

# End-of-life Care in the Prison Environment - #24 (November 2025)

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## Aging Prison Population

**Caring for aging prisoners is not merely a matter of logistics, but a reflection of societal values**



**CORRECTIONAL HEALTH CARE REPORT**, 2025;26(4):73-78. (U.S.) Research from several different countries points to the need for a seismic shift in policy and practice to address three universal, public health issues facing prisons worldwide: a rapidly aging population, costly and often inadequate healthcare, and the provision of timely and compassionate end-of-life care. Related is the current thinking with regard the merits of compassionate release or medical parole, which can have a profound impact on how prison inmates with complex medical needs spend their last days. The dilemma facing many correctional services and prison authorities, however, is one of weighing concerns about security, i.e., public safety and the perceived prospect of reoffending, against a prison inmate's basic right to healthcare comparable to what is available in the "outside world."  
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Download the October issue of the International Corrections & Prisons Association newsletter at: <https://bit.ly/4noagQp>

**N.B.** Scroll down to p.7 for contents page.

## A concept evolution inspired by Delphi: The quest for a fair and dignified model for ageing in prison

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*JOURNAL OF AGING STUDIES* (Australia) | Online – 19 October 2025 – The authors propose a baseline model comprising three foundational pillars – People (relational care), Purpose (meaning), and Place (safe environment). Through five iterative focus group discussions with a total of 17 participants involving family members, aged care professionals, advocates, and mental health workers, the model was refined to reflect lived realities, systemic gaps, and transformative possibilities. Participants identified widespread ageism and neglect in current practices, such as inadequate health provision and age-appropriate care, isolation, poor staff training, and the absence of meaningful activity or rehabilitative support. However, they also envisioned alternatives, including peer-led care, secure aged care units, and trauma-informed workforce strategies. The resulting model offers a rights-based, relational, and rehabilitative framework to guide policy and practice... **Full text:** <https://bit.ly/43jipLY>

### Related:

**'Dying in prison,'** *Pearls & Irritations* (Australia) | Online – 13 October 2025 – As Australia's prison population ages, so, too, do inmates risk dying inside. Consider the case of prisoners enduring a life-threatening illness. They generally do not have access to Medicare or the Pharmaceutical Benefits Scheme. Health services in prisons are funded and provided by the state and territory governments, not the federal government. Medicare exclusion has been in place since 1973 to avoid duplicating services, but has resulted in significant health inequities for incarcerated... **Full text:** <https://bit.ly/4n6qAVQ>

## Nothing has changed in six years, says prison ombudsman



*LA PRESSE* (Canada) | Online – 18 October 2025 – Nearly 4,000 inmates are aging in Canada's 43 penitentiaries, twice as many as 20 years ago. Six years after denouncing these situations and the astronomical costs they generate,<sup>1</sup> federal correctional investigator Ivan Zinger stated in an interview that Correctional Service Canada has not corrected anything. Prisons were designed for much younger people, not old and sick people. Trying to make existing facilities more accessible is incredibly expensive. Prison inmates die prematurely, at an average age of 62. And they are physiologically 10 years older than someone else of the same age because of their difficult lives... In particular ... [the federal correctional investigator] ... suggested transferring a good number of these individuals to the community, where they could be managed at much lower cost and with more human dignity. Were ... recommendations followed by Correctional Service Canada? (See sidebar) **Full French language text:** <https://bit.ly/4qfx1sb>

*No. The Service told us that care facilities or retirement homes are already short of space. But it doesn't need to monopolize existing community beds. It can create more and fund them, for example, in halfway houses. Detaining a person in a penitentiary costs an average of \$200,000 per year, and this amount is two to four times higher for sick elderly people! Detaining and caring for them in the community would be much less expensive.*

1. 'Aging & Dying in Prison: An Investigation into the Experiences of Older Individuals in Federal Custody,' Office of the Correctional Investigator (Government of Canada) & Canadian Human Rights Commission (2019). <https://bit.ly/3y7wltD>

