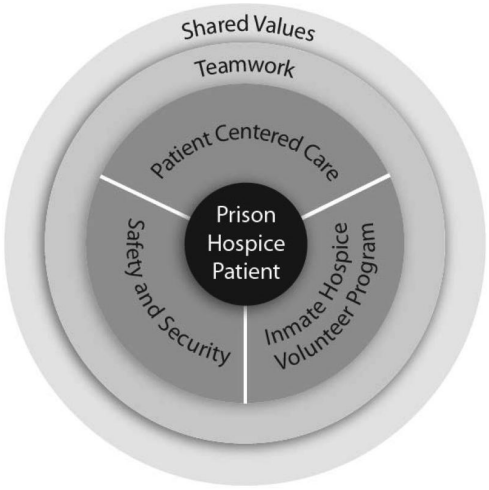
End-of-life Care in the Prison Environment – #34 (September 2026)



Source: Cloyes *et al* (2015): https://bit.ly/4pVGfud

Contents

Articles, postings, etc., of particular interest flagged with this icon.....

Aging Prison Population

Singapore prisons adapt as inmate population ages, 1 in 6 aged 60 or older

CNN | Online – 14 August 2026 – In 2025, about one in six inmates in the nation was aged 60 or older, compared with about one in 10 in 2019... The proportion of inmates aged 65 and above more than doubled over the same period, from 3.7% to 8.7%. The trend mirrors Singapore's ageing population and has prompted the Singapore Prison Service to adapt the way it manages and supports older inmates. More senior inmates are living with chronic illnesses, mobility issues and other age-related conditions... Prison officers need to be equipped with the necessary skills and patience to manage such inmates... Elderly inmates who require age-related care serve their sentences at the Assisted Living Correctional Unit, where the average inmate is about 60-years-old. Younger inmates with caregiving experience and who are deemed suitable are paired with those who have mobility difficulties. The younger inmates … receive financial incentives and privileges... **Full text:** https://bit.ly/4xJslOg

What does "older" mean in the criminal justice system?

(**U.K.**) | Online – 13 August 2026 – Research consistently shows that people who have spent time in prison can exhibit the physical and cognitive health markers of someone a decade or more older than their actual age. Poor diet, limited physical activity, disrupted sleep, chronic stress, substance misuse histories and reduced access to timely healthcare all take their toll. A 52-year-old in custody may be living in a body, and facing the health challenges, of someone in their mid-60s. The 50+ threshold exists to ensure that people who need age-appropriate support aren't missed, simply because they haven't reached a conventional retirement age. Older people are the fastest-growing demographic in the prison estate. The number of people aged 50 and over in prisons in England and Wales has almost tripled over the past two decades. They now make up nearly one in five (18%) of the prison population, yet provision designed specifically for their needs remains limited. **Full text:** https://bit.ly/3TOdLqj

Aging behind bars: Challenges of healthcare for elderly prisoners

UNIVERSITY OF MARIBOR (**Slovenia**) | Online – 5 August 2026 – Modern criminal justice systems are increasingly faced with the challenge of an aging prison population, with elderly prisoners representing one of the most vulnerable groups within correctional institutions. These individuals often experience accelerated physical and mental aging, further exacerbated by restrictive living conditions and insufficient access to adequate healthcare. While international and national law ... mandates respect for human dignity, a range of legal and ethical challenges continue to arise in everyday life regarding the healthcare of prisoners. These include issues related to compassionate release, the care of terminally ill prisoners... [The author] analyzes the Slovenian legal framework and dilemmas that are encountered in providing healthcare to elderly prisoners... The challenges of healthcare provision for elderly prisoners are also examined in the context of the case law of the European Court of Human Rights. **Full Slovenian language text (w. English language abstract; click on pdf icon):** https://bit.ly/4fYBbAG

Compassionate Release

Gasping for air

THE CHICAGO REPORTER (**U.S.**) | Online – 14 August 2026 – Diagnosed with ALS behind bars, Gary Sams fought for healthcare and freedom before it was too late. Sams's hospitalization came after over a year-long battle to receive medical attention in Illinois Department of Corrections, which has long been scrutinized for providing inadequate healthcare. Stories of medical neglect and malpractice fill the pages of hundreds of lawsuits, including a high-profile class-action case that ended with a 2019 consent decree, the conditions of which have still not been satisfied seven years out. In 2022, Illinois became one of the last states to adopt a medical release law … which allows certain incarcerated people who are terminally ill or medically incapacitated to be medically released. After spending six months in a hospital … Sams became one of only 28 individuals to receive medical release in 2025. It was a shallow win – his condition had progressed to full-body paralysis by the time he was released. **Full text:** https://bit.ly/4gedjsL

