# End-of-life Care in the Prison Environment – #28 (March 2026)



**Source:** Prison Journalism Project https://bit.ly/4aJQhs8

## Contents



## Aging Prison Population

***No Time to Wait: A Case for Releasing Elders from California's Women's Prisons***

UC BERKELEY LAW (**U.S.**) | Online – 5 March 2026 – California incarcerates 3,600 people in its two women's prisons, and one in five of them are aged fifty and older. Decades of research shows that prisons are especially harmful to older adults, whose health challenges are exacerbated by prison environments that fail to accommodate aging bodies and needs. California spends up to $300 million every year incarcerating just 740 elders. Incarcerating elders imposes high costs for the state – costs that will only grow as more incarcerated people age in prison. Yet there is no public safety benefit to keeping elders behind bars. Data … shows that recidivism rates decline with age. With a fiscal deficit and a legal mandate to reduce its prison population, California faces intense pressure to decarcerate. This urgency is compounded by the climate crisis, which has made prison conditions more dangerous for incarcerated people, especially elders. **Access report at:** https://bit.ly/4l7r6Dw

**Coming home to New Orleans, feeling old: Why prison speeds up aging**

THE LENS (**U.S.**) | Online – 4 March 2026 – Because of decades of high-stress and deficient healthcare, a 59-year-old in prison has a "geriatric morbidity" that's equivalent to a 75-year-old on the outside. More than 1 in 6 of the 30,199 people incarcerated in Louisiana state prisons are 55 or older, according to data from Louisiana Department of Public Safety & Correction. But because of the preponderance of lifers at Angola, the rate is twice as high there: one third of the prison's 4,258 men are over the age of 55. Debilitating illness sets much earlier for incarcerated people when compared with their counterparts in the free world... Because of that rapid decline, incarcerated people aged 55 and older are considered elderly, and often struggle with chronic disease... (**see sidebar**) Across the nation, about 23% of those incarcerated aged 55 plus have heart disease, diabetes, or arthritis; 62% have high blood pressure, and 57% live with a disability... **Full text:** https://bit.ly/4cx3mql

**Extract**

Thirty years ago, programs like Angola's hospice were founded to restore some dignity to those dying inside, Reynolds said. "The objective of the hospice program in Angola was to make sure nobody died alone," he said. "We'd be at the bedside 24-7, especially after the doctor gave them a certain timeframe to live. After they passed, we cleaned their bodies, tagged them, and even buried them."

Cont.

**Related:**

**'Patient and hospitalization differences in incarcerated versus non-incarcerated men: Insights from a 10-year cohort study,'** *Journal of Hospital Medicine* (**U.S.**) | Online – 26 February 2026 – There is a growing population of older incarcerated adults in the U.S., and this study shows that they are sicker than the overall population; the healthcare system must be prepared for the increasing demands of these patients. Potential next steps for policymakers include an increased focus on geriatric care and geriatric care providers within carceral systems... **Full text:** https://bit.ly/402KjMY

'**Report reveals aging inmate population driving up New York prison expenses,'** WHEC-TV (**U.S.**) | Online – 2 March 2026 – New York's prison population is aging, leading to increased costs, according to a new report from the New York Comptroller. The state corrections department's per-person cost of health services increased 138% from 2013 to 2025, reaching $5,850 per person. In response, the comptroller's office is urging the state to consider medical parole and compassionate release for older incarcerated individuals. **Access report at:** https://bit.ly/4cXN5e2

**'Graying prison population spikes healthcare costs, drives "budget squeeze,"'** *New Jersey Monitor* (**U.S.**) | Online – 17 February 2026 – New Jersey taxpayers pay more than half a million dollars a day to cover the healthcare costs of people incarcerated in state prisons… State prison officials have blamed the rising costs on longer sentences that keep more and more people behind bars into old age, when their medical needs mount. [Rutgers] University Correctional Health Care is a non-profit operated by Rutgers. That's an unusual model... **Full text:** https://bit.ly/3Ovy1do

