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 › Newsletters (<https://hospicecare.com/what-we-do/publications/newsletter/>) › 2023
 › June Newsletter (<https://hospicecare.com/what-we-do/publications/newsletter/2023/06/>) › Bonus Featured Story

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Caring for Each Other: End-of-life behind bars

By *Barry R. Ashpole*

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Worldwide, prison populations are ageing rapidly, with the life expectancy of elderly inmates considerably shorter than those in the "outside world." And, with age, there is a corresponding increase in chronic illness and disability. For a disturbing number of inmates, prison will be their "final resting place."

The quality of end-of-life care behind bars is emerging as a universal public health issue, one that is receiving increased attention in the literature as well as in the news media, with reports of a number of initiatives, notably in the United States, in what is commonly termed "prison hospice."¹

Where volunteer inmates have been trained to care for those living with a terminally illness, prison hospice has also served to work against the sense that prisoners often have of having little or no value. Prison hospice, therefore, can serve two critically important purposes consistent with the philosophy of hospice and palliative care: improving the quality of care for the incarcerated, and the potential capacity of correctional facilities to help rebuild—not destroy—souls.



(<https://hospicecare.com/uploads/2023/6/barry-ashpole-thumbnail.jpg>)

An Encouraging Trend

Variable, "homegrown" care

Geriatric and end-of-life care in correctional facilities is not as equitable as care in the free world. The training of inmates as hospice volunteers, however, is gaining increased attention. Currently, their training is typically

An encouraging trend in recent years is toward medical decision-making and advance care planning (ACP) in the prison population.⁴ Further research is needed, however, to better understand the attitudes, perspectives and experience with ACP for prisoners, prison-based health practitioners, correctional officers, and health practitioners providing care to prisoners.⁵

“face-to-face, homegrown, and variable in content and duration.”² Some correctional facilities are extending this training to prison staff.³

Research gaps, social challenges

To date, there has been little research on how inmates experience dying behind bars. (Though one study from the University of Iowa provides insight into how inmates view the dying process.⁶) Add to this the need for greater understanding of bereavement in the prison population and how a universal life experience can be particularly debilitating for the incarcerated.⁷ All this underscores the critical importance of psychosocial care for inmates with a life-limiting illness, which will require both a seismic

shift in the prevailing public discourse and a stronger human rights focus.⁸ Early release on compassionate grounds, which is extremely rare in most countries, is a related issue.

Faster rate of aging

The number of older people in prisons is known to be rising in many countries. For example, it is as high as 20% in Japan. And it is often growing at a faster rate than that of the general prison population. This poses specific challenges for health and age-related policy and practice in prisons, as older people in prison are more likely to have disabilities, multiple, chronic health conditions, or age-related cognitive impairment, such as dementia. An issue gaining traction is assisted suicide.⁹ Palliative care in prisons can be challenging not least because of the restrictions of the environment.¹⁰

Resources

Read Barry Ashpole's bio (<https://hospicecare.com/bio/barry-ashpole/>).

IAHPC Policy Recommendations for Palliative Care in Prisons

is being presented at the EAPC World Congress in Rotterdam by IAHPC Senior Director of Advocacy & Partnerships Katherine Pettus on Thursday, June 15 at 4:30 p.m.

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[Previous page \(https://hospicecare.com/what-we-do/publications/newsletter/2023/06/featured-story/\)](https://hospicecare.com/what-we-do/publications/newsletter/2023/06/featured-story/)

[Table of contents \(https://hospicecare.com/what-we-do/publications/newsletter/2023/06/\)](https://hospicecare.com/what-we-do/publications/newsletter/2023/06/)

[Next page \(https://hospicecare.com/what-we-do/publications/newsletter/2023/06/membership-matters/\)](https://hospicecare.com/what-we-do/publications/newsletter/2023/06/membership-matters/)

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