### Related:

**'Sick, fragile and incarcerated,'** *La Presse* (Canada) | Online – 16 October 2025 – The constraints of prison are sometimes incompatible with those of aging, which "accentuates their vulnerability and their suffering." In 2019, Correctional Investigator of Canada Ivan Zinger and the Canadian Human Rights Commission documented numerous disturbing situations. Their seriousness convinced them that penitentiaries are not providing adequate care, and that the safety and dignity of older inmates are sometimes at risk. **Full French language text:** <https://bit.ly/4nVx76Z>

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**'Accelerated aging, debilitation, slow death, and the multiple temporalities of aging incarcerated persons,'** *Nursing Inquiry (Canada)* | Online – 7 October 2025 – Prisons are debilitating and disorienting spaces. This article builds upon a study of prison staff work with aging incarcerated persons in Canadian federal penitentiaries, wherein the prison environment itself contributes to accelerated aging and slow death. Within prison environments, both in Canada and internationally, the age of 50 is the benchmark for what constitutes "old." **Full text:** <https://bit.ly/3VTM50x>

## Page | 3 **Old age, risk and vulnerability: A humanitarian-punitive ethos**

**PUNISHMENT & SOCIETY (U.K.)** | Online – 8 October 2025 – This article examines how old age, risk and vulnerability intersect in prison, introducing the concept of a humanitarian-punitive ethos to describe the carceral governance of older prisoners. Traditionally, in the social sciences, the figure of the older prisoner is viewed through two opposing lenses: vulnerability (aligned with care) and risk (tied to control). The author shows how these logics coexist in practice. Staff are tasked with both protecting and managing "dormant threats" posed by older prisoners, framing their vulnerability as a condition to be managed rather than a reason to reconsider their incarceration. This dual role reshapes how "the older prisoner" is understood and constructed, how prison work is experienced, and how aging challenges the carceral logic itself. The findings and argument have policy implications: they call for expanded release mechanisms and time-capped sentences... (see sidebar). **Full text:** <https://bit.ly/4h6UF6e>

*One important step would be expanding compassionate release policies. Current frameworks are narrowly applied and burdened by procedural obstacles. A broader model would include long-term decline and cognitive impairment not just terminal illnesses, as well as functional dependency (arising from isolation, loss of financial autonomy and diminished access to meaningful societal roles or decision-making) as reasons for early release.*

### [Prison Healthcare Services](#)

#### **Artificial intelligence in prison healthcare**



**CORRECTIONAL NEWS** | Online – 4 November 2025 – As artificial intelligence (AI) begins to shape every aspect of correctional systems, healthcare stands out as one of its most promising yet complex frontiers. Prisons face chronic healthcare crises: overcrowding, staff shortages and limited access to specialized treatment. The Council of Europe's recommendations on AI in prisons<sup>1</sup> ... identifies healthcare as one of the key areas where AI may support diagnosis and follow-up medical treatment – provided it does not replace face-to-face care. The principle of "human-centered AI" is therefore critical: technology should enhance medical access and safety, not automate human care. AI systems are now used to predict medical risks, assist diagnostic assessment, support mental healthcare, and deliver therapeutic interventions through immersive environments such as virtual reality and chatbot-based solutions. **Full text:** <https://bit.ly/43aRUuX>

1. 'Recommendation of the Committee of Ministers to member States regarding the ethical and organisational aspects of the use of artificial intelligence and related digital technologies by prison and probation services,' Council of Europe (2024). <https://bit.ly/48ZfXA1>

#### **Healthcare behind bars: Understanding healthcare inequality in federal prisons**



**INSTITUTE OF MEDICAL SCIENCE MAGAZINE (Canada)** | Online – 3 November 2025 – In Canada's federal prisons, prisoners are not only deprived of their physical freedom, but also of their fundamental human right to healthcare. While incarcerated, individuals are considered wards of the state, meaning the government has a legal obligation to provide a standard level of healthcare.<sup>1</sup> Nevertheless, despite legislation, many incarcerated people in Canada continue to experience sub-standard healthcare. The manifest function of the carceral system is to offer a measure of safety and justice to victims of crime by removing offenders from society and limiting their freedom of mobility; however,

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a latent consequence of imprisonment is the alienation of other human rights, such as the right to healthcare. Despite existing legislation, the Correctional Services Canada consistently fails to meet a basic standard of care. When considering ... healthcare inequality in prison, systemic issues are abound. **Full text:** <https://bit.ly/3WBfpJS>