## Prison Healthcare Services

### Limits of correctional health reporting: Findings from a nationwide jail mortality survey (2019-2024)

*JOURNAL OF CORRECTIONAL HEALTH CARE* (**U.S.**) Online – 5 March 2026 – This article presents findings from a national survey ... in an attempt to compare private healthcare provider outcomes with county providers. Currently available information cannot serve as a reliable measure of healthcare quality in correctional settings due to sociocultural reporting constraints. Institutional and cultural deterrents to objective reporting have led to incomplete records, misclassified causes of death, and failures to maintain legally mandated death reports. There is a clear need for health benchmarking and clear definitions for reporting in correctional healthcare to enable valid comparisons between healthcare provider models. The authors draw attention to a recently established correctional healthcare-specific patient safety organization as a potential solution to enable correctional healthcare providers to better understand the drivers of healthcare outcomes in correctional facilities. **Full text:** https://bit.ly/4lwSmf7

**Related:**

**'Conducting Ethical Health Research in Prisons: Guidance for Prison Health Researchers,'** University of Hertfordshire (**U.K.**) | Online – 13 February 2026 – This document ... aims to aid ethical approval processes and research design by identifying specific considerations for approaching health research conducted in a prison setting and to act as a reflective tool for researchers by highlighting key areas for consideration in a systematic way, in order to promote the human rights and the interests of people living in prisons. **Download report at:** https://bit.ly/4rVaYaq

**'Methods and tools used to assess patient experience with healthcare services in prisons: A scoping review,'** *International Journal for Quality in Health Care* (**Canada**) | Online – 26 January 2026 – The authors aimed to map the existing literature and identify knowledge gaps to inform efforts to implement and enhance measures of patient experience in correctional settings. No studies reported using a survey that had been previously validated for healthcare delivered in a correctional facility. Questions about communication with healthcare staff and access to services were more common than inquiry into perceptions of respect, empathy and autonomy. **Full text:** https://bit.ly/4sc53Oo

**Position Statement**

**Telehealth in correctional facilities**

*JOURNAL OF CORRECTIONAL HEALTH CARE* (**U.S.**) | Online – 25 February 2026 – The National Commission on Correctional Health Care (NCCHC) recommends the use of competent and effective telehealth services to enhance access to and quality of care for people who are incarcerated. Telehealth refers to the use of electronic information and telecommunication technologies to provide medical, dental, mental health, and nutritional care services remotely. NCCHC supports the use of telehealth when it is clinically appropriate, using protocols that protect patient autonomy, confidentiality, and continuity of care. Telehealth services are to be delivered by qualified healthcare professionals who have undergone relevant training and are legally eligible to perform their clinical duties... Telehealth must be used ethically, ensuring voluntary informed consent, privacy protections equivalent to in-person care, and equitable access. **Full text:** https://bit.ly/4r1POX7

**Judge seizes control of Arizona's prison healthcare after 14 years of failures**

*AZ MIRROR* (**U.S.**) | Online – 20 February 2026 – After 14 years of litigation, two contempt findings, millions of dollars in fines, a 15-day trial and repeated violations of a permanent injunction, a federal judge decided … [the judge] has no choice but to take the "drastic" step of placing Arizona's prison healthcare system into receivership to remedy a "systemically unconstitutional" system. The order covers all 10 Arizona Department of Corrections, Rehabilitation & Reentry prisons and every incarcerated person in Arizona state custody – a population of roughly 34,000 people. U.S. District Court Judge Roslyn Silver pummeled the state in her 128-page order as she detailed all the ways the Corrections Department had repeatedly failed to comply with court orders, "unreasonably" misread the court's directives and went to great lengths to "exploit any ambiguity to the maximum extent possible." "Ordering the implementation of a receivership is extraordinary ... " Silver wrote. **Full text:** https://bit.ly/46mAXzb

1. 'Arizona Department of Corrections, Rehabilitation & Reentry healthcare receivership order.' https://bit.ly/408Sh7v

**Related:**

**'Healthcare in a system of punishment: How clinicians experience care work within carceral settings,'** *Health & Justice* (**U.S.**) | Online – 19 February 2026 – Participants described a carceral culture which impeded the delivery of care. These barriers to providing healthcare included limiting the clinicians' ability to develop a trusting patient-clinician relationship and structural limitations, which prevented clinicians' capability to deliver care informed by their expertise. Participants also described forms of institutional control that affected clinicians on a personal level and in their provision of care. **Abstract:** https://bit.ly/3MGpqUD

**The system and the cell: A systems perspective on prisoner health**

SOCIAL MARKET FOUNDATION (**U.K.**) | Online – 19 February 2026 – Healthcare for people in prison is a human right. Yet pre-existing inequalities, combined with prison-specific barriers, leave prisoners with health outcomes consistently worse than the general population. Good prisoner health is not only a moral issue but it can also deliver wider benefits... Drawing on research and insights from academics at the University of Manchester, this briefing provides a high-level overview of the key health challenges in British prisons today, with a particular focus on physical health, mental health, women's health, older prisoners' health... The authors recommend: 1) Support effective prison healthcare through sustainable funding; 2) Prioritise prevention and support targeted, practical interventions; 3) Improve coordination and integration across health services; amd, 4) Strengthen cross-departmental oversight of prisoner health in government. **Access brief at:** https://bit.ly/3MR4IBG

Cont.

