End-of-Life Care Behind Bars: A Canadian Perspective

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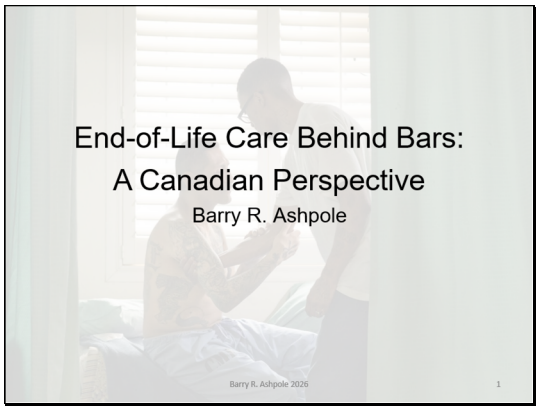
THE AGING PRISON POPULATION, the quality of prison healthcare services and, in particular, the quality of end-of-life care, is emerging as a universal public health issue. Geriatric and end-of-life care in correctional facilities are not as equitable as care in the "outside world." The aging of the prison population, with the corresponding increase in chronic illness, cognitive impairment, disability and frailty, is a worldwide phenomenon. For a disturbing number of elderly inmates, prison will be their "final resting place." This interactive presentation offers a Canadian perspective, reflecting on "lessons learned" in other countries.

In some countries, community hospices have successfully partnered with local prisons to provide training for both staff and inmates. In particular, the training of inmates as hospice volunteers is gaining ground. This training, typically, is "face-to-face, homegrown, and variable in content." Some correctional facilities are also extending this training to prison staff. Such initiatives are consistent with the philosophy and practice of hospice and palliative care: improving the quality of end-of-life care for one of society's most vulnerable and marginalized populations, recognizing also the potential capacity of correctional facilities to help inmates rebuild – not destroy – souls. Where volunteer inmates have been trained to care for those living with a life-limiting or terminal illness, the concept of prison hospice has also served to work against the sense that the incarcerated are of little or of having no value. As one prison hospice volunteer has remarked: "I'm somebody that nobody thought I could be."

Power Point Presentation



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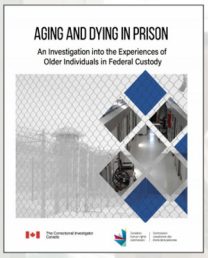
Aging Prison Population

- Aging prison population a universal public health issue
- Prison inmates age more rapidly than the general population
- With age a corresponding increase in chronic illness, complex medical needs, and disability
- Geriatric and end-of-life care not as equitable as care in the “outside world”
- Prison will be their “final resting place” for a disturbing number of prison inmates

Correctional Investigator of Canada (2019)

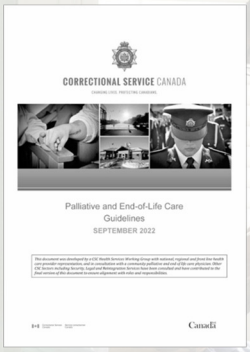


Prisons were never intended to be nursing homes, hospices, or long-term care facilities. Yet increasingly in Canada, they are being required to fulfill those functions. The proportion of older individuals in federal custody (those 50 years of age and older) is growing. They now account for 25% of the federal prison population... This demographic has increased by 50% over the last decade alone. Rising correctional healthcare costs, palliative care, and higher incidence of chronic disease reflect, at least in part, the impacts of a population that is aging behind bars.

Hudson *et al*, U. Ottawa (2019)

Correctional Service Canada (CSC) does have written palliative care guidelines, which state that CSC endorses the principles and standards of the then Canadian Hospice Palliative Care Association.

Yet in outlining how these standards are to be implemented, the term “whenever possible” appears frequently; e.g., when discussing family involvement, or patient involvement in decision-making. This recurring caveat points to the reality that custody and security, rather than palliative care philosophy, are the institutional priority.



Unlike the other Correctional Service Canada policy documents relating to healthcare, 'Palliative and End-of-Life Care Guidelines' is available through an Access to Information Act request @ https://bit.ly/3Pn73FO

Downie *et al*, Dalhousie U. (2020)

There are significant information gaps about the number of people seeking end-of-life care and about how Correctional Service Canada is managing the provision of such care.

The sparse information available is nonetheless sufficient to support the conclusion that there are good reasons to be concerned about how end-of-life care is regulated, monitored, recorded, and provided. Significant reforms are needed.

Fisher, Vancouver General Hospital (2022)

Sustainable palliative approaches to care for Canadian inmates and the preservation of dignity in death and dying within the bounds of incarceration are two issues that receive inadequate attention on all levels of public and healthcare discourse. Nevertheless, addressing these problems has significant ethical and fiscal implications, particularly for healthcare systems.

