healthcare Services](#)

Locked in and left out: the “prison penalty” for implementation of evidence-based interventions

IMPLEMENTATION SCIENCE COMMUNICATION (U.S.) | Online – 9 April 2024 – “Prison implementation penalty” describes the significant delay in and limited adoption of evidence-based healthcare practices in carceral settings ... where healthcare often plays a secondary role under security and discipline. The authors use specific frameworks to highlight the unique barriers within these settings and propose potential implementation strategies. These challenges have broad implications for health equity due to the disproportionate impact on the marginalized groups affected by mass incarceration. Implementation science has potential to mitigate these disparities. **Full text:** <https://bit.ly/49Uvgr4>

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Virtual forum: Perspectives on delivering health in the prison and justice system

NATIONAL HEALTH SERVICE RESOLUTION (U.K.) | Online – Accessed 8 April 2024 – The aim of the session was to discuss the realities, best practice, challenges and recommendations around collaborating to support healthcare delivery in the justice system. In addition, the forum facilitated discussions on the realities of delivering health care in prison, outlined best practices, addressed challenges and proposed recommendations for fostering collaboration in support of healthcare provision within the justice system. The format is interactive, with presentations followed by questions and panel discussion. **Access video at:** <https://bit.ly/44eP7QG>

Through analysis of the cases so far, a number of critical themes are present in our incidents:

Complexity and acuity of mental health presentations: highly complex mental health presentations, managing distress and crisis.

Information sharing processes: sharing of information, specifically risk information, between agencies, is identified as an area of weakness in the partnership working process. Specifically, issues are noted in:

- Information sharing between prison teams to healthcare
- Information sharing from pre- custody agencies e.g., Liaison and Diversion, Prisoner Escort Services
- Information regarding immigration status

End of life care: good practice, partnership working and high-quality care planning noted across most cases.

Quality of care in Inpatient Units noted as a weakness in some cases, specifically:

- Staff competence and confidence around managing physical healthcare conditions.
- Staff awareness around safeguarding processes.
- A need for cultural change and acknowledgement that these units now serve all vulnerabilities, rather than the historical mental health function of the units.
- The need for Inpatient Units to be seen as a core part of healthcare provision in the prison, rather than a stand- alone, isolated service.

N.B. Download ppt presentations at: <https://bit.ly/44dWk3t>

Related:

BRITISH MEDICAL JOURNAL | Online – 11 March 2024 – ‘**Prison healthcare in England and Wales is in perpetual crisis.**’ Healthcare delivery is difficult in overcrowded, often outdated prison estates facing security, staffing, and funding challenges. Prisoners experience variable healthcare quality, delays to assessment and treatment, stigma and discrimination, and poorer health outcomes, including excess mortality. People in contact with the justice system often experience health inequalities, including social exclusion, whether they are living in custody or the community. **Abstract:** <https://bit.ly/3UfoNkT>

CAREHOME.CO.UK | Online – 5 March 2024 – ‘**Do care homes take serving and former prisoners?**’ The extent of social care need in the U.K.’s prisons is increasing. Her Majesty’s Prison & Probation Service considers 50 to be “old age” in prisons because of the significant health needs of prisoners. Prisoners are described as experiencing accelerated ageing because the average age of death in prison is 56, compared with 81 in the general population. This ageing prison population creates extra pressure on prison staff. **Full text:** <https://bit.ly/3QcnNgb>

Behind bars: They're elderly or infirm – and in jail. What life in Changi Prison is like for these inmates

CHANNEL NEWS ASIA (Singapore) | Online – 7 April 2024 – Age and infirmity catch up with you even when you are in prison. Assisted living cells have been available to inmates in three of Changi Prison's correctional institutions ... since March 2016. There are currently 60 to 70 inmates in assisted living across the three institutions. The assisted living cells have a total capacity of about 100 inmates... The percentage of inmates aged 60 and above was 13.3% in 2022, or 672 inmates out of a prison population of 5,038. This was a slight increase from 13.2%, or 787 out of 5,945 inmates, in 2021. The assisted living cells align with the prison service's emphasis on the welfare and rehabilitation of inmates, regardless of age or physical condition. **Full text:** <https://bit.ly/4aTt30E>

N.B. Life in Changi Prison for the elderly or infirm video: <https://bit.ly/3xQR4qr>

