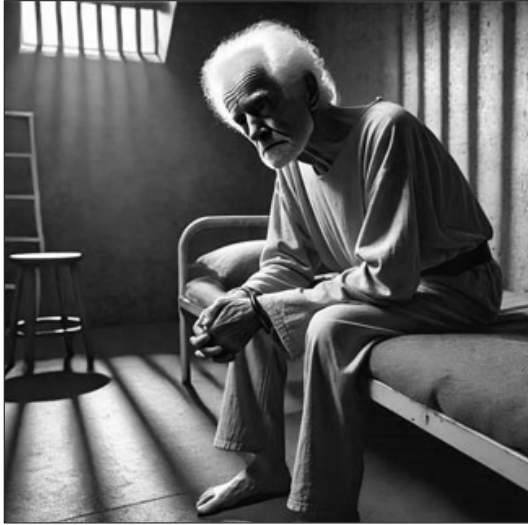


End-of-life Care in the Prison Environment (Supplement #18)

Contents



Source: Australia New Zealand Society of Palliative Medicine: <https://bit.ly/4j0g1So>

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Aging Prison Population

Linkages between incarceration and health for older adults



HEALTH & JUSTICE (U.S.) | Online – 17 April 2025 – The aging of the carceral population in the U.S. is a public health crisis. There are tremendous health-related costs to incarcerating older adults, particularly at current volumes. While research and policy efforts have expanded in recent years to address this crisis, much is still unknown and jails and prisons remain underequipped to meet the complex, multifaceted needs of older adults. The authors join the call by others to “issue in a caring justice consciousness to guide criminal justice reform” in this area. This endeavor includes humanizing older adults, acknowledging the spillover effects that link correctional facilities to communities, and recognizing the inherent limitations of prisons and jails to ethically house and care for this vulnerable population. The authors summarize the state of the literature at the intersection of incarceration, health, and aging. They outline the impacts of incarceration on a range of individual health outcomes... **Full text:** <https://bit.ly/3EtW0df>

Prison inmate's perspective

Who should care for the elderly in prison



PRISON JOURNALISM PROJECT

(U.S.) | Online – 1 May 2025 – The share of incarcerated people aged 55 and older has quintupled in the last three decades... This aging population is especially vulnerable, suffering from chronic health conditions and disabilities at a higher rate than their counterparts on the outside. The facilities where they are detained often cannot support their basic needs. As a result, prison residents like myself are finding themselves in the impossible position of caring for the aging and infirm without adequate training or support – and sometimes, as in my case, without so much as a heads up. **Full text:** <https://bit.ly/3SfLdBO>

Cont.

Related:

'Protecting older adults who are incarcerated: Does the 8th Amendment work?' *Health Matrix*, 2025:117 (U.S.). Emerging research has begun to consider the experiences of older adults within carceral settings, including aging in prison, chronic conditions and medical care, compassionate release, and end-of-life care. Prisons and other carceral settings lack resources and services for older adults. A public health approach to develop tools and resources that would prevent, detect, and intervene in elder mistreatment within prisons requires legal strategies. To date, legal protections that explicitly target elder mistreatment do not exist for correctional settings. **Full text:** <https://bit.ly/3EIZ0hh>

'Film documents the struggle of growing old behind bars,' University of California (U.S.) | Online – 14 April 2025 – A university professor entered the bleak world of a fading, 64-year-old man in a Virginia state prison to illustrate the challenges of being elderly and incarcerated. 'Where's My Coffee Cup?' ... premiered at the Virginia Museum of History & Culture. According to the documentary, John, the film's central figure, has been behind bars for 33 years "in a space not designed for a geriatric population." He faces the challenges of stairs, top bunk and the constant risk for violence and exploitation. **Full text:** <https://bit.ly/42yx8V1>

'Freedom and care at the end of life: Reporting the "greying" of one of the United States of America's largest prison systems,' Penal Reform International | Online – 12 April 2025 – Advanced age creates unique problems for people living in prison. Older incarcerated adults must navigate material environments that, as a general matter, were not constructed with physical degeneration or disability in mind. Physical illness exacerbates the social isolation and precarity endemic to incarceration. Prison conditions themselves and the anxieties that they foster can generate and exacerbate chronic and communicable health conditions. **Full text:** <https://bit.ly/3Y9O1E7>

Beware of the siren's call – the European right to hope and the challenge of old age behind bars