Currently, palliative care for inmates in Canada is largely left to Correctional Service Canada, which was never designed or equipped to provide such care. Within prison walls, inmates' end of life is fraught with fears for personal safety, increased suffering due to unmanaged pain, and feelings of isolation. The right to die with dignity must be upheld as a shared universal privilege.

Salem, Human Rights Research Center (2024)

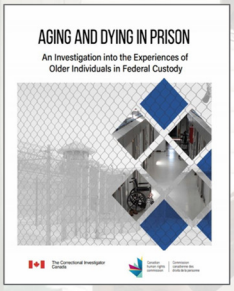
Federally prison inmates are not covered by the Canada Health Act By excluding federally incarcerated prisoners from the Canada Health Act, Canada is not compliant with the United Nation's Nelson Mandela Rules.

Governance of prison healthcare in Canadian prisons is primarily the responsibility of Correctional Services Canada

Provincial health plans do not apply to the incarcerated. Alberta, British Columbia and Nova Scotia, however, have ensured that provincial healthcare departments are responsible for prisoner care instead of correctional facilities.

Compassionate Release

- Inmates of advance age, with a life-threatening or life-limiting illness or with complex medical needs, should qualify for release into the community
- Criteria for compassionate release in Canada, however, are extremely restrictive



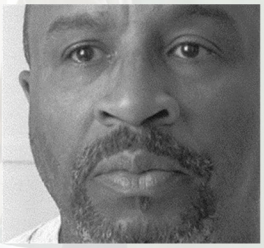
'Federal prison watchdog to leave post early over "frustrations" with lack of prison reform'
CBC November 2025

Models of End-of-Life Care in Prisons

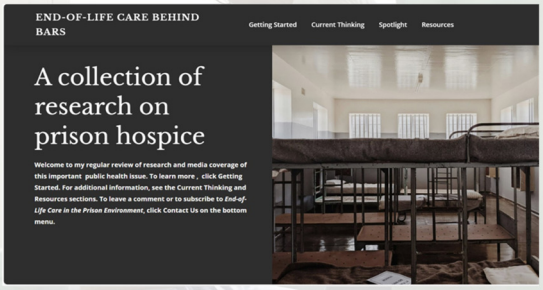
1. Embedded Hospice model has demonstrated potential benefits for both patients and prisoners
2. Outsourcing Care may miss opportunities for comprehensive care
3. Community Collaboration model with, for example, community hospices or long-term care, relies on proactive prison-community relations

