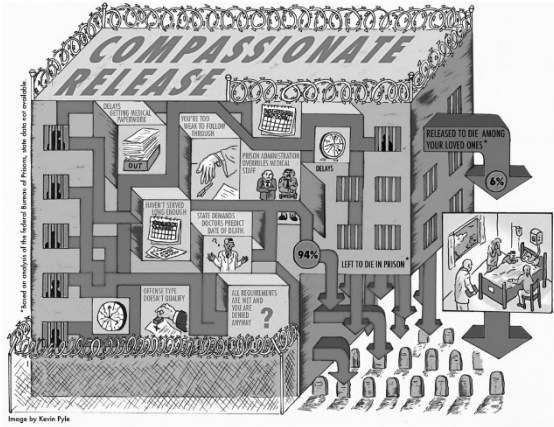


End-of-life Care in the Prison Environment – #31 (June 2026)

Contents



Source: Prison Policy Initiative <https://bit.ly/4sfONLL>

Aging Prison Populations	p.1
Compassionate Release	p.2
Prison Healthcare Services	p.3
End-of-Life Care in Prisons	p.5
Care Planning	p.7
Grief & Bereavement	p.8

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



Aging Prison Population

The pains of being an older prisoner: Healthcare, social care and dying in custody



SOCIAL SCIENCES (U.K.) | Online – 29 May 2026 – Ageing, health and social care needs, and dying in prison radically reshape the pains of imprisonment amongst the older prisoner population. The growth of the older prisoner population (**see sidebar**), coupled with rising levels of physical and mental health concerns of this population, has increased the demand for tailored health and social care services in the prison system. This also extends to services related to dying in prison. The experience of older prisoners can be understood through revisiting the classic “pains of imprisonment” framework. While Sykes identified the foundational deprivations of custody, and Crewe developed a more nuanced analytical vocabulary, the position of older prisoners demonstrates how these pains are both intensified and transformed through the intersection of ageing, ill health, and unmet care needs. For older prisoners, the weight of imprisonment is inseparable from the management of chronic illness and frailty... **Full text:** <https://bit.ly/3PVdzDZ>

Older people in prison: Current statistics

PRISON REFORM TRUST (U.K.) | Online – 7 May 2026 – The number of people in prison aged 60 and over has grown rapidly over the last two decades. There are more than four times the number there were in 2002. Almost one in five (18%) of the prison population are aged 50 or over – 16,163 people. Of these 4,559 are in their 60s and a further 2,109 people are 70 or older. The government projects a 14% rise in the prison population by 2029, including a significant increase in older prisoners. Those aged 50 and over are expected to grow by 15% and those aged 70 and over by 23%. 474 people in prison were aged 80 or over as of 30 September 2025. **Full text (scroll down to ‘Older people in prison’):** <https://bit.ly/4wo1ebQ>

N.B. Prison Reform Trust’s ‘Prison: The facts’ is an interactive resource that presents key data about people in prison in England and Wales. **Access at:** <https://bit.ly/4ngvzPF> **BRA**

Cont. next page



Share this resource with a colleague.

Related:

'Ageing well in prisons,' *Prison Health & Wellbeing (U.K.)* | Online – 10 May 2026 – This chapter aims to highlight the factors that influence the health and wellbeing of a unique population group... From the challenges of defining the “older prisoner” and understanding the reasons for the rapid growth of this population group, through to the key characteristics and the unique health and social care needs and challenges an ageing prison population faces, this chapter focuses on a unique but significant group of people whose needs have historically been overlooked. **Abstract:** <https://bit.ly/3P49CfU>

'Old age, risk and vulnerability: A humanitarian-punitive ethos,' *Punishment & Society*, 2026;28(2):306-330 (U.K.). This article examines how old age, risk and vulnerability intersect in prison, introducing the concept of a “humanitarian-punitive ethos” to capture the carceral governance of older prisoners. It highlights the enduring and complex contradictions that staff both navigate and reinforce in managing this population. As of 30 September 2024, 21% of the 86,966 prisoners in England and Wales were aged 50 or over, up from 10% in 2011. **Full text:** <https://bit.ly/4nbsaHr>