HUMAN RIGHTS LAW REVIEW (U.K.) | Online – 23 April 2025 – This article critically examines the "right to hope" in life imprisonment ... through a socio-legal lens (**see sidebar**). Focusing on older prisoners, a growing demographic facing cognitive decline, physical deterioration, and prolonged incarceration, it questions whether the right to hope remains meaningful or merely an abstract principle. Drawing on criminology and prison sociology, it explores whether the European Court of Human Rights' conception of hope aligns with ageing prisoners' realities. Three key components – atonement, the experience of hoping, and capacity to change – are analysed within legal and criminological frameworks, emphasizing their structured and conditional nature. This article highlights the limitations of legal interpretations that overlook lived experiences, advocating for a nuanced understanding that connects "hope as law" with "hope as a lived experience." **Full text:** <https://bit.ly/3GmS4Xq>

If . . . a prisoner is incarcerated without any prospect of release and without the possibility of having his life sentence reviewed, there is the risk that he can never atone for his offence: whatever the prisoner does in prison, however exceptional his progress towards rehabilitation, his punishment remains fixed and unreviewable

The urgency of fulfilling the rights to health of elderly prisoners in prisons

YUSTISIA MERDEKA, 2025;11(1):79-85 (Indonesia). Elderly prisoners face significant challenges in accessing adequate healthcare within correctional institutions. Limited facilities, lack of trained personnel, and ineffective implementation of health policies contribute to disparities in healthcare services, affecting their physical and mental well-being. This study explores the urgency of fulfilling the health rights of elderly prisoners, identifying barriers to healthcare access and proposing systemic improvements to enhance their well-being. The study highlights several key issues, including inadequate healthcare facilities, insufficient medical resources, and a lack of proper training for prison officers. Additionally, existing health policies in prisons are not effectively implemented, leading to disparities in healthcare access. The research emphasizes the need for systemic improvements, such as officer training and policy reinforcement... **Full text (click on pdf icon):** <https://bit.ly/44VBNCZ>

Death of 80-year-old inmate at Pacific Institution sparks questions



COUNTY LOCAL NEWS (Canada) | Online – 9 April 2025 – In a somber incident that has drawn attention to the conditions surrounding elderly prisoners, an 80-year-old inmate has died less than a year into his sentence at the Pacific Institution. Reports indicate that he allegedly succumbed to natural causes, raising questions about the health status of elderly inmates and the adequacy of prison healthcare systems. The case of the 80-year-old prisoner highlights a critical issue in the correctional system: the treatment of elderly individuals within prisons (**see sidebar**). It is essential to consider the implications of incarceration on older adults, particularly those in their late 70s and 80s. At the age of 79, the prisoner entered the facility, and there is a pressing need to investigate what his health status was at that time. Prisons are often ill-equipped to handle

the unique healthcare challenges posed by aging populations, which can lead to tragic outcomes. **Full text:** <https://bit.ly/3GeuAUe>

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The “no place to die” dilemma

The phrase “no place to die” encapsulates the moral and ethical dilemmas surrounding the incarceration of elderly individuals. It raises questions about the appropriateness of sentencing older adults to prison, particularly when they may have limited time left due to their age and health conditions. The justice system must grapple with the reality that incarceration can sometimes lead to a decline in health and, ultimately, death. Organizations like the John Howard Society are advocating for improved conditions and healthcare access for elderly prisoners.

Prison Health Services

Unlocking correctional healthcare policies: An analysis of state prison policies regarding the care of incarcerated patients



AMERICAN JOURNAL OF RESPIRATORY & CRITICAL CARE MEDICINE (U.S.) | Online – 4 May 2025 – When medical needs exceed a prison’s healthcare service capabilities, incarcerated patients are transported to clinics and hospitals in surrounding communities. The influence of prison policies on off-site medical care of incarcerated patients is poorly understood. Correctional policies regarding the care of incarcerated patients in community hospitals vary significantly in scope and content across states. While incarcerated people have a constitutionally protected right to accept or refuse healthcare, including making their own treatment decisions, many state policies do not explicitly mandate how these disclosures must be communicated to patients or their healthcare providers. These silences, when combined with security measures ... countermand person-centered care and undermine the ability of hospital healthcare professionals to uphold the rights and dignity of incarcerated patients. **Full text:** <https://bit.ly/435vs5H>

Prison inmate’s perspective

My prison has no interest in keeping us healthy



PRISON JOURNALISM PROJECT

(U.S.) | Online – 24 April 2025 – At South Central Correctional Center in Licking, Missouri, it’s difficult to request and access health services. Nurses who are supposed to come to the housing units to make sick calls don’t always show up. And sometimes when a nurse has come, I haven’t been informed they are at our prison; or when I see them, they don’t bring basic equipment like a blood pressure cuff or thermometer. On the occasions I have been able to see a doctor, the doctor only wants to talk about the specific matter I requested the consult for. **Full text:** <https://bit.ly/3Y11OaT>