“He was a human being’: U.S. prisoners are dying from treatable conditions

THE GUARDIAN (International Edition) | Online – 4 April 2024 – Jennifer Jasper-Thompson was shocked when she received a call from the New Jersey department of corrections. Her nephew Damien Jasper, who had been incarcerated at Northern state prison in Newark, was dead at just 32. His autopsy indicated that he had died from testicular cancer, considered one of the most treatable forms of cancer, even when caught in an advanced stage, with an overall five-year survival rate of 95%, according to the American Cancer Society. Despite having a visible tumor and complaining for many months about severe pain, Jasper never received a cancer diagnosis or any treatment... Hence his family's surprise, which soon turned not just to grief but outrage. **Full text:** <https://bit.ly/3WcQ89V>

Related:

PROPUBLICO | Online – 28 March 2024 – “**‘Everyone will die in prison’: How Louisiana’s plan to lock people up longer imperils its sickest inmates.**” In 2017, two years after inmates filed suit, a bipartisan coalition of inmate advocates, law enforcement officials and politicians pushed through a package of bills to re-vamp the state's criminal justice system and help inmates like Parker. That effort was hailed nationally and placed Louisiana at the forefront of a movement to combat mass incarceration. But it would be relatively short-lived. **Full text:** <https://bit.ly/4dbKnPH>

N.B. This report would appear to be in sharp contrast given the new media attention in recent years to the hospice program at Louisiana State Penitentiary in Angola, e.g., ‘The transformative power of prison hospice programs: A story of redemption’: <https://bit.ly/449UtwD>

JOURNAL OF CORRECTIONAL HEALTH CARE | Online – 12 March 2024 – **‘National survey of oncologist’s knowledge, attitudes and practice behaviors: Caring for cancer patients experiencing incarceration.’** Cancer is the leading cause of illness-related death in state prisons in the U.S. The experiences of physicians providing oncological care to individuals experiencing incarceration are under-explored. Academic center oncologists were more likely to report caring for incarcerated patients than community or private practice oncologists.. **Abstract:** <https://bit.ly/44aV54S>

JOURNAL OF CORRECTIONAL HEALTH CARE | Online – 6 March 2024 – **‘Management of chronic pain.’** The National Commission on Correctional Health Care recognizes the importance of effectively evaluating and treating patients with chronic pain in the carceral setting. This position statement addresses the management of chronic pain... Patients with cancer or histories of cancer and those with sickle cell disease should be managed in accordance with evidence-based guidelines that address their unique health care needs. **First page view:** <https://bit.ly/448SBnT>



Share this supplement with a colleague.

Call to end shackling of hospitalised palliative prisoner patients

MEDICAL JOURNAL OF AUSTRALIA | Online – 18 March 2024 – In the face of an ageing prison population, there is growing pressure for correctional health staff to provide end-of-life care for the incarcerated. This article evaluates the literature and examines the practices surrounding the use of shackles and restraints in palliative prisoner patients cared for in the hospital setting. Although we recognise that the use of restraints is a reasonable strategy in certain circumstances to maintain community safety, it is not clear that age, illness or immobility are always factored into these decisions. International standards set out in the United Nations Mandela Rules clearly dictate that prisoners should be entitled to the same level of health care as the wider community. These standards stipulate that physical restraints... **Full text:** <https://bit.ly/3QhLvrc>

State of transition to Ministry of Health governance of prison healthcare in the Council of Europe region

PUBLIC HEALTH | Online – 4 March 2024 – Given the complex and chronic health needs of people living in prison, prison health care equivalent to that in the community is likely inadequate to support equivalent health outcomes. Governments and prison authorities must therefore strive to ensure healthy prisons for all using a “whole of government approach,” and close the jurisdiction gap between Ministries. Transferring prison healthcare governance and accountability from the Ministry of Justice to the Ministry of Health can be one such substantive measure of improvement. Further research is required to fully evaluate direct and indirect benefits of transfer of prison healthcare governance. Inspection and evaluation protocols are advised to include aspects of measurement of healthcare performance and upholding of human rights... **Full text:** <https://bit.ly/4dbKPxn>

[End-of-Life Care in Prisons](#)

Relatively limited attention has been directed toward matters of dying and death in U.S. prisons

JOURNAL OF CORRECTIONAL HEALTH CARE | Online – 18 April 2024 – In recent years, more than 4,000 people died annually in state and federal prisons, more than 85% of deaths due to natural/medical causes, with cancer and cardiovascular disease as the leading causes. More than 30% of people facing life sentences are 55 years or over, representing more than 61,000 people who are sentenced to die in prison. Although nearly all correctional health care professionals would agree that the goal of end-of-life care in prisons is “to prevent or relieve suffering as much as possible while preserving and respecting the patient's expressed desires,”¹ ... resources available for achieving this goal are sorely lacking and impediments abound. **Editor's Letter:** <https://bit.ly/3WbLKln>