**Related:**

**'Disjointed prison health system worsens reoffending rates, think tank finds,'** About Manchester (**U.K.**) | Online – 19 February 2026 – Healthcare in prisons is fragmented across the health and justice departments, with responsibility split between multiple agencies and service providers and no single body in charge. Poor coordination between the Department of Health & Social Care, the Ministry of Justice and healthcare providers continues to undermine the quality and continuity of care available to prisoners. This lack of joined-up working is compounded by severe pressures in the prison system itself. **Full text:** https://bit.ly/4rYwk6J

## Cancer in confinement

PRISON JOURNALISM PROJECT

(**U.S.**) | Online – 11 February 2026 – Every year in the U.S., hundreds of thousands of people … die from cancer. It's the second leading cause of death in American society at large. In prison, it's the first. Seven out of 10 people diagnosed with cancer end up surviving at least five years. But survival is largely a privilege of the free. If you're locked up, you're more likely to die in the years following a diagnosis, according to a review of 20 studies from 1990 to 2021 that investigated cancer rates among incarcerated and formerly incarcerated people.[1] "It's absolutely clear – if you are diagnosed with cancer in prison, survival is much worse," said Dr. Christopher Manz, one of the nation's leading researchers on cancer in prison and an assistant professor in medical oncology at Dana-Farber Cancer Institute and Harvard Medical School. We do not know whether prison makes cancer itself deadlier. Just like on the outside, outcomes are impacted by factors including the type of cancer, genetics and underlying health conditions (**see sidebar**). **Full text:** https://bit.ly/4aJQhs8

**Prison Inmate's Perspective**

**I took care of my friend while cancer took over his body**

PRISON JOURNALISM PROJECT (**U.S.**) | Online – 11 February 2026 – We stood in the shade of the handball wall at Pennsylvania's State Correctional Institution at Coal Township, watching some guys play basketball. The sun was hot. When I looked over, Hassain was crying. "I want more time," he said. "I've got so much more to do." At that point, in 2022, Richard Hassain Estes was leaving the prison twice a week for radiation and chemotherapy. When he returned, he was often on the verge of tears. More than once he told me how painful it was to be transferred to and from the hospital, feeling sick and wearing only a thin prison jumpsuit. Sometimes it took a while before he could calm down enough to go back to his cell. **Full text:** https://bit.ly/4kApcLm

1. 'Disparities in cancer prevalence, incidence, and mortality for incarcerated and formerly incarcerated patients: A scoping review,' *Cancer Medicine*, September 2021. **Full text:** https://bit.ly/4bO6pdi

**Related:**

**Incarceration and cancer mortality: Rethinking structural determinants of oncology outcomes,'** *JCO Oncology Practice* (**U.S.**) | Online – 18 February 2026 – Over 10 million people in the U.S. are incarcerated annually. Although the associations between incarceration and infectious disease, mental illness, and substance use are well established, the link between carceral systems and cancer mortality is less characterized. Sarfraz *et al* present an important yet not entirely surprising study linking county-level jail incarceration rates to mortality from lung, liver, and colorectal cancers.[1] **Full text:** https://bit.ly/4kNPjia

1. **'Association of jail incarceration with lung, liver, and colorectal cancer mortality across U.S. counties,'** *JCO Oncology Practice*, December 2025. **Full text:** https://bit.ly/4aDSHHx

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**Challenges of healthcare provisioning for inmates in Nigerian correctional services: Evidence from documentary sources**

*UNIVERSITY OF JOS JOURNAL OF POLITICAL SCIENCE*, 2026;3(1):39-55. This paper analyses the level of healthcare provisioning in correctional (custodial) centres in Nigeria and identifies challenges and prospects for enhancing healthcare service delivery for inmates. Data were obtained from secondary sources, especially official publications of the Nigerian Correctional Service and other international organisations that provide yearly reports on prison conditions. Findings indicated that healthcare services are below the standard prescribed by international instruments. Lack of priority and resources accounted for most of the inadequacies. Effective healthcare in correctional custodial centres requires adequate and qualified personnel with appropriate work ethics and adequate infrastructure as well as effective collaboration and referral framework between healthcare services within the custodial centres and the federal or state ministries of health. **Access full text at:** https://bit.ly/40pTZRN