Compassionate release: Physician overview

MEDICAL JUSTICE ALLIANCE

(**U.S.**) | Online – Accessed 10 August 2026 – Compassionate release (CR) laws allow for the release of individuals who are imprisoned and have terminal or disabling medical conditions. CR helps provide individuals with more health support and access to loved ones while also decreasing the large burden of medical care on prison staff. The Federal First Step Act in 2018 expanded the use of CR and allowed for prisoners to file a motion for CR for themselves. Nearly every state has followed suit with specific laws and criteria. Despite laws such as the First Step Act, around 80% of requests are denied, with some states denying more than 95% of requests (**see sidebar**). Oftentimes, lawyers do not know the nuances of medical conditions or average prognosis. Similarly, parole boards and judges often lack the medical knowledge to determine whether an individual truly qualifies. **Full text:** https://bit.ly/4xtSvnY

New Jersey lets dying inmates out of jail. The problem? Most who try to get out never make it, new report says

NJ.COM (**U.S.**) | Online – 7 August 2026 – He was 55, serving a life sentence for murder, when he was diagnosed with stage four pancreatic cancer. Given six months or less to live, the deadly prognosis opened the door to a New Jersey program allowing gravely ill inmates to seek early release so they might spend their final days with their loved ones. But that's not what happened. The cancer-ridden man passed away less than two weeks later as an inmate of the state. His case was not unusual. In the past six years, the state Department of Corrections received 241 requests for early release based on a terminal condition, disease or syndrome, or a permanent physical incapacity. Of those, just 46 were ultimately determined to be eligible. Half of them died before their court date. **Full text:** https://bit.ly/3Uo3i4U

N.B. See Medical Just Alliance's 'Compassionate release: Best practices' – https://bit.ly/4wPxJ2e; Medical Justice Alliance website – https://bit.ly/4xtUmJF ***BRA***

Prison Healthcare Services

Prison healthcare will be integrated into the national healthcare system

LOGOS PRESS (**Moldova**) | Online – 28 August 2026 – The Republic of Moldova plans to change the way medical care is provided in prisons. The fact that a person is in detention should not limit their right to quality medical care. Integration into the public system would create the conditions necessary for this right to be respected in practice. A patient's location should not determine the quality of treatment they receive. Following the reform, healthcare in prisons would become part of the same healthcare system and operate according to the same standards. The reform will be implemented gradually. Currently, healthcare services in prisons operate separately from the national healthcare system. Their integration is also presented as part of the commitments made by the Republic of Moldova in the process of joining the European Union, as well as the recommendations of the Council of Europe and the World Health Organization. **Full text:** https://bit.ly/4gYawWb

N.B. See 'Governance of Prison Healthcare: "People in prison exist in a twilight zone between criminal justice and health systems," End-of-Life Care Behind Bars (November 2024). **Full text:** https://bit.ly/4objyQ4 ***BRA***

Position statement: Use of humanizing and respectful language in correctional healthcare

JOURNAL OF CORRECTIONAL HEALTH CARE (**U.S.**) | Online – 26 August 2026 – The National Commission on Correctional Health Care (NCCHC) ... recommends that people who work in correctional facilities and those interacting with or conveying information about individuals experiencing incarceration (e.g., researchers, policy makers, journalists) adopt person-first language in written and oral communication. NCCHC recommends: 1) See patients as "whole people" with multiple dimensions of their identity; 2) Reframe historically stigmatizing language by employing person-first language such as person/people/individuals experiencing incarceration, incarcerated person/people/individuals, justice involved person...; 3) Engage patients in discussing their preferences related to their identity. Respect individual preferences by inquiring about the language that best aligns with an individual's identity; 4) Use accurate, stigma-free language to describe patients and their health conditions; 5) Avoid correctional labels such as inmate, offender, prisoner, felon, convict, criminal, addict, or terms based on crime... **Access NCCHC's position statement at:** https://bit.ly/45KKFuC