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Related:

‘World Health Day highlights the public health crisis of mass incarceration,’ Vanguard News Group (U.S.) | Online – 8 April 2025 – On World Health Day [7 April], the Prison Policy Initiative (PPI) is drawing attention to a startling but often overlooked truth: mass incarceration is not just a criminal justice issue – it’s a public health crisis. In a social media post highlighting new findings, PPI emphasized that the U.S. system of incarceration has contributed to a nationwide decline in life expectancy, shortening it by an estimated two years.¹ With nearly 2 million people behind bars, the U.S. leads the world in incarceration. But the consequences of this system ripple far beyond prison walls. **Full text:** <https://bit.ly/4jPE7jf>

1. Prison Policy Initiative Facebook posting: <https://bit.ly/4jpPBdD>

‘Prison healthcare and human rights: Addressing medical neglect in the U.S. penal system,’ *Duke Medical Ethics Journal* | Online – 6 April 2025 – The U.S. prison system can house about 1.9 million people, making it the world’s largest incarcerated population. However, despite the mandate under the 8th Amendment prohibiting cruel and unusual punishment, incarcerated individuals frequently experience inadequate healthcare. Where should we point the blame? Despite the legal requirement to provide healthcare, there is widespread neglect due to systemic deficiencies. Many prisons operate with limited medical staff, which can lead to delays in treating conditions. **Full text:** <https://bit.ly/4iO73ra>

‘Challenges in prisoner healthcare: Lessons from Maryland’s oversight failures,’ The Legal Guides (U.S.) | Online – 3 April 2025 – Prisoner healthcare concerns have been rising around the country. It’s critical for people behind bars, and the concerns have far-reaching effects on them and the society behind the detainment facilities. Lack of access to treatment, systematic failures, lack of oversight, and insufficient resources. A stark example of this issue is visible in the Maryland Prison system. The state’s failure to oversee prisoner healthcare has had detrimental consequences for many incarcerated individuals. It’s critical for inmates ... to receive proper medical care when they need it. **Full text:** <https://bit.ly/4jhBx5K>

‘Justice behind bars: The ethics of medical care in prisons,’ *Duke Medical Ethics Journal* (U.S.) | Online – 29 March 2025 – We often think of justice in terms of courts, verdicts, and prison sentences. But what happens when someone enters the prison system and becomes, in many ways, invisible? One of the most overlooked aspects of incarceration in the U.S. is healthcare. Not just access to it, but the quality, the ethics, and the enormous disparities between policy and practice. Healthcare in prisons is messy, underfunded, and often invisible. But that doesn’t mean it should stay that way. The goal shouldn’t be perfection, it should be dignity. **Full text:** <https://bit.ly/3Rocf9J>

‘The legal framework for correctional healthcare law,’ *Correctional Health Care Report*, 2025;26(2):31-35 (U.S.). The framework places the responsibilities of healthcare staff in the context of the constitutional duties expressed in the 8th Amendment, as established by the federal courts and the U.S. Supreme Court ... and by a succession of federal statutes... Part I [of this article] explains the underlying legal theory that established a constitutional right to healthcare for inmates, the legislative void this constitutional theory filled, and subsequent legislative efforts to better define, and sometimes limit, the right to healthcare.¹ Part II addresses issues of informed consent... **Abstract:** <https://bit.ly/4jpCpF8>

1. ‘The legal framework for correctional healthcare [Part I],’ *Correctional Health Care Report*, 2025;26(1):9-14 (U.S.). **Abstract:** <https://bit.ly/3QUK6H1>

Call for better care for vulnerable inmates in prisons

NEW STRAITS TIMES (Malaysia) | Online – 2 May 2025 – Vulnerable inmates, including those with disabilities, must be provided with enhanced and adequate facilities in prisons... The current prison infrastructure lacks the capacity to effectively accommodate and support vulnerable inmates. The first challenge in managing vulnerable inmates is ensuring access to proper healthcare services, especially for those with chronic illnesses and disabilities. Vulnerable groups, which include senior citizens aged 60 and above, individuals with disabilities, those suffering from infectious or debilitating illnesses requiring daily assistance, and inmates with mental health conditions, should be placed in designated prisons equipped with the necessary care and facilities. The Prisons Department has been granted approval to set up designated zones by region ... to house vulnerable inmates serving sentences of six months or more... **Full text:** <https://bit.ly/4jG79Cn>