## End-of-Life Care in Prisons

***Untapped Potential: The Power of Peer Support Programs in Prisons***

JOHN HOWARD ASSOCIATION (**U.S.**) | Online – 4 March 2026 – At the time this report was drafted, there were more than 70 Peer Support Programs in U.S. carceral facilities identified in operation with a focus on improving health outcomes for incarcerated people with more new programs regularly coming to our attention, in addition to international programs. This project focused on 15 programs across 12 jurisdictions addressing a range of health and well-being areas including ... palliative care. John Howard Association set out to examine how these kinds of programs could fill gaps in care inside Illinois' prisons. The dysfunctional state of medical and mental health care inside facilities has been an ongoing issue of deep concern as well as the subject of litigation. People inside often report that they cannot access medical and mental health treatment, and staff shortages are creating an untenable and worsening situation. **Access report at:** https://bit.ly/3OMytV2

> **N.B.** Word search report for multiple discussion/mentions of "hospice" and "palliative care," e.g., Louisiana State Penitentiary Hospice Program (p.16) and Nebraska Hospice Care Volunteer Program (p.17). ***BRA***

**Prison Inmate's Perspective**

**Before my time in hospice, I never considered dying alone**

(**U.S.**) | Online – 3 March 2026 – The incarcerated care workers of No One Dies Alone (NODA) changed how I thought about dying in prison. These were women working with NODA, a peer support initiative that trains and supports incarcerated individuals as companions for other incarcerated people at the end of their lives. Within West Pod, there are three specially trained NODA care workers. These women work on shifts to assure the people in hospice care receive their daily dose of comfort. The compassion they exhibited was amazing. Watching them interact with patients brought to mind a mother and infant: the gentle talks, feeding, wiping mouths, combing hair. They chopped food in small pieces to prevent choking and helped patients dress and undress. I was awestruck by how unambiguously the care workers loved Frances. I felt like an outsider looking through a telescope at another planet. **Full text:** https://bit.ly/4rbkBAR

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**Truth-in-sentencing costs Illinois thousands of years – and billions of dollars (extract)**



*CHICAGO REPORTER* (**U.S.**) | Online – 19 February 2026 – With sentences lasting decades longer, incarcerated population in Illinois Department of Corrections (IDOC) facilities are getting older... Nearly one third of truth-in-sentenced individuals in Illinois prisons will be held beyond the average age of death due to "natural causes" in prison.[1] The more than four thousand Illinoisans in this category … are serving what amounts to "virtual life" sentences, the report states: "Because we're holding people in prison so much longer, the need for hospice care in the IDOC has increased immensely" … "It has been an increased cost of incarceration for elderly folks – a cost that has been immense while benefits have been non-existent." Illinois advocates have demanded greater end-of-life care through legislation like the 2025 Eddie Thomas Act, which sought to bring palliative and hospice care to IDOC facilities (**see sidebar**). As of January 2026, IDOC still has not released reports on end-of-life care options.[2] **Full text:** https://bit.ly/4aYpyIu

**Prison Inmate's Perspective**

**Inmate-founded hospice program reshapes culture at Illinois prison**

CORRECTIONS1 (**U.S.**) | Online – 21 February 2026 – Finis Leonard has helped 13 men die. That's not why the 48-year-old Rock Island native has been in Illinois prisons since 2007. Handed concurrent sentences of 30 years for being an armed habitual criminal and 10 years for the unlawful possession of a firearm by a felon, Leonard made a decision in 2016 that he says changed his life. He decided to study palliative care (PC) and started a hospice care program at Danville Correctional Center. Leonard said working with dying men and helping others learn PC has made him a better person. "Helping people transition from life to death with some kind of dignity and comfort has made me a better person," he said... **Full text:** https://bit.ly/4aKlEBN

1. *Truth in Sentencing and Illinois Prisons,'* Loyola Chicago's Center for Criminal Justice (March 2025): **Download report at:** https://bit.ly/4kJzb0W

2. 'New law requires prison-based hospice, palliative care data reports,' *Hospice News* (January 2026). **Full text:** https://bit.ly/3OSymXH