Past posting on the End-of-Life Care Behind Bars website

Language lipstick: What person-centered language in prison hides

PRISON JOURNALISM PROJECT (**U.S.**) | Online – 10 March 2026 – In the last several years, some states have decided the word "inmate" has got to go. In 2022, New York officially swapped out the word for "incarcerated person" in its law books. Washington State did the same for its state statutes, websites and internal communications. More recently, Oregon opted for "adults in custody" instead of inmates, and California is in the process of overhauling its regulatory language to use "incarcerated persons." It appears the same changes might soon come to New Jersey... Assembly Bill 2609 would replace "inmate" with "incarcerated person" across all state statutes. The new terminology has done little, if anything, to reduce the dehumanization we experience. **Full text:** https://bit.ly/4ltz4qU

N.B. A paywall restricts access to the position statement via the *Journal of Correctional Health Care*: https://bit.ly/3UUkJKE ***BRA***

Three decades of the health promoting prison: A critical reappraisal of policy and practice

INTERNATIONAL JOURNAL OF PRISON HEALTH (**U.K.**) | Online – 21 August 2026 – This paper provides a critical appraisal of the Health Promoting Prison (HPP) thirty years after its introduction by the World Health Organisation. It examines the extent to which the original settings-based vision has been realised; identifies areas of progress and stagnation; and, analyses how contemporary

Cont.

policy and structural conditions have shaped and inhibited the HPP's trajectory. The analysis reveals a consistent gap between the rhetoric of the HPP and its real world implementation. While countries such as Scotland, The Netherlands and Portugal demonstrate structural reform aligned with HPP principles, progress elsewhere remains fragmented and predominantly behaviourist. The paper highlights how COVID 19 exposed deep systemic vulnerabilities to the HPP model and underscores the health and well-being of prison staff – critical to a whole prison approach – which remains marginalised in health policy and practice. Overall, the HPP remains conceptually compelling but operationally underdeveloped. **Abstract:** https://bit.ly/4gFXNY5

Related:

'Behind bars, beyond care? The state of English prison healthcare,' *Independent Nurse* (**U.K.**) | Online – 14 August 2026 – As policymakers consider the future of prison healthcare, investment in better data, stronger communication between services, and improved continuity of care will be essential. Nurses will remain central to that progress through advocacy, multidisciplinary collaboration and ensuring that some of society's most marginalized patients receive safe, dignified healthcare to which they are legally entitled. **Full text:** https://bit.ly/4wWLLOU

Conducting Ethical Health Research in Prisons: Guidance for Prison Health Researchers

UNIVERSITY OF SOUTHAMPTON (**U.K.**) | Online – Accessed 19 August 2026 – The history of unethical health research in prisons, research that has contravened the human rights of those in prison, underscores the need for ethical guidance specific to prison settings. The authors also recognise that many current international and national guidelines aiming to protect people living in prisons from the harms of unethical research unintentionally prevent people living in prison from meaningful participation and prevent them benefiting from research progress. This systematic exclusion represses the voices and distorts research findings, denying people living in prisons the benefits of research conferred on people in the community. Hence, this international guidance supports the aim of Worldwide Prison Health Research & Engagement Network to improve the health outcomes of people living in prison through the equitable development of an evidence based and health related capacity-building initiatives and highlights the need to balancing the rights of both protection and participation. **Access report at:** https://bit.ly/4ibXV2I

Understanding prisoners' rights to medical care

PRISONERRIGHTS (**U.S.**) | Online – 13 August 2026 – Incarcerated individuals retain fundamental constitutional rights to health services while serving prison sentences. State and federal government agencies hold an affirmative legal duty to provide adequate medical treatment to every person in custody. Prisoners cannot independently seek private medical attention on the open market. Therefore, correctional authorities must ensure access to essential healthcare services across all living facilities. Navigating prison medical systems presents complex challenges for inmates, legal representatives, and family members. Systemic delays, inadequate staffing, and administrative hurdles frequently jeopardize health and safety inside correctional institutions. The guide explains prisoners' constitutional rights to medical care, e.g., Eighth Amendment protections, deliberate indifference standards, covered treatments, and how to challenge medical neglect. **Full text:** https://bit.ly/4i79GHF

Rethinking correctional healthcare

UTMB NEWS (**U.S.**) | Online – 6 August 2026 – The Center for Correctional Healthcare Excellence at the University of Texas Medical Branch has provided correctional healthcare for decades and today manages the largest prison health system in the U.S. But something has been missing. That missing piece is a center that could bring together all major stakeholders, including educators, clinicians, policymakers, and health system leaders from Texas and across the country, under a unified mission to improve health outcomes for one of the nation's most medically vulnerable populations. **Full text:** https://bit.ly/4z1sOwK