Global Prison Trends 2026

(U.S.) | Online – 21 May 2026 – Life and long-term sentences also contribute to rapidly aging prison populations, carrying related healthcare challenges. A recent study in the State of California in the U.S., based on extensive interviews with older people living with chronic illness in prison and with their medical providers (more than 190 participants), found that patients and medical staff agreed on the necessity of dignity in care, peer support, more specialised geriatric and palliative care units, and standardised older adult care policies and practices. Overall, the study underscored the importance of compassionate release for people in prison who are older, chronically ill, and who pose little to no safety risk. **Download report (scroll down to 'Life Imprisonment,' p.16) at:** <https://bit.ly/4tSDoT9>

Podcasts**'Dying on the Inside': What happens to aging women in prison?**

WHYY NEWS (U.S.) | Online – 6 May 2026 – At Pennsylvania's State Correctional Institution at Muncy, roughly 150 women serving life sentences are growing old behind bars – many incarcerated during the height of mass incarceration in the 1980s and 1990s. Today, they are part of a rapidly aging prison population the system was never designed to care for. Across the country, the average age of incarcerated people is rising, and the need for medical care is accelerating. At Muncy, infirmary visits have surged nearly 600% in recent years, as chronic conditions like diabetes, hypertension, and arthritis take hold earlier and progress faster behind bars. 'Dying on the Inside' is a[n] ... investigative podcast examining what happens when people age in a system built for punishment – not care. Through the voices of incarcerated women and those working to change the system, the series explores the human, financial, and moral stakes of aging and dying in prison. **Download at:** <https://bit.ly/3PoxWZW>

N.B. For a broader perspective, see 'Serious overcrowding and increasing proportions of older and women detainees in European prisons,' Council of Europe (May 2026): <https://bit.ly/3RiDp57> **BRA**

Compassionate Release**Dying for a change: Understanding compassionate release policies in the U.S.**

SPICE | Online – 25 May 2026 – As the U.S. prison population continues to age, the question of how society supports incarcerated individuals at the end of life has become increasingly urgent. This system-review makes clear that compassionate release policies in the U.S. are failing to meet their intended goals. While intended to offer mercy and dignity, these policies often fall short due to complex language,

Cont.

inconsistent eligibility criteria, reliance on uncertain prognostic timelines, and widespread social stigma. As the incarcerated population continues to age, these shortcomings will only become more pressing. Reforming compassionate release is not merely a logistical challenge but a moral imperative. Ensuring that individuals can die with dignity, regardless of the crimes they committed, reflects a society's commitment to human rights, justice, and compassion. For many imprisoned people, the prospect of dying in a setting designed for punishment rather than care becomes an unavoidable reality. **Full text:** <https://bit.ly/4dtQz82>

Related:

'Compassionate release for incarcerated patients with cancer: A nationwide policy review,' *Journal of Clinical Oncology (U.S.)* | Online – 27 May 2026 – Cancer is the leading cause of death among incarcerated individuals in the U.S.... Compassionate release allows incarcerated individuals with severe medical illness, including terminal cancer, to be released from prison; however, it remains underutilized. Understanding policy-level barriers to compassionate release is critical to improving end-of-life care for incarcerated patients with cancer. **Conference abstract:** <https://bit.ly/4a17SGd>

Public attitudes toward compassionate release of older people from prison: Findings from a national survey in Australia



AUSTRALIAN JOURNAL OF SOCIAL ISSUES | Online – 22 May 2026 – In general, Australian adults had a “pragmatic compassion” attitude that trended toward supporting the compassionate release of older, frail people in prison. Importantly, however, public opinion is not uniform, and such heterogeneity underscores the importance of nuanced policy, advocacy, and further research in this area. The findings can help counter pushback from policymakers who tend to shy away from compassionate release policies, choosing to prioritise political appeasement, citing fears of recidivism and community safety. Policy reforms aimed at expanding compassionate release or alternative care settings for older prisoners must address both the humanitarian imperatives and the persistent anxieties around risk and justice. Future research could further explore how targeted education, evidence-based risk communication, and inclusive policymaking might bridge these attitudinal divides and foster more consistent support for humane and effective solutions for ageing prisoners. **Full text:** <https://bit.ly/4u1MEKw>