1. 'Prison healthcare inequality,' *Canadian Medical Association Journal*, 2013;185(6):E249-E250. Full text: <https://bit.ly/4hBDk5s>

**Related:**

**'Inquest exposed inmate health-care failures in Ontario jails that staff, advocates say are widespread,'** CBC News (Canada) | Online – 3 November 2025 – A recently concluded coroner's inquest into the death of a Wiikwemkoong First Nation man at the Sudbury Jail has drawn attention to what advocates and correctional officers say are long-standing, Ontario-wide failures in correctional healthcare. Jurors urged the Ministry of the Solicitor General and the Sudbury Jail to improve healthcare staffing... They also called for better communication between guards and nurses during shift changes... **Full text:** <https://bit.ly/4qzzRZj>

**Global Prison Trends 2025: Health in Prison**



| Online – Accessed 23 October 2025 – The state of prison healthcare remains dire in many parts of the world, with people in prison still facing much greater health challenges than the rest of the community. A grave indicator is that mortality rates among prison populations are up to 50% higher than those in the general population, largely due to inadequate healthcare, overcrowding and poor living conditions. These factors, combined with non-communicable and communicable diseases, levels of violence and suicide, significantly contribute to fatalities within detention facilities. Budgetary constraints, along with challenges in recruiting and retaining qualified healthcare staff, are common barriers to adequate prison healthcare in all settings. Where prison populations are ageing, there are often struggles to adequately meet their healthcare needs. It is now widely accepted that coordination between different agencies and the integration of prison healthcare with public health systems are best practices. **Download report (scroll down to p.24) at:** <https://bit.ly/4oxIHGn>

**Recognizing carceral health as a public health discipline**



**CRITICAL PUBLIC HEALTH (U.S.)** | Online – 18 October 2025 – A historical prohibition of federal fund usage for incarcerated populations has led to both significant resource constraints for carceral healthcare entities and a lack of formalized and consistently enforced healthcare benchmark for incarcerated people. This has resulted in subpar healthcare standards and delivery and poor health outcomes, ultimately driving up costs for both carceral health systems and the communities to which people return to upon release. Public health agencies are well suited to help improve carceral health given their mission of health promotion and integral role in public safety, but their historical tendency towards disease and crisis-specific interventions in carceral settings has contributed to a fragmented presence and a longstanding disconnect with carceral entities that has affected the quality of interagency collaboration. The complexity and uniqueness of carceral health warrants its recognition as a public health discipline... **Full text:** <https://bit.ly/3LiDzWZ>

**Related:**

**'Behind the walls, beyond the bars: How prison health shapes community wellbeing,'** Legal Service India | Online – 17 October 2025 – The stark physical barriers of prison walls do not create a health shield; they emphasize the interconnectedness of correctional and public health. Global events and a long history of systemic neglect have underscored a vital truth: individuals in custody are not separate, but remain an integral part of the wider community. When health crises ... flourish behind bars, they inevitably spill over, directly impacting the well-being and security of the outside world. **Full text:** <https://bit.ly/4ohAm97>



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## A healthcare crisis behind bars



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**HARVARD POLITICAL REVIEW (U.S.)** | Online – 11 October 2025 – In 1976, the Supreme Court decided ... that only a “deliberate indifference” to a prisoner’s condition constitutes a violation of a prisoner’s Eighth Amendment protection against cruel and unusual punishment. This established the right for prisoners to receive healthcare nationwide... In the following decades ... a clearer standard of minimum care was established. An adequate medical system includes legitimate medical judgment made by competent medical staff, no serious delays to care, and a process to handle emergencies. The U.S.’s incarceration rate is greater than any other democracy, with nearly two million people imprisoned, costing \$182 billion of public resources yearly. Prison healthcare is a small but integral piece of the larger conversation about reforming our carceral state. However, broader long-term solutions are essential to solving deficient healthcare... **Full text:** <https://bit.ly/47bOr0u>

### Related:

**“‘I’m the one with the degree:’ Challenges to medical autonomy in correctional healthcare in the United States,”** *Sociology of Health & Illness (U.S.)* | Online – 10 October 2025 – This study aimed to understand the ways healthcare workers struggle to assert their medical and clinical independence from custody staff. Results indicate delivery of correctional healthcare is a product of negotiated order in detention facilities. Healthcare workers described their strategies for overcoming these issues. Policy implications for improving medical autonomy in correctional healthcare are also discussed. **Abstract:** <https://bit.ly/3WznrTr>