Boosting prison healthcare: Effective capacity-building strategies

SCIENMAG (Australia) | Online – 30 April 2025 – In the intricate intersection of healthcare and the justice system, delivering quality medical services within prison settings remains an enduring challenge. A recent systematic review ... delves deep into the capacity-building strategies that empower correctional and justice health professionals to provide care rooted in the best available evidence.¹ The [review's] findings underscore the critical need for tailored interventions that address the unique contexts of prison healthcare and foster sustainable improvements in patient outcomes. Correctional facilities present a complex healthcare environment fraught with numerous barriers ranging from resource limitations to systemic stigmatization. The incarcerated population often exhibits higher rates of chronic illness, infectious diseases, and mental health conditions compared to the general community, necessitating a carefully calibrated healthcare response. **Full text:** <https://bit.ly/3GQcxnF>

1. 'Capacity-building strategies that support correctional and justice health professionals to provide best-evidenced based healthcare for people in prison: A systematic review,' *International Journal of Equity in Health*, April 2025. **Full text:** <https://bit.ly/3SbtOtX>

Prison Health Research Council established



MCMaster UNIVERSITY (Canada) | Online – 30 April 2025 – Researchers often include people with lived experience of incarceration as research participants, however, people who experience incarceration are often systematically excluded from leading and collaborating on research. Including people whom research is about can make the work more appropriate, valid, and ethical. The Lived Experience Experts in Prison Health project ... has established a Research Council of people who had experienced incarceration ... creating a space where Council members can drive the direction of the Council and prison health research at the [University's] Department of Family Medicine. Key activities have been to contribute feedback on prison health research, explore opportunities to co-develop research, expand the scope of this field in Ontario, Canada, and beyond, exchange resources and opportunities, and ultimately, use this work to advocate for the health of people who experience incarceration. **Full text:** <https://bit.ly/4jTIGck>

Turkey's prisons hold 1,412 sick inmates, rights group reports

MEDYA NEWS | Online – 28 April 2025 – Turkey's prison authorities are detaining at least 1,412 sick inmates, with 335 in severe condition, according to a report released by the Human Rights Association (İHD)...¹ The findings ... highlight dire health conditions in the country's jails and call for the urgent release of these prisoners to access proper medical care. The İHD's Central Prisons Commission compiled the report based on data from lawyer-client meetings, prisoner letters, family applications, and prison visits. It documented health issues ranging from cancer and heart disease to mental health disorders and physical disabilities. Among the 1,412 sick prisoners, 161 are women and 1,251 are men. Of the 335 critically ill, 230 cannot live independently, 105 require assistance, and 188 need constant medical monitoring. The report also noted 38 inmates needing surgery and 21 awaiting treatment. The report detailed systemic issues exacerbating prisoners' health problems. **Full text:** <https://bit.ly/44ejAjR>

1. 'Sick Prisoners Report,' Human Rights Association, April 2025: <https://bit.ly/3RGA1hr>



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

More than 100 prisoners wrongly restrained at hospitals, says Ombudsman

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(U.K.) | Online – 14 April 2025 – There have been more than 100 cases of inappropriate restraint across the prison estate according to Prisons & Probations Ombudsman, Adrian Usher, and he is not confident the Prison Service is listening and learning. Over the past five years the Ombudsman has issued 260 recommendations relating to restraint and bed watch, in reports on 149 deaths. In an interview with Channel Four News Mr. Usher said that change is too slow. “Too often, in over 10% cases, we are saying that the Prison Service don’t follow their own policy,” he said. He cites as examples women ... who were cuffed in hospital awaiting the birth of their children, which he describes as contrary to all guidelines; dying men shackled to their hospital beds; and, one prisoner who was restrained while having a leg amputated. Such treatment, he said, causes unnecessary suffering and is contrary to government guidelines. **Full text:** <https://bit.ly/3G58p2P>

Deplorable state of prisoners’ right to health

NEW AGE (Bangladesh) | Online – 12 April 2025 – Despite an increasing number of death in prisons, the prison system continues to run with only two physicians for 70,000 inmates in the 69 jails. The prisons directorate has reported 99 positions for prison physicians vacant as the government has for years failed to fill the positions. Fifty-three jails do not have any ambulances to carry seriously ill inmates to hospital in case of emergencies. While the Directorate General of Health Services and the home ministry trade blame over the appointment of physicians in vacant positions, inmates suffer with little to no access to healthcare facilities. In 2023, about a hundred prisoners died in custody, which was significantly higher than such death reported in earlier years. It has been widely reported how ill inmates are often taken to hospitals at the eleventh hour. Families of the inmates also complain of their ordeal of how sometimes they have to spend money on getting medical attention for the inmates. **Full text:** <https://bit.ly/3EcDhy1>