Prison Healthcare Services

Healthcare provision in prisons: An ongoing challenge

BMJ QUALITY & SAFETY (U.K.) | Online – 3 June 2026 – Across the U.K., there is little doubt that the provision of healthcare in prisons has changed significantly over the last 30 years. The 1996 report by Her Majesty's Chief Inspector of Prisons for England and Wales, 'Patient or Prisoner?' highlighted several concerns about the provision of healthcare in prisons, notably regarding equity, standards, professional isolation and whether the Prison Service had the capacity to carry out its healthcare function adequately. It recommended that the responsibility of providing healthcare to prisoners should be transferred from the Prison Service to the National Health Service (NHS), as a means of improving healthcare within prisons. Ten years later, in 2006, responsibility for the commissioning of health services finally became the responsibility of the NHS. Another decade on, a rapid review of the changes concluded that prison healthcare services have undergone “transformation”... **Full text:** <https://bit.ly/49DZr8K>

Related:

'2,670 wasted journeys to A&E,' *Inside Time (U.K.)* | Online – 1 June 2026 – In one year, 2,670 prisoners in England left A&E without being seen or treated – accounting for 10% of all A&E visits by prisoners. The finding emerged from a study by the Nuffield Trust which gives the first in-depth assessment of A&E use by people in prison.¹ The ... high proportion of prisoners leaving without being seen or treated “raises questions about how and why A&E services are used by prisoners and the nature of health service organisation in prison... **Full text:** <https://bit.ly/4dWWXn4>

1. 'What's the Emergency When Prisoners go to A&E?' Nuffield Trust (May 2026): <https://bit.ly/4ucyK2t>

Cont.

'Medical care behind bars: The challenges and innovations of prison healthcare in the U.K.,' Archyn-ews | Online – 18 May 2026 – Prisons are among the most complex environments for delivering healthcare. This article examines the current state of healthcare in U.K. prisons, the key challenges faced by staff and inmates alike, and the groundbreaking programs that are redefining prison medicine for the 21st century. The future of prison healthcare will be shaped by these efforts – proving that even behind bars, health equity is not just a goal, but an achievable reality. **Full text:** <https://bit.ly/43JUH1>

'3,000 prisoners a year suffer "healthcare harm,"' *Inside Time (U.K.)* | Online – 11 May 2026 – Researchers from Manchester, Nottingham and Cardiff Universities found that prisoners are between 41 and 67 times more likely to experience "avoidable significant healthcare-associated harm" than the general public.¹ The team studied 15,000 prisoner health records from 18 prisons in England... From this group, 247 cases of avoidable harm affecting 244 prisoners were identified... There were 27 deaths directly linked to patient safety incidents. **Full text:** <https://bit.ly/4txLMr5>

1. 'The incidence of avoidable healthcare-associated harm in prisons in England: A retrospective case,' *BMJ Quality & Safety* (May 2026). **Full text:** <https://bit.ly/4dwN8NL>

Research in Progress

Prison Health Research Council advances community-partnered research with new Canadian Institutes of Health Research funding

MCMASTER UNIVERSITY (Canada) | Online – 26 May 2026 – New federal funding will empower individuals with lived experience of incarceration in Canadian prisons to shape research on the health of people affected by incarceration. The funding was awarded to the Prison Health Research Council at McMaster University, which aims to meaningfully involve people with lived experience in guiding prison health research priorities, approaches, and knowledge translation. For more than a decade, researchers in McMaster's Department of Family Medicine have been conducting prison health research. Early efforts revealed that, while impactful, the work lacked meaningful community engagement, an essential component for addressing complex health and social issues within correctional settings. The funding will support continued collaboration, capacity building, and efforts to improve health outcomes for people impacted by incarceration. **Full text:** <https://bit.ly/42Ya4Qa>