**N.B.** See *Mississippi Today’s* investigative series on prison healthcare, ‘Behind Bars, Beyond Care,’ at: <https://bit.ly/4nvY7Zz> **BRA**

## Understanding the scale and nature of avoidable harm in prison healthcare

**UNIVERSITY OF NOTTINGHAM (U.K.)** | Online – 29 September 2025 – Older adults are the fastest growing group in prisons in England and Wales, with an associated high demand for health and social care. Examining healthcare records to assess care quality and safety ... can inform epidemiological estimates of healthcare-associated harm, and reviewing the data within medical records provides an opportunity to assess the safety of all care provided, not just that provided by the prison healthcare team alone. Prison healthcare is inherently less safe when compared with other healthcare settings such as community primary care. Overall, secure environments are a challenging setting to deliver care and equitable outcomes for patients, and there is clear need for government policy to prioritise safer healthcare in prisons, and for strategic action plans that commit sufficient resources and new ways of working that will deliver it to address some of the common causes of avoidable harm. **Full text:** <https://bit.ly/42DMoRg>

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

### Culturally sensitive end-of-life care for Indigenous peoples who are incarcerated (Part 1)



| Online – 6 November 2025 – Culturally sensitive healthcare for Indigenous peoples who are incarcerated is steadily gaining traction in the literature. Less attention, however, is given to palliative and end-of-life care (P&EoL) for one of society’s most vulnerable and marginalized populations; research focussed on the Indigenous peoples of Australia, Canada and New Zealand is dominant. No matter from what cultural perspective P&EoL is viewed, there remains striking similarities in the observations and conclusions drawn in many reviews of the literature from one country to the next, and from one culture to the next. There appears to be a serious lack of studies, however, that directly examine end-of-life care for Indigenous peoples who are incarcerated. This absence in itself is telling. There is an urgent need for future research that centers Indigenous voices and experiences in correctional healthcare... This article offers a brief overview of the current thinking. **Full text:** <https://bit.ly/3WDpFRZ>

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**Related:**

**'The shell and the circle: Indigenous health equity across the Pacific,'** *Law Society Journal (Australia)* | Online – 15 October 2025 – Aboriginal prisoners continue to exhibit greater levels of ill-health than their non-Aboriginal counterparts; chronic health conditions remain more prevalent and they leave prison to face poorer health outcomes and life expectancies. Criminological research suggests a prisoner's health is a key-stone variable affecting their reintegration. Positive health interventions in prison are crucial to an individual's prospects of rehabilitation. **Full text:** <https://bit.ly/3JepiKp>

***Palliative and End-of-Life Care at the Deep End: Trauma-informed and inclusive approaches to palliative and end-of-life care for people experiencing marginalisation (Extract: People in prison)***



THE CHURCHILL TRUST (U.K.) | Online – 24 October 2025 – The end-of-life (EoLC) care needs of people in prison should be a major concern for palliative care. The need for high-quality palliative and EoLC is projected to increase, as a result of ongoing punitive sentencing practices, the ageing population, and the health inequities people have experienced prior to being in prison (due to overlapping structural vulnerabilities). It may be the case that improving attitudes and awareness of palliative and EoLC will lead to people in prison being discharged during their period of advancing illness, to be in the community ultimately at the time of their deaths. However, for now, people are ageing and/or getting sick-er in prisons and dying in prisons – and so improving care access and provision in prisons remains a priority. The Ambitions for Palliative & End of Life Care Partnership ... sets out the following ambitions for EoLC of people in prison.<sup>1</sup> **Download report (scroll down to p.34) at:** <https://bit.ly/47OykpZ>

1. 'Dying well in custody charter: A national framework for local action,' National Health Service England (2024): <https://bit.ly/4evqeEQ>

**Correctional health and oncologist perspectives on strategies to improve cancer care in U.S. prisons: A qualitative study**