Health literacy behind bars: A hidden burden of incarceration



SOCIOLOGIA – SLOVAK SOCIOLOGICAL REVIEW, 2025;57(2):124-153 (**Czech Republic**). The prison environment represents a unique social setting where structural constraints significantly influence individuals’ access to resources, including health information. This study provides a detailed analysis of the challenges inmates face in acquiring, understanding, and applying health-related information. The findings reveal systemic barriers, such as limited access to reliable health resources and opportunities for self-directed health improvement. At the same time, the results underscore the role of incarceration as a determinant of health inequalities, exacerbating existing disparities and creating new vulnerabilities. The author argues that understanding health literacy through a sociological lens can contribute to broader discussions on prison reform and public health policy. The findings highlight the necessity of targeted interventions... **Access full text at:** <https://bit.ly/434PKNA>

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End-of-Life Care in Prisons

Palliative care perspective

The care experience of people with diagnosed or suspected dementia living in prison: A case study approach

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DEMENTIA (U.K.) | Online – 29 April 2025 – Complex health and social care needs of people living in prison with diagnosed or suspected dementia is a growing concern for prisons and prison healthcare staff. The provision of palliative and supportive care in prison is ill-defined, variable and beset with complications. Dementia specific palliative care adds another layer of complexity to supporting humane and dignified palliative and end-of-life care (EoLC) in prisons. There have been developments in the provision of palliative and EoLC in prison, however this remains patchy and largely inadequate. There is a need for palliative and EoLC policies, approaches and education to include dementia specific palliation both in the community and prison. Compassionate release provisions are often underutilised in practice due to restrictive criteria including severe dementia so it is likely that this population will either die in prison or be released. **Full text:** <https://bit.ly/44bVqgc>

Cancer diagnosis not properly explained to inmate or family...



ABC NEWS (Australia) | Online – 16 April 2025 – A terminally ill First Nations prison inmate was denied the opportunity to die on Country (**see sidebar**) because he was not informed of the severity of his diagnosis... A coroner's inquest investigating the death of a man in custody in New South Wales has found he was not made aware of severity of his illness. He was gravely ill by the time he and his family became aware of his condition. The coroner found that earlier communication of his diagnosis "wouldn't have saved him" but could have given the man the chance to die on Country. The coroner identified several communication failures by Justice Health and found that the severity of the cancer diagnosis was not explained to the man or his family. He was gravely ill by the time he and his family became aware of his condition. Recommenda-

tions have been made to Justice Health and Corrective Services New South Wales regarding their handling of end-of-life care for inmates. **Full text:** <https://bit.ly/4cENlwx>

To die on Country

Country with a capital "C" refers to the culturally defined homelands of Aboriginal and Torres Strait Islander people, for whom "Country" is a complex term, encompassing cultural practices, customs, law, place, language, spiritual beliefs, material sustenance, family and identity all in relation to the lands, waterways and seas to which people are connected.

Source: 'The Routledge Handbook of Australian Indigenous Peoples and Futures' (2003): <https://bit.ly/3RrIUeM>

Ethical considerations in palliative care for an incarcerated patient

JOURNAL OF PAIN & SYMPTOM MANAGEMENT (U.S.) | Online – 10 April 2025 – In the U.S., the number of incarcerated individuals with advanced serious illnesses is rising and creates issues surrounding access to quality palliative care (PC) and disparities in care. This case [study] highlights the complexities of providing PC to incarcerated patients with terminal illnesses. Ethical considerations regarding healthcare decision-making, logistical challenges in communication with family, and the management of end-of-life (EoL) care within the constraints of the correctional system are critical factors. The authors' experience underscores the importance of early advance care planning, clear communication between healthcare teams and legal counsel, and collaboration with correctional facilities to ensure compassionate, patient-centered care at the EoL. The coordination between correctional facilities, healthcare teams, and families is critical.... **Conference abstract:** <https://bit.ly/42rGqSs>

Cont.