Embedded Hospice Model: Prison Hospice Volunteer's Perspective

I'm somebody nobody thought I could be

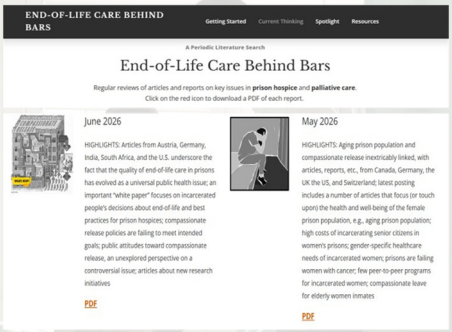


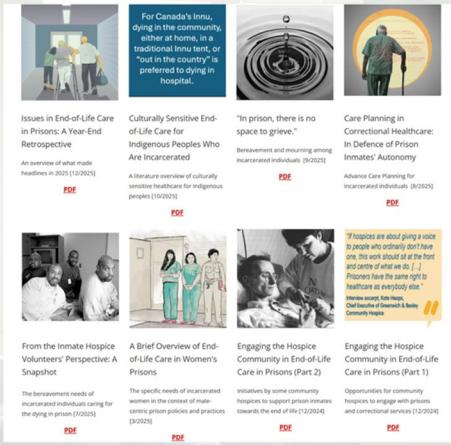
End-of-Life Care Behind Bars.com



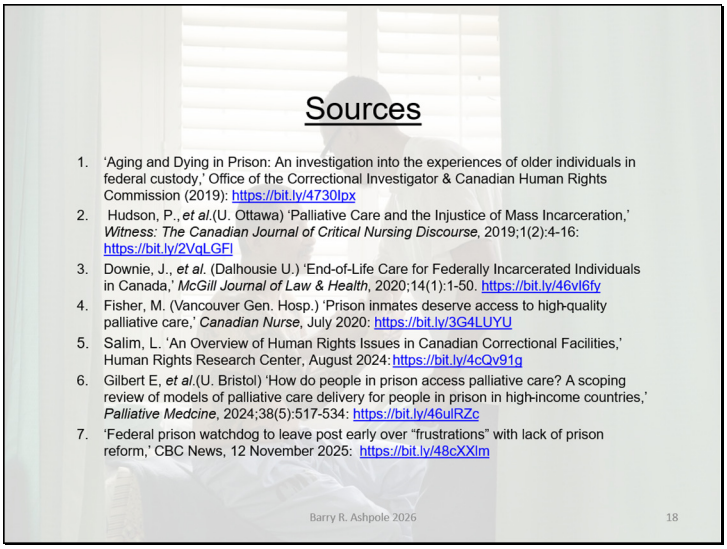
End-of-Life Care Behind Bars.com

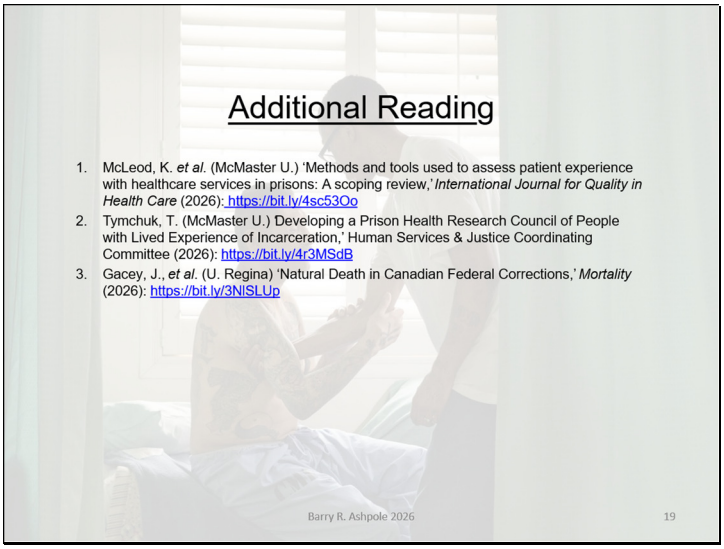
1. Critical information and advocacy gap for a unique, often overlooked population
2. Keeping pace with research on palliative care within correctional facilities remains a challenge for busy health professionals
3. Streamlines access to essential knowledge
4. Users can find the latest developments, including curated reviews of articles and reports, in the monthly bulletins on the "Current Thinking" page, while the "Spotlight" page offers commentaries on key issues

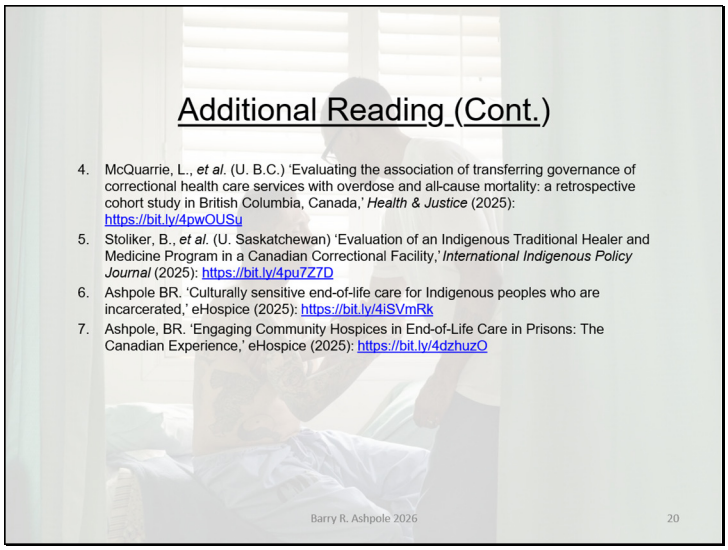




N.B. Submit questions, comments etc., at:
https://endoflifecarebehindbars.com/contact-us/







Footnote: Launched in May 2024, the End-of-Life Care Behind Bars website (i.e., End-of-Life Care Behind Bars.com) fills a critical information and advocacy gap for a unique, often overlooked population. While prison healthcare in general has gained attention, keeping pace with research on palliative care within correctional facilities remains a challenge for busy health professionals. As a dedicated advocacy, teaching, and research hub, this website streamlines access to essential knowledge. Users can find the latest developments, including curated reviews of articles and reports, in the monthly bulletins on the "Current Thinking" page, while the "Spotlight" page offers commentaries on key issues, for example, the aging prison population and compassionate release for prison inmates living with a terminal illness, which have become inextricably linked. As this resource grows, it aims to foster a necessary shift in societal attitudes toward the care and dignity of incarcerated individuals at the end of life. ***BRA***