JAMA OPEN NETWORK | Online – 15 October 2025 – Incarcerated patients have a constitutional right to healthcare that generally meets community standards. However, individuals diagnosed with cancer while incarcerated in U.S. prisons have worse mortality than non-incarcerated individuals. Incarceration poses numerous barriers to care... Study participants identified strategies to improve care, for example: (1 conducting screening in prisons; (2 bringing cancer treatment into prisons and centralizing care; (3 using telehealth, navigators, and early oncologist involvement to improve care coordination; (4 improving communication and social support; (5 improving symptom management, access to palliative medicine, and end-of-life care (**see sidebar**); and, (6 delivering patient-centered care. **Full text:** <https://bit.ly/48P66NZ>

*Participants recommended that prisons and policy-makers proactively increase access to palliative care specialists and have dedicated hospice beds staffed by personnel trained in end-of-life symptom management. However, several participants reported that patients dying from cancer likely represent a low risk of harm to society and argued that prisons and policymakers should facilitate decarceration through compassionate release. Critically, prison policies must also allow incarcerated patients the opportunity to choose do-not-resuscitate orders and otherwise opt against aggressive care, participants said.*

**A Prison Inmates Perspective**

PRISON JOURNALISM PROJECT (U.S.) | Online – 31 October 2025 – 'The Last Words of a Man Who Died in Prison From a Treatable Cancer.' **Full text:** <https://bit.ly/3WzZTxW>

**Related:**

**'Barriers and facilitators to delivering cancer care in U.S. prisons,'** *JAMA Open Network* | Online – 15 October 2025 – Prison medical directors, clinicians, and oncologists involved in delivering cancer care to patients incarcerated ... described barriers from screening and diagnosis to treatment and end-of-life care. While some of the barriers identified reflect prison systems' prioritization of security over health and the de-humanization of incarcerated individuals, many barriers are more easily modifiable (e.g., care coordination, communication, or staffing). **Full text:** <https://bit.ly/3JchWXL>

## Barriers and facilitators in providing palliative and end-of-life care in prison settings... (extract)

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*JOURNAL OF CORRECTIONAL HEALTH CARE* | Online – 7 October 2025 – A significant barrier noted in the study findings was the issue of compassionate release, or early release on compassionate grounds, and the difficulty in obtaining it for those who are at the end of life. Findings demonstrate that early release on compassionate grounds is an area of much debate; this is consistent with findings from a scoping review by Schaefer *et al* (2023), who contend that it should be the first consideration for people who are dying in prison, to address their specific care needs adequately. However, there are concerns within prison authorities about releasing people who purportedly have a very limited prognosis, only for them to outlive all expectations. Numerous barriers still exist in relation to assessing and managing risk, the aging profile of people in prison, staff boundaries and training, prison environments, and the bureaucratic management of compassionate release or parole for those approaching end-of-life in prison. **Download article at:** <https://bit.ly/4q1FC1K>

## Prisoner's family were informed of his terminal cancer too late



(U.K.) | Online – 24 September 2025 – The family of Nathan Walters, who died from cancer in a hospice in April 2023, were not told for four crucial months that he was terminally ill... A report into his death by Prisons & Probation Ombudsman found that his family had not been told that he was dying, and that they were shocked when they eventually found out he was soon to pass away. He had told them he had cancer, but until his last few days came, they were not informed that he only had a very short time to live. Mr Walters should have been assigned a family liaison officer back in October 2022 when he was told his tumour had reached an advanced stage, and again in December when palliative care was arranged. His sister was not told until February, and visited him regularly after that so was by his bedside when he passed away. Governors should ensure a family liaison officer is appointed when a prisoner becomes seriously ill, and that early contact with families is made. **Full text:** <https://bit.ly/473kBwi>

## Care Planning

### ***Aging and Dying in Prison: Perspectives from Prison Oversight*** (Extract: Assisted end-of-life choices for detained people in prison...)



| Online – 22 October 2025 – There has been a “seismic shift” in the regulation of assisted dying over the past 10 years. This is an emerging issue for detained people, with longer sentences and ageing populations in many communities... Detained people often have complex healthcare needs, but these become more acute with age as dementia and terminal illness develop. Prison authorities and staff need to support a detained person's choice about the time and manner of their death. Consistent with other relevant principles including autonomy, choice and dignity, this article considers how prison monitors should assess the availability of voluntary assisted dying (VAD) to detained people. The authors appreciate there are ethical, religious and other objections to VAD, but confine their discussion to the availability and manner of VAD for detained people. **Download report (scroll down to p.54) at:** <https://bit.ly/4noagQp>