Related:

'Life without parole and euthanasia: The future unintended consequences of current sentencing policies,' *Punishment & Society*, 2025;27(2)191-214 (U.S.). It is possible that jurisdictions in the U.S. will authorize euthanasia for prisoners in states where medically assisted death is permissible for non-incarcerated citizens. It is important for criminal justice scholars to prepare for the controversies that will follow. The U.S. incarcerates nearly 56,000 people who are serving life without the possibility of parole... It is argued that life without parole sentences are unethical and unconstitutional, just as euthanasia policies are argued on similar grounds. **Abstract (w. references):** <https://bit.ly/3G3DeVL>

Delivering specialist palliative care to an inmate in a high-security prison: A reflective case study

BMJ SUPPORTIVE & PALLIATIVE CARE (U.K.) | Online – 18 March 2025 – The prison population over 60 has more than tripled in the last two decades, with 90% having at least one significant health condition.¹ Providing palliative care (PC) in prisons is critical but faces unique challenges, often failing to meet inmate expectations.² Structural and organizational barriers delay care delivery, reducing access. The authors present a case highlighting symptom management through collaboration between a PC team and the prison medical wing. Care was jointly managed by community PC team and hospice team. After completing a risk assessment, [the patient] had a brief stay in the hospice. The PC team also visited him in prison after adhering to the necessary security protocols. Collaboration between community PC team, hospice, and criminal justice system enabled the delivery of individualized end-of-life care for the patient,

allowing him to remain in his preferred place.

Abstract: <https://bit.ly/4jIFgiO>

Professional certificate in palliative care for patients in correctional facilities

LONDON SCHOOL OF BUSINESS & ADMINISTRATION (U.K.) | Online – Accessed 10 April 2025 – The Professional Certificate in Palliative Care for Patients in Correctional Facilities offers a comprehensive curriculum designed to equip learners with essential skills and knowledge in providing end-of-life care within correctional settings. This course delves into key topics such as pain management, ethical considerations, and communication strategies specific to this unique patient population. Through real-world case studies and a practical approach, participants will gain actionable insights to enhance their practice and improve patient outcomes. <https://bit.ly/4jKFmjO>

1. 'Dying behind bars: How can we better support people in prison at the end of life,' Hospice UK (2021): <https://bit.ly/4ekKKqN>
2. 'Palliative care needs and experiences of people in prison: A systematic review and meta-synthesis,' *Palliative Medicine*, 2022;36(3):405-421. **Full text:** <https://bit.ly/4jHZIKt>

Care Planning**Rethinking autonomy in healthcare for incarcerated patients**

MEMORIAL UNIVERSITY CENTRE FOR BIOETHICS (Canada) | Online – 17 April 2025 – From limited access to treatment options to correctional staff involvement in medical encounters, incarcerated patients face unique constraints to their autonomy. Most troubling is the role of correctional officers, who frequently and inappropriately become involved in healthcare decision-making, despite lacking any legal authority to do so. The influence of institutionalization can erode incarcerated people's autonomy in more insidious ways. Imprisonment strips people of choices, fostering dependency and undermining self-determination or even just one's belief in their capacity to make choices for themselves. This loss of agency does not vanish upon walking through the hospital doors; it may even deepen in the similarly institutionalized environment. Relationships that support one's ability to act with autonomy are often restricted in prison, leaving incarcerated patients without critical networks of support. **Full text:** <https://bit.ly/3YFIPcf>

Grief & Bereavement

San Quentin prison ceremony pays respect to incarcerated who died during the past year



LOCAL NEWS MATTERS (U.S.) | Online – 11 April 2025 – Thirteen incarcerated and formerly incarcerated individuals who died within the past year were remembered during the fourth annual Mourning Our Losses (MOL) ceremony last month inside San Quentin Rehabilitation Center (**see sidebar**). Portraits of those who passed away were lined up on display in a memorial gallery inside the prison's Catholic chapel. Some had their faces sketched by incarcerated artists. MOL is a national organization that believes in giving space to honor and remember those who died while living or working behind bars in jails, prisons and immigration detention centers. The San Quentin chapter of MOL was founded in 2021 to commemorate the one-year anniversary of the deaths of 28 incarcerated individuals and one correctional officer during the COVID-19 outbreak in the summer of 2020. MOL “offers a platform for grief, healing, community, and reflection for all those touched by tragedy.” **Full text:** <https://bit.ly/4jeZoTO>

More than a hundred incarcerated individuals have died while in California prisons since December 2024. While some were killed, many died from suicide, overdose, diseases or old age. Most did not have a funeral or anyone to remember them.