1. 'Medical orders for life-sustaining treatment in correctional settings,' National Commission on Correctional Health Care (Position Statement), 2022 <https://bit.ly/3WhLfwf>

How do people in prison access palliative care? A scoping review of models of palliative care delivery for people in prison in high-income countries

PALLIATIVE MEDICINE (U.K.) | Online – 16 April 2024 – In high-income countries, end-of-life care (EoLC) approaches in prisons vary significantly. The U.S. predominantly uses the Embedded Hospice model with inmate caregivers, which shows potential for quality care and cost reduction. Outsourcing EoLC can lead to fragmentation and missed opportunities for comprehensive care. The Community Collaboration model shows promise but relies on motivated staff and grassroots initiatives. Limited evidence exists regarding the psychosocial needs of seriously ill people in prison and the most suitable caregivers for addressing their potential complexities, and bereavement support is limited outside the Embedded Hospice model. **Full text:** <https://bit.ly/3w5V9q2>

Resources for secure environments: End-of-life and palliative care

ROYAL COLLEGE OF GENERAL PRACTITIONERS (U.K.) | Online – 27 March 2024 – ‘Ambitions for Palliative & End of Life Care...’ was developed by the National Palliative & End of Life Care Partnership.¹ ‘The Dying well in Custody Charter’ is a prison-specific adaptation of the national framework ... and standards are attached to each of six positive ambitions.² These ensure that care is coordinated across the secure setting and that staff are supported to achieve a level of competence and confidence to deliver end-of-life care professionally and with dignity. **Full text (scroll down to ‘End-of-Life and Palliative Care’):** <https://bit.ly/3WbLeKo>

1. ‘Ambitions for Palliative & End of Life Care: A national framework for local action 2021-2026,’ National Health Service (England): <https://bit.ly/3FEa9NE>
2. ‘Dying well in custody charter and self assessment tool,’ National Health Service (England): <https://bit.ly/3wdxXWT>

How do people in prison access palliative care? A scoping review of models of palliative care delivery for people in prison in high-income countries

PALLIATIVE & END-OF-LIFE RESEARCH GROUP, UNIVERSITY OF BRISTOL (U.K.) | Online – 14 March 2024 – An ageing prison population with complex health needs combined with punitive sentencing practices means palliative care for incarcerated individuals is increasingly important. There is limited evidence regarding the models of care delivery in high-income countries, and their associated challenges and benefits. The authors identified three models: Embedded Hospice, Outsourcing Care, and Community Collaboration. The Embedded Hospice model shows potential benefits for patients and prisons. Outsourcing Care may miss opportunities for comprehensive care. Collaborative Care relies on proactive prison-community relationships that could be formalised for improvement. **Abstract:** <https://bit.ly/3UwsK6b>

The value of screening for a history of incarceration in the palliative care setting

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE, 2024;41(5):468-470. Some correctional health systems have adopted geriatric and palliative care (PC) principles to better care for this aging population, many of whom die in prison. However, not everyone who grows old in prison will die behind bars. The authors highlight the unique physical, cognitive, and psychosocial challenges that formerly incarcerated patients face. They argue that PC providers should screen for a history of incarceration to identify and address the needs of this patient population. The authors offer strategies to create a safe, welcoming environment to discuss past traumas related to these patients’ time in prison. **Abstract (w. references):** <https://bit.ly/3r10Cvt>

[Compassionate Release](#)

The ethics and economics of keeping non-violent elderly and gravely ill in prison

USA TODAY | Online – 18 April 2024 – Every morning, Travis Nichols walks to the bathroom – his oxygen tank in tow – to wash up and brush his teeth. Then he heads back to bed, where he spends most of his days. When he’s not in bed, Nichols is in a wheelchair. Trivial, day-to-day tasks like walking the roughly 30 steps from his bed to the bathroom, or even speaking, leave the 47-year-old out of breath. Severe pulmonary hypertension, a potentially life-threatening condition, has damaged his lungs and is causing his heart to fail. There’s one medical option that could prolong Nichols’ life – a heart and lung transplant – but he and his attorney said it’s out of reach because of where he lives. Nichols is serving a 16-year prison sentence ... on drug charges. He’s scheduled to be released in five years, but the Lafayette man, his attorney and his family all fear he won’t live that long. **Introductory paragraphs:** <https://bit.ly/3QhOz6K>