Study reveals systemic problems with healthcare for Belarusian prisoners

BELSTAT | Online – 12 August 2026 – Deprivation of liberty does not mean deprivation of the right to health. But behind bars, a person cannot go to another doctor, schedule an examination, or purchase the necessary medication. Therefore, almost everything – from the initial examination to referral to a hospital – depends on the penitentiary system. This is discussed in several studies by the organization 'Doctors for Truth and Justice.' One of the main conclusions is that the problem is built into the very organization of the system. Prison medicine operates within the structure of the Ministry of Internal Affairs. As a result, a doctor must act in the patient's interest while remaining part of a system whose main priorities are control and order. Many of the problems are similar to those that exist outside prison: staff shortages, difficulties with specialists, late diagnosis. But behind bars, they become more dangerous because a person cannot get a second opinion or independently visit another clinic. **Full text:** https://bit.ly/4x5iR08

Behind bars, but not forgotten: When prisoners' health becomes a national policy challenge

THAMMASAT UNIVERSITY (**Thailand**) | Online – 3 August 2026 – The study [discussed in this posting] evaluated the "The Good Health, Good Heart Project" initiative across 30 prisons and correctional institutions nationwide.[1] Prisons where senior administrators actively prioritized healthcare implementation achieved smoother policy execution. This suggests that the program's success still depends heavily on leadership rather than on institutionalized, sustainable systems. Healthcare funding remains focused primarily on medical services... Some inmate groups … still face barriers to accessing Thailand's Universal Health Coverage. The study concludes that the program has contributed to reducing illness and mortality among inmates. However, achieving long-term sustainability will require moving from leadership-dependent success toward standardized systems and institutional mechanisms that remain effective regardless of changes in personnel. **Full text:** https://bit.ly/4pZm9it

1. 'Evaluation of the project to develop a public health service system for prisoners in prisons,' *Journal of Multidisciplinary Academic Research & Development* (2025). **Full Thai language text (w. English language abstract; click on pdf icon):** https://bit.ly/3RUEBfK

End-of-Life Care in Prisons

Care complexities: Progressing prison palliative care and compassionate release in Canada

THE MANITOBA LAW JOURNAL (**Canada**) | Online – 30 August 2026 – Prison populations continue to get older in Canada, and as aging levels increase, so do the complex health services that those held in custody require. Yet the intersection between the realities faced by older incarcerated persons and the structures for providing palliative care (PC) remains undertheorized and underdeveloped in Canadian law and policy. This article argues Canada must simultaneously: 1) recognize and operationalize a right to PC for incarcerated older persons, including through a properly resourced embedded hospice model in federal institutions; and, 2) enact a distinct, accessible, compassionate release regime tailored to the needs of aging and terminally ill prisoners. Only by designing these mechanisms together – around prisoner autonomy, choice, and dignity – can the best interests of older persons behind and beyond bars be realized. Drawing on scholarship, government reports, Correctional Service Canada policy, and Canadian and comparative case law, the authors show how existing pathways to care and release are fragmented and often ill-suited to the realities of aging in custody. **Full text:** https://bit.ly/4wWfOWU

Beyond the sentence: The constitutional crisis of end-of-life care for incarcerated individuals

JOURNAL OF AGING LAW & POLICY, 2026;17(1):36-50. (**U.S.**) The failure of U.S. prisons to provide adequate end-of-life care reveals a systemic crisis that not only violates the Eighth Amendment but also raises profound ethical concerns about human dignity. As the incarcerated population continues to age – driven largely by harsh sentencing policies and limited rehabilitation opportunities – the urgent need for compassionate and accessible healthcare within prisons grows ever more pressing. Yet

Cont.

legal and financial barriers make it extraordinarily difficult for incarcerated individuals to advocate for their medical needs, amplifying the crisis. Legally, the stringent standards established by Estelle v. Gamble, coupled with the procedural hurdles imposed by the Prison Litigation Reform Act, create an almost insurmountable challenge for those seeking relief. Financially, states expend substantial taxpayer resources while still delivering grossly inadequate care to the most vulnerable individuals in their custody. **Full text:** https://bit.ly/4i3paww

"Corrections officers are trained for security, not hospice care": Pennsylvania jail faces aging inmate crisis