Compassionate Release

The right of prisoners to be released from punishment due to illness

MEDICINE PRAVO (Ukraine) | Online – 30 April 2025 – The European community and domestic human rights organizations have repeatedly noted the systematic violations in providing assistance to sick prisoners in Ukraine. At the same time, the number of prisoners released due to illness remains insignificant. The main provisions of the institution of release from punishment due to illness of convicts are analyzed. The main problems of legal relations in the field of release from punishment due to illness, as well as the practice of the European Court of Human Rights, are clarified. It is noted that modern criminal legislation in the field of release from punishment due to illness is not perfect and needs to be improved, including by improving the legal procedures for assessing diseases and their judicial review. **Full Ukrainian language text (click on pdf icon):** <https://bit.ly/4dlbZCN>

California halts medical parole, sends several critically ill patients back to prison



SAN FRANCISCO CHRONICLE (U.S.) | Online – California has halted a court-ordered medical parole program, opting instead to send its most incapacitated prisoners back to state lockups or release them early. The unilateral termination is drawing protests from attorneys representing prisoners and the author of the state's medical parole legislation, who say it unnecessarily puts this vulnerable population at risk. The move is the latest wrinkle in a long-running drive to free those deemed so ill that they are no longer a danger to society. Caring for a rapidly aging prison population is a growing problem across the U.S. It is twice as expensive to imprison older people as it is to imprison those younger, according to Johns Hopkins University researchers, prisoners 55 and older are more than twice as likely to have cognitive difficulties as non-incarcerated older adults.¹ Medical parole is reserved for the sliver of California's 90,000 prisoners who have a “significant and permanent condition”... **Full text:** <https://bit.ly/42qmPna>

1. ‘Prevalence of disability among older adults in prison,’ *JAMA Network Open* (U.S.) | Online – 27 December 2024. **Full text:** <https://bit.ly/4TyK4y>



Have you checked out the latest postings on the ‘Current Thinking’ page of The End-of-Life Care Behind Bars website lately? <https://bit.ly/45882x8>

National Legal Services Authority seeks Supreme Court's intervention for release of elderly, terminally-ill convicts

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LATEST LAWS (India) | Online – 5 April 2025 – The Authority has filed a petition in the Supreme Court seeking its intervention for the release of elderly and terminally ill convicted prisoners in the country. The petition highlights the dire conditions faced by such prisoners and calls for the implementation of compassionate release of the identified prisoners in line with constitutional and human rights obligations. The petition also highlights the alarming rise in the number of elderly & infirm prisoners languishing in jails, often without adequate medical care or access to dignified living conditions. Prolonged incarceration of such people violated their fundamental rights guaranteed under ... the Constitution as well as international human rights principles recognised by the United Nations. The key objectives of the campaign included identifying and facilitating the release of elderly & terminally-ill prisoners through legal aid and judicial intervention. **Full text:** <https://bit.ly/4IBRLrP>

In Retrospect: Marking the 1st Anniversary of the End-of-Life Care Behind Bars website

THIS MONTH MARKS THE FIRST-YEAR ANNIVERSARY OF END-OF-LIFE CARE BEHIND BARS WEBSITE, established in 2024 to provide timely information on an emerging universal public health crisis: the quality of prison healthcare services for an aging prison population – in particular, end-of-life care. Worldwide, care for people residing in correctional facilities at the end of life is not as equitable as it is in the “outside world.” Yet because the prison population is aging, there has been an increase in chronic illness, cognitive impairment, disability and frailty. For a disturbing number of elderly inmates, prison will be their final resting place.

We have been pleased to note that website traffic and email communication has, from the outset, demonstrated that End-of-Life Care Behind Bars is clearly “fit for purpose” – as an advocacy, research, and teaching tool, providing access to “current thinking”. As a consequence, the feedback from many countries has been most gratifying.

The website has garnered the attention of several organizations, for example:

- Australia New Zealand Society of Palliative Medicine (<https://bit.ly/4j0g1So>)
- Bawaajigewin Aboriginal Community Circle (<https://bit.ly/3zoJwfx>)
- Canadian Hospice Palliative Care Association (<https://bit.ly/4c8IH8Z>)
- The European Association for Palliative Care (<https://bit.ly/3TLpEKP>).

eHospice (<https://bit.ly/3KnWNHd>) has also helped to spread the word, as has the International Association for Hospice & Palliative Care with regular mentions of new postings on the website in Pallinews (<https://bit.ly/3EKXET4>)

*Below is a representative sample of articles that have been included in postings on the website during the past year and which highlight key issues. **BRA***

How do people in prison access palliative care? A scoping review of models of palliative care delivery for people in prison in high-income countries

PALLIATIVE MEDICINE (U.K.) | Online – 16 April 2024 – The authors identified a typology of three models of care delivery for people in prison in high-income countries: embedded hospice model, typified by an interdisciplinary team and volunteer caregivers providing care on-site; outsourcing care model, in which end-of-life care is provided outside the prison; collaborative community model, which involves prisons engagement with other healthcare facilities or practitioners. **Full text:** <https://bit.ly/3w5V9q2>

“I’m somebody that nobody thought I could be.”