Appellate court publishes ruling on compassionate release

FOLLOW OUR COURTS (U.S.) | Online – 11 April 2024 – A January ruling that released a prisoner over humanitarian concerns ... [has set a] ... precedent on when to release prisoners facing fatal health issues. Tyshawn Lewis was convicted in 2022 of first degree murder... He had barely started his 75-years-to-life sentence when he began showing signs of amyotrophic lateral sclerosis... In June 2023, the director of health care services at the Department of Corrections & Rehabilitation, petitioned for Lewis to be released early under Penal Code Section 1172.2. The law allows for the release of inmates with severe medical conditions that prevent them from doing daily tasks. To qualify under the section, the inmates must not pose an unreasonable risk of committing violent felonies, based on their current physical and mental conditions. Lewis had a half expectancy of less than six months. **Full text:** <https://bit.ly/3WgebF8>

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Worthless checks? Clemency, compassionate release, and the finality of life without parole

NORTHERN UNIVERSITY LAW REVIEW (U.S.) | Online –10 March 2024 – Life without parole (LWOP) sentences are politically popular in the United States because, on their face, they claim to hold prisoners incarcerated until they die, with zero prospect of release via the regularized channel of parole. However, this view is procedurally shortsighted. After parole there is generally another remedial option for lessening or abrogating punishment: executive clemency via pardons and commutations. Increasingly, U.S. legal jurisdictions also provide for the possibility of compassionate release for lifers, usually granted by a parole board. On paper, pardon, commutation, and compassionate release are thus direct challenges to the claim that an LWOP sentence will inevitably and invariably lead to the prisoner's death while incarcerated. **Full text:** <https://bit.ly/3JvnsBl>

N.B. "U.S. Sentencing Commission Compassionate Release Data Report Fiscal Year 2023," United States Sentencing Commission. Updated 13 March 2024. **Download at:** <https://bit.ly/3Qfxiel>

Selected Resources

AUSTRALIA | Palliative Care in Prisons Project (University of Technology Sydney): <https://bit.ly/32GrcOy>

AUSTRALIA | University of Melbourne: <https://bit.ly/3e9eVh9>

EUROPE | European Association for Palliative Care Task Force: Mapping Palliative Care for People in Prisons: <https://bit.ly/3w9P3VP>

EUROPE (Belgium) | End-of-Life Care Research Group (University of Ghent): <https://bit.ly/3Oux23v>

EUROPE (Switzerland) | Prison Research Group (University of Bern): <https://bit.ly/42gerD2>

U.K. | Hospice UK <https://bit.ly/3wkntF0>

U.K. | International Observatory on End-of-Life Care (Lancaster University): <https://bit.ly/3AlpfWa>

U.K. | Nursing in Prison (Springer Publishing): <https://bit.ly/3OQ77KV>

N.B. Textbook: 'Palliative & End-of-Life Care in Prison' Chapter pp.187-210.

U.K. | Penal Reform International: <https://bit.ly/3leePJ4>

U.S. | Hosparus Health Hospice Prison Program: <http://bit.ly/3TXY9w8>

U.S. | Humane Prison Hospice Project: <http://bit.ly/2VLRkTK>

U.S. | Louisiana-Mississippi Hospice & Palliative Care Organization: <http://bit.ly/3Ko9DWQ>

U.S. | National Commission on Correctional Health Care: <https://bit.ly/4a9ovm5>

U.S. | National Prison Hospice Association: <http://bit.ly/43q4MvO>

U.S. | Prison Fellowship: <https://bit.ly/3AdWQkQ>

U.S. | Prison Policy Initiative
<https://bit.ly/425vyb0>

U.S. | Prison Terminal
<https://bit.ly/2LTYv7M>

U.S. | Release Aging in People in Prison
<https://rappcampaign.com/>

U.S. | University of Minnesota (School of Nursing): <http://bit.ly/41IGbGi>

U.S. | The Visiting Room Project, Louisiana State Penitentiary
<http://bit.ly/3MaNpsv>



To keep abreast of current thinking in hospice and palliative care, check out 'Literature Search,' posted each month on the website of the International Association for Hospice & Palliative Care: <https://bit.ly/3WWxUYC>

N.B. A recent posting on eHospice: <https://bit.ly/4a2U9BC>

Barry R. Ashpole, Ontario, CANADA

Biosketch: <https://bit.ly/3XMTRs4>