CORRECTIONS1 (**U.S.**) | Online – 29 August 2026 – The number of Luzerne County inmates ages 60 to 69 has climbed sharply as officials weigh how to handle dementia, mobility limitations and end-of-life care (EoLC). During recent legislative testimony … Luzerne County Manager Romilda Crocamo highlighted the aging prison population as a concern that must be addressed. Older inmates with "escalating chronic health needs" are contributing to rising medical costs and challenging a prison staff "increasingly called upon to manage geriatric and EoLC in a setting never designed for it," she told the Senate Majority Policy Committee and House Republican Policy Committee… "Corrections officers are trained for security, not hospice care" … emphasizing "graying behind bars" is an emerging issue statewide. Correctional staff training on handling dementia, mobility limitation and EoLC – skills she described as "far removed from traditional security training but increasingly central to the job." **Full text:** https://bit.ly/4x1aEc9

Why prison officers matter in end-of-life care

ROYAL COLLEGE OF NURSING (**U.K.**) | Online – 27 August 2026 – In 2025, there were 394 deaths in prison custody, of which 224 were due to natural causes... People aged 50 and over accounted for 86% of all natural cause deaths. Prisoners die at a median age of 67.5 years, compared with 86.7 in the general population. Behind these numbers are real people dying in real cells, and the people most consistently present with them are not nurses or doctors, they are prison officers. Across two decades of literature, not a single study has examined prison officers' experiences of end-of-life care as its primary focus. Their experiences, perspectives and emotional lives had been consistently overlooked (**see sidebar**). Most troubling: none of this appears to have meaningfully changed in twenty years. Should a prison officer provide care, or should they be caring? These are not the same thing. Nurses provide care; structured, professionally defined, underpinned by training and regulation. Prison officers are not nurses and should not be expected to be. But they are human beings working closely with people who are dying, and something happens in that proximity that goes beyond the custodial role. **Full text:** https://bit.ly/4chZ05s

Four themes recurred:

- An expanding informal caregiving role without training or recognition;
- The tension between custodial and caring duties;
- Significant emotional strain with little support; and,
- Structural constraints that make good care difficult even when officers want to provide it.

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 and related issues. If you think any important articles, reports, etc., have been missed or overlooked, please let us know: https://bit.ly/4cdWVFD

Past Postings on the End-of-Life Care Behind Bars website

Breaking into prison - re-establishing a palliative care service for imprisoned people

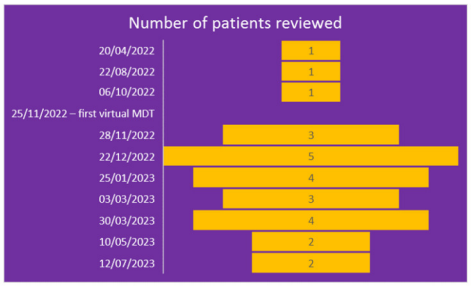
St Raphael's Your Local Hospice
St Raphael's Hospice, London Rd, SM3 9DX
naomicollins@nhs.net
Tel 0208 099 7777

Background: The UK prison population is growing older and sicker with deaths from natural causes increasing by 77% in the last 10 years (1). Those in prison are identified as at risk of experiencing poorer end of life care (2). Our hospice catchment area includes a prison accommodating 1200 men.

Aims: This service evaluation aimed to develop the Hospice input to the local prison, improving communication and support for prison healthcare staff. Whilst patients were referred historically, expertise was held by a sole clinician who subsequently left the team.

Results: From July 2021-March 2022 no referrals received. Since patient referred April 2022, to July 2023, a consultant and specialist paramedic practitioner were assigned to lead the service and attendance at a virtual weekly MDT established. In total, 7 patients have been supported with average age of 61yrs (n=47-75) and diagnoses of cancer (n=5), CVA (n=1) and end stage renal failure (n=1). 10 prison visits with 26 face to face encounters, and 18 MDTs attended. Hospice input has involved symptom control, explanation of test results and treatment, advance care planning, applications for compassionate release and bereavement support. 7/10 visits performed jointly. Hospice policy written to allow knowledge gained to be held and shared by the wider team. Outcome: 1 patient transferred to another prison, 1 released and 3 have died (all in acute hospitals).

Method: Data was analysed for all patients referred from July 2021 to July 2023. Attendance at a weekly virtual prison MDT commenced in November 2022 to improve communication.



Conclusions: Commitment to the virtual MDT strengthened communication and relationships with prison healthcare staff and improved care for patients. Designating two clinicians to lead the service ensured continuity and momentum to successfully re-establish the service, whilst policy writing and joint visits across the team has allowed the growth of knowledge and expertise within our organisation.