CANADIAN HOSPICE PALLIATIVE CARE ASSOCIATION | Online – 4 June 2024 – The concept of ... “prison hospice” is being adopted by a relatively small number of institutions in several countries. These initiatives are consistent with the philosophy and practice of hospice and palliative care: improving the quality of end-of-life care for the incarcerated and recognizing the potential capacity of correctional facilities to help rebuild – not destroy – souls. **Full text:** <https://bit.ly/4e5Y1EF>

Cont.

Compassionate release: A call to social workers

JOURNAL OF CORRECTIONAL HEALTH CARE (U.S.) | Online – 11 June 2024 – An increase in the number of older people incarcerated in prisons has given rise to increased costs of correctional healthcare. Despite the many benefits of compassionate release, it is rarely used. The authors contend that social workers are uniquely suited to increase the number of people released through this mechanism owing to a unique knowledge and skill set. **Abstract:** <https://bit.ly/4aZdZNW>

Prisons: A global imperative to promote good health

INTERNATIONAL JOURNAL OF HEALTH PROMOTION & EDUCATION (U.K.) | Online – 18 July 2024 – Prison is ... a unique environment that has particular challenges when it comes to promoting health. It is an environment where levels of violence, enforced solitude, a lack of privacy, isolation from social networks, substance use, a lack of meaningful activity and overcrowding greatly impact the mental health and wellbeing of both the people with which this is home and those for whom it is a workplace. **Full text:** <https://bit.ly/3LTSaFL>

Palliative care needs and experiences of people in prison: A systematic review and meta-synthesis

PALLIATIVE MEDICINE (Australia) | Online – 29 August 2024 – Globally, the prison population is growing and ageing, as is the need for palliative care (PC). Yet, little is known about how people in prison perceive (PC) provision in this setting. Experiences of people in prison regarding PC related to two themes: expectations versus experiences of PC; and, prison context complicates access to and provision of PC. People in prison with PC needs want to feel safe, cared for, and acknowledged, as they face an expected death. **Abstract:** <https://bit.ly/3ZsYtl4>

Growing old and dying inside: Improving the experiences of older people serving long prison sentence

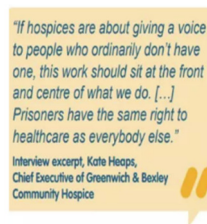
PRISON REFORM TRUST (U.K.) | Online – 2 September 2024 – The authors' findings underline the need for the prison system and its partner agencies in health and social care to not only better meet current needs... This will require a commitment to treating people with dignity (including when sick or dying), ensuring they can access adequate health and social care services; live meaningful lives in the constrained circumstances of prison; and, get the support they need on release. **Download at:** <https://bit.ly/3zbqCIT>

New Prison Policy Initiative report explains notoriously bad correctional healthcare

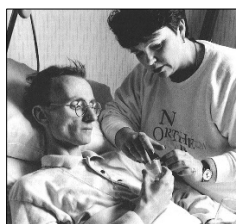
PRISON POLICY INITIATIVE (U.S.) | Online – 19 February 2025 – Why are terrible prison and jail healthcare systems so resilient against lawsuits and government oversight? How do healthcare providers cut corners with patient care to keep costs down? When and why did corrections agencies start to swing towards contracting out healthcare to companies? In a new report, 'Cut-Rate care,' the Prison Policy Initiative answers these questions and others, providing a sweeping explainer of correctional healthcare. **Download at:** <https://bit.ly/431tlRZ>



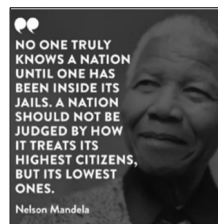
End-of-Life Care in Women's Prisons



Engaging the Hospice Community in End-of-Life Care in Prisons (Parts 1 & 2)



Compassionate Release



Governance of Prison Healthcare

N.B. Download commentaries at: <https://bit.ly/3Yu8xzL>

Barry R. Ashpole, Ontario, CANADA

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