Carceral healthcare



NEW ENGLAND JOURNAL OF MEDICINE, 2026;392(9):892-901 (U.S.). Mass incarceration in the U.S. has created a public health crisis of incalculable magnitude that demands bold, relentless, and transformative action from healthcare professionals. The effects of Covid-19 in prisons and jails spurred urgent cries for improvements in healthcare by families and people directly affected by incarceration, as well as by healthcare professionals fighting to save the lives of their patients in carceral facilities. The result has been a doubling down on community-based efforts to divert people from the carceral system, renewed advocacy to change sentencing policies, increased attention from healthcare researchers, and community-led legislative efforts to reduce or eliminate the use of solitary confinement and increase the use of compassionate release for people with serious, life-limiting illness. In addition, public calls are mounting for divestment in the practices that bolster U.S. mass incarceration... **Full text:** <https://bit.ly/4tRaWkr>

Related:

'Partially randomized preference trials in carceral health research: A methodology to advance equity and inclusion,' *Trials* (U.S.) | Online – 3 June 2026 – Incarcerated people experience disproportionately poor health outcomes yet often remain excluded from clinical research due to ethical concerns of limited autonomy and coercion. As a result, traditional randomized controlled trials face significant challenges in carceral settings, driven by mistrust of the medical system, randomization limiting choice, and logistical barriers with blinding and masking. **Full text:** <https://bit.ly/43fLavm>

Cont.

'YesCare collapse exposes cracks in prison healthcare system,' *Bloomberg Law (U.S.)* | Online – 26 May 2026 – YesCare Corp's announcement that it will wind down has reignited concerns over the private prison healthcare business model, fraught with tort risk that leaves companies vulnerable to insolvency. The company's bankruptcy is the second in three years for businesses built from the assets of Corizon Health Inc., once one of the largest for-profit providers in the sector. YesCare provided medical services to 20,000 incarcerated people daily before it missed payroll, lost contracts, and.... **Full text:** <https://bit.ly/430NeHx>

Nurses' perspectives on cancer care for people who experience incarceration in British Columbia, Canada: Challenges and opportunities

CANADIAN JOURNAL OF NURSING RESEARCH | Online – 12 May 2026 – Nurses' interviews underscore how custodial practices focused on security, control, and punishment negatively impact patient-centred cancer care by deprioritizing medical needs, limiting patients' privacy during clinical encounters and considering patients' healthcare requests through the lens of stigma and mistrust. Despite complex carceral barriers to cancer services, nurses engaged in practices to provide dignity-affirming care. Paying greater attention to adaptations and compromises that nurses perform when caring for people who experience incarceration can inspire low-barrier, supportive interventions and enhancements to existing care. Although these findings are particularly relevant to the British Columbia context, they may also apply to similar settings in other provincial correctional systems in Canada, where healthcare is delivered separately from correctional services. **Full text:** <https://bit.ly/3RAbWvH>

Related:

'Cancer screening, diagnosis, and treatment for vulnerable patients incarcerated in U.S. prisons,' *JCO Oncology Practice*, 2026;22(5):813-820. Cancer is the leading cause of death in U.S. prisons, where incarcerated patients have substantially worse survival than non-incarcerated patients. This study describes cancer care delivery across the cancer continuum for individuals incarcerated in U.S. prisons. Themes identified distinct logistics related to screening, diagnosis, treatment, symptom management, survivorship, and end-of-life care... **Abstract:** <https://bit.ly/4v1iYIE>

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

Experiences of end-of-life care among incarcerated individuals: A qualitative interpretative meta-analysis



JOURNAL OF SOCIAL WORK (U.S.) | Online – 2 June 2026 – The findings of this study illuminate profound systemic failures in the prison healthcare system, particularly in the context of palliative care and end-of-life care (EoLC) for incarcerated individuals. Across multiple studies, the absence of timely, ethical, and compassionate healthcare delivery has contributed to physical suffering, emotional distress, and a deep mistrust of institutional medical services. Bureaucratic hurdles and rigid administrative processes have continuously prioritized complex long drawn-out formalities over immediate medical needs, worsening health outcomes for older inmates. Delayed diagnoses, miscommunication, and inadequate emergency responses reflect the negligence embedded in prison healthcare, directly undermining the basic human right to health. Medical neglect, whether through oversight, lack of urgency, or dismissive attitudes, has left inmates feeling unseen and abandoned during critical moments, amplifying feelings of helplessness and despair. **Full text:** <https://bit.ly/4ucpXgU>

Extract:

Hospice communities have forged collaborations with prisons across the U.S., the U.K., New Zealand, and Germany. Whereas some countries have compassionate release policies, which allow terminally ill inmates to be released early on medical grounds, the specifics of the policies vary from country to country. The main challenges to such policies being implemented are bureaucratic struggles and lack of uniform frameworks. It is also evident that women prisoners across the world often receive less hospice or EoLC services than men.