**'This place is love': A prison unit for the dying – in pictures**

(**U.S.**) | Online – 11 February 2026 – In 1996, a 17-bed, state-licensed hospice began caring for dying incarcerated men at California Medical Facility (CMF) ... At that time, the hospice unit mainly took care of patients dying of AIDS. Today, many of the patients housed there are dying of cancer, the leading cause of death in U.S. prisons. All of the patients at CMF had ceased treatment; the main objective of their care was comfort. Since CMF's hospice program typically only houses patients who have six months or less to live, I expected the mood to be somber – like the kind you might encounter at an underfunded senior living facility. But what we found was something brighter and more alive. The hospice unit more closely resembled a hospital ward than a prison. Medical staff, social workers, psychologists and a chaplain buzzed about. If I hadn't handed over all my belongings, passed through a metal detector, and walked through a line of people dressed in state-issued blues, I might not have guessed I was in a prison at all. **Full text:** https://bit.ly/4qvIcfk

The articles, reports, etc., noted on each monthly posting on the End-of-Life Care Behind Bars website are a *representative* sample of current thinking on end of-life care in prisons. If you think any important articles, reports, etc., have been missed or overlooked, please let us know: https://bit.ly/4cdWVFD

## Care Planning

**Prisoners' involvement in conversations about their healthcare support needs: An integrative review**



*BMJ SUPPORTIVE & PALLIATIVE CARE* (**U.K.**) | Online – 22 February 2026 – Person-centred conversations are considered central to well-being in palliative and end-of-life care, ensuring that care is driven by the needs of the patient rather than those of healthcare providers. Such conversations enable patients to work collaboratively with healthcare and other support staff, sharing responsibility for identifying and implementing the support they need. However, there are well-documented challenges in putting person-centred conversations into practice in a prison environment. There is limited research evidence, however, on this topic. Research that does exist emphasizes the need for person-centred conversations and clear policies, enabled by a comprehensive understanding of the principles of person-centred conversations, and the development of practices and interventions that support delivery. This review has potential to inform healthcare conversations and guide the development of practices and interventions that support delivery of person-centred communication in prison settings. **Poster presentation:** https://bit.ly/4kV2bmx

**Equitable palliative care in prisons: Integrating advanced care planning**

*BRITISH JOURNAL OF GENERAL PRACTICE* (**U.K.)** | Online – 14 February 2026 – The authors cite an existing definition of "critical illness" requiring reversibility, distinguishing from illness-related deterioration at the end of life. Whilst analytically useful, this distinction may be less clear in ageing prison populations – where frailty and advanced multimorbidity coexist with episodes of acute deterioration. Notably, 16% of reported incidents resulted in avoidable hospital admissions. In community settings, advanced care planning and early palliative involvement reduce admissions. More consistent integration of these approaches within custodial healthcare could support clearer treatment-escalation decisions and reduce unnecessary transfers. Barriers to palliative care include limited hospice access (often superseded by security constraints) and logistical challenges with opioid prescribing. Short staffing … further restrict timely symptom control and anticipatory prescribing, particularly out of hours. **Full text:** https://bit.ly/4qKs6Pd

> **N.B.** See 'Care Planning in Correctional Healthcare: In Defence of Prison Inmates' Autonomy,' posted on the 'Spotlight' page of the End-of-Life Care behind Bars website: https://bit.ly/3Ph3JLM

## Grief & Bereavement

**Grieving in prison: What it means to mourn when no one can hold you**

NORTHWESTERN PRISON EDUCATION PROGRAM: *NORTHWESTERN INSIDER* (**U.S.**) | Online – Accessed 9 February 2026 – How does one truly grieve while in prison? One doesn't – not fully, not completely. You may be eligible for a funeral furlough, but that only works if you anticipate the passing well in advance, and if you can afford the fees. The approval process takes a minimum of 30 days. And if it's granted, the individual in custody is required to pay for mileage, gas, and the day wages of the accompanying officers, all in advance. Most applications don't get approved. And even if you are granted a furlough, let's be honest: Who wants to wear shackles, waist chains, and cuffs for hours just to spend 15 minutes with the deceased? You're not allowed to speak with other family or friends. It's just you, your loved one, and two armed correctional officers who may or may not have compassion. Grieving in prison is a challenge most people will never understand. **Full text:** https://bit.ly/4rEGxVI