1. "Dying Behind Bars: How can we better support people in prison at the end of life?' Hospice UK (April 2021). **Download report at:** https://bit.ly/3nzbECA

N.B. Download conference poster presentation at: https://bit.ly/4xvkIeH; originally published in *BMJ Palliative & Supportive Care* (November 2023): https://bit.ly/46eSnL4; Related postings on the End-of-Life Care Behind Bars website – 'Engaging the Hospice Community in End-of-Life Care in Prisons' (Parts 1 & 2): https://bit.ly/4h3anNZ & https://bit.ly/3UEwYLj ***BRA***

Care Planning

From the Archives

Advance care plans for vulnerable and disadvantaged adults: Systematic review and narrative synthesis

BMJ SUPPORTIVE & PALLIATIVE CARE (**Australia**) | Online – 30 April 2024 – Evidence suggests that there is a gap in advance care planning (ACP) completion between vulnerable and disadvantaged populations compared with the general population (**see sidebar**). This review sought to identify tools, guidelines or frameworks that have been used to support ACP interventions with vulnerable and disadvantaged adult populations as well as their experiences and outcomes with them. A variety of ACP tools, guidelines or frameworks were identified; however, the facilitator's skills and approach in delivering the intervention appeared to be as important as the intervention itself. Participants indicated mixed experiences, some positive and some negative, and four themes emerged: uncertainty, trust, culture and decision-making behaviour. **Abstract:** https://bit.ly/3X4pfnh

The authors note on only one study...

...identifying prison inmates as a "vulnerable and disadvantaged" population. In 2024, however, there were several studies focussed on in this very issue, for example:

- 'Medical decision-making in correctional facilities...,' *Community Mental Health Journal*: https://bit.ly/4c79H83
- 'End-of-life care planning: Perspectives of returning citizens,' *Journal of Hospice & Palliative Nursing*: https://bit.ly/3KQk7xn
- 'Advance care planning: Perspectives of people living in prison,' *Journal of Hospice & Palliative Nursing*: https://bit.ly/3UF5liM
- 'A survey of state correctional healthcare providers on advance care planning...,' *American Journal of Hospice & Palliative Medicine*: https://bit.ly/3Xh97QF

Grief & Bereavement

In conversation: Grief behind bars

ASCEND (Church of **Scotland**) | Online – 1 September 2026 – How does grief show up differently in a prison setting? One of the biggest differences is that vulnerability can feel dangerous. When someone walks into a prison, whether they are a prisoner or a member of staff, there is often a mask that goes on. Prisoners may feel that showing grief will be seen as weakness. Staff can feel pressure to keep going. As a result, grief is often pushed down or paused. Simple acts of support that come naturally in the community can also be difficult. In the wider world, if someone receives bad news, a loved one might hug them or sit beside them. In prison, those opportunities are often restricted. Prisoners can also miss out on the shared remembering that helps people grow around grief. Families on the outside tell stories, revisit memories and reflect together. In prison, maintaining those connections is far more challenging. Sometimes grief emerges in other ways. **Full text:** https://bit.ly/4qRw3mV

404
Page not found

Please report any broken links: https://bit.ly/4cdWVFD

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: https://bit.ly/3WWxUYC

A clinicians personal perspective

Teaching prisoners to lead grief support groups

PSYCHOTHERAPY.COM (**U.S.**) | Online – Accessed 12 August 2026 – Most people are unaware that many prisons in the U.S. have hospice programs. What makes them unique is that they utilize select inmate volunteers to serve as caretakers for the dying. Most recently, psychiatry residents from Tulane Medical School were part of a new program that trained 31 caregiver-inmates at four different prisons in Louisiana to facilitate in-house grief groups. Depending on the number of participants, there could be up to 15 weekly meetings. The universal stages of grief were ever-present. Some men spoke of their loss in superficially lighthearted manner as to not disrupt the complex, darker emotions lying underneath the surface. Some shared their experiences of shifting between the various stages of grief (**see sidebar**). Some shared how they grew from the experience. In some ways, being isolated from the outside world made it easier to stay in denial for longer. It was difficult to have a sense of closure, there was limited opportunity in attending funerals or ... to share the grief in-person with another family member. **Full text:** https://bit.ly/3UcObex

Prison inmates' personal perspectives

Coping with family medical crises from a prison cell

PRISON JOURNALISM PROJECT (**U.S.**) | Online – 13 August 2026 – One of the hardest and most overlooked parts of incarceration is how we cope from inside while our loved ones fight life-threatening health complications on the outside. Some of us don't even learn about a loved one's deadly diagnosis until after they've died. **Full text:** https://bit.ly/4zlkgBa

---

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