Cont.

Research in Progress:

'Palliative care needs in Alabama prisons,' University of Alabama (U.S.) | Online – 5 May 2026 – An assistant professor in the university's Department of Occupational Therapy [has been awarded a] 2-year grant to support a community-based pilot project to identify palliative care needs and inform a future, larger-scale study of interventions for people with serious illness who are incarcerated or recently released. The project will be carried out in partnership with the state's only nonprofit focused on securing medical furlough and parole for seriously ill people in the state's prisons... **Full text:** <https://bit.ly/4wds5aB>

An interesting "white paper" that was overlooked:

'Care in the end: Understanding incarcerated people's decisions about end-of-life and best practices for prison hospice,' University of California (U.S.) | Online – August 2024 – Across the U.S. as state prison systems contend with rising numbers of older adults, they find themselves in the position of needing to reimagine and redesign services for this rapidly growing population. These demographic shifts require new resources, policies, and practices to ensure that adequate safety and care is provided and that end-of-life care needs are met. **Download at:** <https://bit.ly/3RTc0a1>

N.B. Scroll down to 'End-of-Life Protocol' (p.13), 'Hospice Transfer' (p.19), 'Training in Palliative Care' (p.22), 'Hospice Interviews...' (p.26), 'Hospice Best Practice' (p.28), 'Replicating the Hospice: Aspects to consider' (p.39). **BRA**

Palliative care delivery in Indian prisons: Challenges and future directions

INDIAN JOURNAL OF PALLIATIVE CARE, 2026;32(2):226-227. There are several challenges to providing palliative care (PC) in prisons. First, there is a significant lack of awareness and understanding of PC among both prison staff and inmates. The prison environment itself adds layers of complexity. The focus on security and rigid administrative procedures often clashes with the compassionate, patient-centred approach that PC requires. Stigma serves as another healthcare delivery barrier. It influences one's inclination, how and when an inmate seeks medical care and the staff's ability to provide it effectively. This extends to public perception and policymaking, which further hinders efforts to integrate PC into prison healthcare infrastructure. It is crucial to educate and train prison staff on access to pain relief, PC principles and practices. Implementing awareness campaigns for inmates regarding the availability and benefits of PC can contribute significantly to their quality of life. **Full text:** <https://bit.ly/4eJKMMC>

Study exposes South Africa's parole system health crisis: Families forced to care for dying parolees

ACADEMIC JOBS (South Africa) | Online – 14 May 2026 – South Africa's parole system, designed to balance rehabilitation, public safety, and human dignity, is grappling with profound challenges, particularly in handling terminally ill inmates. A groundbreaking study from the University of KwaZulu-Natal has brought these issues into sharp focus, revealing how families are thrust into the role of primary caregivers for dying parolees without adequate preparation or support. This research underscores systemic gaps that leave vulnerable households overwhelmed, highlighting the urgent need for reform in correctional practices, healthcare integration, and social welfare provisions. These parolees, often in the final stages of life, are released under medical parole provisions but arrive home with complex needs including mobility impairments, chronic conditions like hypertension and diabetes, cognitive decline, and terminal illnesses requiring palliative care. **Full text:** <https://bit.ly/3PuDKBc>

404
Page not found

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

ehospice

Highlights of End-of-Life Care in the Prison
Environment – #30 (May 2026): <https://bit.ly/4d8qDyE>