IAHPC

To keep abreast of current thinking on palliative and end-of-life care check out 'Literature Search' on the website of the International Association for Hospice & Palliative Care at: https://bit.ly/3WWxUYC

**Early medical release from incarceration still restricted**



NORTH CAROLINA NEWS SERVICE (**U.S.**) | Online – 9 February 2026 – Early medical release from prison is designed as a compassionate response for people who are severely ill behind bars. In North Carolina the program remains inaccessible to most. In 2023, the General Assembly expanded early medical release with rule changes, such as decreasing the age for consideration from 65 to 55. That same year, eight people applied for early release and four died waiting for a response. In 2024, six applied and four were released. As the prison population ages rapidly … prisons are essentially becoming nursing homes for many. A study from the Vera Institute of Justice … found recidivism rates for people ages 50 to 65 was about 2% (**see sidebar**).[1] For people over 65, the rate was essentially zero. People on early release are still overseen by parole officers. Family members also suffer when their loved one is incarcerated and terminally ill, because they can't visit and often don't know what's happening. **Full text:** https://bit.ly/45UhCVV

**Extract from Vera Institute of Justice report**

**The challenges of compassionate release**

*Nearly every state has some form of compassionate release policy. The laws generally authorize the state's parole board and/or department of corrections to release people who meet certain aging or medical criteria earlier than their statutory release dates or ordinary parole eligibility date. Although compassionate release policies vary by state in their details, most have one important thing in common: they provide narrowly circumscribed opportunities for release and have not had a significant impact on reducing the number of older and infirm people in prison. In most states, the policies are not widely used and, when the provisions are invoked, people are infrequently released.*

1. 'Aging Out: Using Compassionate Release to Address the Growth of Aging and Infirm Prison Populations,' Vera Institute of Justice (December, 2017). **Download report at:** https://bit.ly/4koWPQa

**Related:**

**'Compassionate release expansion among justice reforms with bipartisan state House support,'** *Pennsylvania Capital-Star* (**U.S.**) | Online – 19 February 2026 – Just 54 people have been freed from prison during the past 15 years through Pennsylvania's system to release incarcerated people with serious medical conditions. A measure with bipartisan support would overhaul the process, expanding eligibility and saving the state millions of dollars. Currently, candidates for compassionate release must have no more than a year to live. **Full text:** https://bit.ly/4kL7Jjr

**Caring for formerly incarcerated patients in hospice and palliative care: Dignity, safety, and restorative compassion**

REWRITING THE LAST CHAPTER (**U.S.**) | Online – 9 February 2026 – As the hospice community deepens its commitment to equity and trauma-informed care, clinicians are increasingly caring for individuals who have experienced incarceration. These patients bring with them a lifetime of medical, psychological, and existential burdens shaped not only by disease, but by the enduring imprint of trauma, stigma, and institutionalization. Providing end-of-life care to those once imprisoned challenges us to embody the core philosophy of hospice – that every human being deserves compassion, dignity, and relief from suffering, regardless of their past. Incarceration leaves an unmistakable mark on the body and mind. Research shows that formerly incarcerated individuals experience accelerated biological aging… By the time many reach hospice, they carry decades of unaddressed health inequities and deep mistrust of the healthcare system. **Full text:** https://bit.ly/4rHgddz

**N.B.** See 'Engaging the Hospice Community in End-of-Life Care in Prisons' (Parts 1 & 2) posted on the 'Spotlight' page of the End-of-Life Care Behind Bars website: https://bit.ly/4mfBPL9

**Quality indicators for penitentiary medical reports supporting the adoption of alternative measures to imprisonment on health grounds**

*REVISTA ESPAÑOLA DE MEDICINA LEGAL* (**Spain**) | Online – 5 February 2026 – Humanitarian release from prison on health grounds is a measure to preserve human dignity, recommended by international human rights bodies and enshrined in the legislation of many countries. A medical report is required for such a judicial decision. The study revealed that there was a high degree of variability, that the importance of the temporary life prognosis for the granting of this type of measure was significant in Spain, and that the health baseline situation of the subjects studied was advanced. Analysis of the quality of the reports revealed significant technical deficiencies and the frequent absence of basic clinical elements. Barriers to accessing information sources limit research. The absence of standardised guidelines or protocols at the national and international levels for the drafting of this type of report leads us to propose further advancement in this important area of human rights. **Full text:** https://bit.ly/46YcPTO



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**Barry R. Ashpole, Ontario, CANADA** **Biosketch:** https://bit.ly/3XMTRs4