#### **Aging and Dying in Prison: Perspectives from Prison Oversight**

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'Trapped in Time: The Silent Crisis of Elderly Incarceration in the **U.S.**' (p.18)

'Elderly, Aging, and Dying in Custody: A Western **Australia** Perspective' (p.26)

'An Aging Population in the **Dutch** Prison System' (p.34)


'Not Getting Any Younger: Aging and Dying in Custody...' (**New Zealand**) (p.40)

'The “Grey Wave” in **Canada**'s Federal Prisons' (p.47)

## Grief & Bereavement

**These families wanted to lay their loved ones to rest.  
They had to bring them home from prison first.**

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 **The Marshall Project (U.S.)** | Online – 28 October 2025 – Policies that dictate what happens after a death behind bars often add new layers of pain – and financial and logistical challenges – for those left behind (**see sidebar**). To understand the hurdles families have to clear, The Marshall Project requested the policies and procedures for responding to deaths in custody from every state prison system and the federal Bureau of Prisons. In the best-case scenario, families can face open-ended wait times while officials investigate how their loved ones died. In at least 18 states, that process includes locking down the area and treating it as a potential crime scene if the death is suspicious or unexplained. Many states don't set deadlines for wrapping up the investigation, forcing families to live with uncertainty and compounding grief. In these cases, belongings can be withheld until an investigation closes, a process that can stretch for months. **Full text:** <https://bit.ly/3WY9nmK>

*Unlike incarcerated people, families have no constitutional protections dictating how they are to be treated by the prison systems. Once a loved one dies inside, there is generally no recognized right for relatives to be kept informed. After an incarcerated person's death, it is difficult for families to hold a prison system liable for how the prison responds*

## Compassionate Release

**Nursing home availability for incarcerated persons granted compassionate release**



**SCIENTIFIC REPORTS (U.S.)** | Online – 28 October 2025 – The question of how to provide appropriate long-term nursing care within or outside of carceral facilities unequipped for nursing home-level services will only grow as incarcerated persons grow older and develop chronic diseases. Although compassionate release allows for the discharge of individuals deemed unlikely to pose a public safety risk and data shows extremely low recidivism rates among elderly parolees, nursing homes remain reluctant to accept these patients. The lack of community placement options not only limits access to needed healthcare services but also undermines compassionate release programs intended to ease prison overcrowding and ultimately ensure humane treatment for those no longer considered a public threat. As a result, a growing number of elderly individuals will continue to remain incarcerated not because they pose a danger to society, but because no nursing home will take them. **Full text:** <https://bit.ly/3JAalm7>

### **Related:**

**'Lawmakers to consider compassionate release measures for Hawai'i inmates,' Hawai'i Public Radio (U.S.)** | Online – 7 October 2025 – Hawai'i ... does not have a compassionate release law, which allows inmates to be considered for release from prison for medical reasons. Instead of having a law in place, the state Department of Corrections & Rehabilitation only has an agency policy that advocates say is complicated and lengthy. Those who are very sick or elderly have less than a 1% chance of reoffending. This population of people is also costly for the state to care for. **Full text:** <https://bit.ly/4nQvM1a>

**Lessons from abroad to strengthen South Africa's medical-parole system**



**OBITER (Nelson Mandela University Law Journal)** | Online – 16 October 2025 – To ascertain how the medical-parole regime in South Africa compares with other jurisdictions, this article juxtaposes it with the systems in Canada and the American states of Mississippi, New York and California. The comparison takes into account the type of parole available, illnesses that would typically qualify a prisoner for medical parole, the minimum period of imprisonment to be served, types of conviction excluded from

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medical parole, as well as the option to cancel medical parole. A comparative strength of the South African system appears to be the delineation of a clear, transparent application process, which not unimportantly includes the provision of a comprehensive, well-defined list of eligible illnesses and conditions. South Africa should also be commended for not relying on the type of conviction as a deciding factor in granting medical parole, **Download full text at:** <https://bit.ly/47sejW0>

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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>

**Barry R. Ashpole, Ontario, CANADA**

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