Humane dying in prison – a legal and ethical assessment of a medical case study



ZEITSCHRIFT FÜR PALLIATIVMEDIZIN

(Germany) | Online – 9 May 2026 – This

article analyzes the conditions for a dignified death in German prisons using a case study. It describes the palliative care (PC) provided to a seriously ill inmate, made possible through the coordinated collaboration of oncology, palliative medicine, nursing, social services, and outpatient PC. The case reveals ethical tensions, particularly regarding equal treatment, the protection of privacy and informational self-determination, and the right to dignified end-of-life care. From all three levels (medicine, ethics, and law), structural deficiencies in the prison system become apparent, highlighting the need to systematically strengthen the integration of PC, legal clarity, and ethical reflection. This case highlights serious legal problems, ranging from potential data protection violations and disproportionate security measures to structural gaps in care and a lack of palliative infrastructure in the prison system. **Full English language text:** <https://bit.ly/3R7pnTO>

Page | 7

End-of-life care in prison

PFLEGEZEITSCHRIFT (Austria) | Online – 15 May 2026 – For the dying in prison, many complex issues come together: loss of control, the loss of family and friends, and the loss of a future in freedom. In addition to experiences of stigmatization, health and nursing care in prison can also be inadequate. The preparations for death and the feeling of not being able to complete things are constant companions. Peer caregivers – imprisoned volunteers who accompany seriously ill fellow prisoners – offer an answer to these stresses. They close emotional and practical gaps in care and experience their work as a process of personality development and status restoration. Their motivation is diverse and characterized by great commitment. **German language abstract:** <https://bit.ly/3Ps4OAU>

Research in Progress

Dying in prison: Medizinische Hochschule Hannover team researches a little-known topic

MEDIZINISCHE HOCHSCHULE HANNOVER (Germany) | Online – 7 May 2026 – According to the so-called equivalence principle, inmates are entitled to the same medical care as those with statutory health insurance, which means they are also entitled to palliative care services. In the event of illness, they are initially treated by the prison's internal medical staff. Larger prisons also have their own infirmaries. In cases of serious illness, prisoners can be transferred to prison hospitals. Despite this structure, medical care for seriously ill prisoners is subject to special conditions: "Prisons are inevitably restrictive and highly regimented institutions with little room for maneuver. Inmates are stigmatized; many suffer from loneliness and conflicts with prison staff and fellow inmates. They have no access to the public health system and are often dependent on the actions of third parties – especially at the end of life," explains Prof. Dr. Stephanie Stiel, director of the ARREST study. **Full English language text:** <https://bit.ly/4w61GLA>

Care Planning

Commentary

Carceral health in the Emergency Department

ACEP NOW (U.S.) | Online – 5 May 2026 – Patients in custody retain autonomy. They have the right to make their own medical decisions. Correctional officers cannot override that. Patients also retain their right to privacy. Their medical information is protected by the Health Insurance Portability & Accountability Act... Whenever possible, ask officers to step away or provide as much privacy as feasible during examinations and discussions. Often, we don't even ask because we assume it's not possible, but many office

Cont.

ers will accommodate if it's safe to do so. Recognize that these patients enter the medical system differently. They arrive in uniform, escorted by deputies, often restrained. That alone shapes how they are perceived and how they perceive the interaction. Some patients may not feel comfortable sharing their full history in front of deputies. In some cases, deputies may provide the history. There's a balance between safety and ensuring the patient's voice is heard. **Full text:** <https://bit.ly/4nxYG77>

[Grief & Bereavement](#)

Grief behind bars: Hwange inmate granted leave for father's burial

NEWS DAY (Zimbabwe) | Online – 6 May 2026 – In a rare show of compassion, prison authorities recently allowed a 26-year-old Hwange inmate to leave his cell to bid a final farewell to his father. Emmanuel Chipembere, who is currently serving a six-month sentence ... was granted leave to attend the burial of his father. The request was processed through the Officer in Charge at Hwange Prison ... and the officer commanding Matabeleland North Province, before receiving final approval from Commissioner General... Under the Prisons & Correctional Service Act, inmates can be granted leave to attend the funerals of close relatives, as part of recognising family ties even during incarceration. To ensure security protocols were maintained, Emmanuel was escorted to the village by a team of correctional officers, including a social worker and a rehabilitation officer. Despite the armed escort, his family expressed deep gratitude for the opportunity to have him present during the mourning period. **Full text:** <https://bit.ly/4wfhXxO>



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>



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>