

# End-of-life Care in the Prison Environment (Supplement #19)

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'Grace Before Dying': <https://bit.ly/3QRHCJP>

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## Aging Prison Population

### **Prisoners with disabilities struggling to access basic necessities...**

INDEPENDENT MONITORING BOARDS (U.K.) | Online – 20 May 2025 – An increase in the number of older prisoners at HMP High Down has highlighted issues with access to healthcare and regime for those with mobility issues... The ageing population has resulted in a greater need for social and palliative care (PC) provision... Neither of the two blocks that house a higher proportion of prisoners with accessibility needs has a lift, and there are limited access ramps in place. The increased number of older prisoners at HMP High Down has raised several concerns... They can face challenges in accessing support, as well as practical difficulties like getting to healthcare appointments or even to the serveries to collect food. PC provision is also becoming a necessity, which is difficult to manage humanely and can be upsetting for staff and prisoners alike. The Independent Monitoring Boards would welcome a more suitable environment for end-of-life care.... **Access report at:** <https://bit.ly/4monrBt>

### **Aging well behind bars: An impossible challenge?**



GÉRONTOLOGIE ET SOCIÉTÉ (France) | Online – 13 May 2025 – The number of older adults incarcerated in France continues to rise. Their living conditions have been regularly criticized for the past twenty-five years. The adaptation of prison facilities for this population is notoriously inadequate and seems [to the authors] to be an illusion. The law provides that individuals detained for a long time and whose health condition is incompatible with detention may benefit from sentence adjustments. The authors note numerous obstacles to the implementation of the law, even when judges recognize that the detained person no longer poses a significant danger to society. Often, the difficulty lies in finding a geriatric facility suited to the level of dependence of an older person with little income, and to whom negative representations remain attached. However, there is an ethical imperative to release older people whose health deteriorates while in detention. **Abstract:** <https://bit.ly/4mMiAKP>

## Older people and prison: Proposals for an approach



CONSEJO GENERAL DE LA ABOGACÍA ESPAÑOLA (The General Council of Spanish Lawyers) | Online – 9 May 2025 – According to data published by the Ministry of the Interior ... the prison population is aging. Often, the needs of older inmates cannot be met in the prison environment ... as is the case with other groups such as inmates with disabilities or mental illness. The prison environment is not adapted to fulfill its purpose of reintegration, social rehabilitation, protection of fundamental rights, [and] adequate healthcare... Prisons are not provided with the means for the ... treatment of the elderly, especially those who, due to their age and health, physical or mental life circumstances, suffer from pathologies to which prisons cannot provide an answer – mobility problems, cognitive impairment, dementia ... and even inmates with intellectual disabilities or mental illness. Rehabilitation programs in these cases ... become complicated or unattainable. **Full text:** <https://bit.ly/44CGYb4>

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## [Prison Health Services](#)



### **Decades of indifference and failures in accountability in the provision of medical care in federal prisons**

NEVADA LAW JOURNAL, 2025;25(3):755-796 (U.S.) The Bureau of Prison's (BOP) is the nation's largest prison system, and it wields enormous power over the lives of the hundreds of thousands of people in its custody. It also has a duty, proscribed by the Constitution, to provide each of those people with adequate medical care. Yet, for decades, oversight bodies have made clear that the BOP is failing to meet its constitutional obligations to those in its custody. Despite report after report highlighting the BOP's systemic deficiencies, no institution has stepped up to hold the BOP accountable for its misdeeds, and this lack of accountability has led to preventable harms, suffering, and the death of incarcerated people. Frederick Bardell provides a tragic example of the individualized impacts of the BOP's lack of accountability. In 2022, a federal judge held the BOP in civil contempt after the BOP failed to treat Bardell for colon cancer, ultimately leading to his untimely death. **Download full text at:** <https://bit.ly/4kFcj1i>

#### **Related:**

**'Watchdog faults Bureau of Prisons for failing to screen inmates for colorectal cancer,' Reuters (U.S.)** | Online – 20 May 2025 – The U.S. Bureau of Prisons is failing to routinely screen older inmates for colorectal cancer, and has in some cases failed to follow up with proper medical care after inmates tested positive in cancer screening... Less than two-thirds of average risk inmates between ages 45 and 74 received a colorectal cancer screening as of April 2024.<sup>1</sup> The review also found that about 10% of a sampling of 327 inmates had no documented medical follow-up after receiving a positive result in colorectal cancer screening. **Full text:** <https://bit.ly/3H1cC8h>

1. 'Evaluation of the Federal Bureau of Prisons' Colorectal Cancer Screening Practices for Inmates and Its Clinical Follow-up on Screenings,' U.S. Department of Justice (Office of the Inspector General), May 2025. **Download report at:** <https://bit.ly/436jKsz>

**'Policies for waiving medical copays in prisons are not enough to undo the harm caused by charging incarcerated people for healthcare access,' Prison Policy Initiative (U.S.)** | Online – 15 May 2025 – In most states, people incarcerated in prisons must pay medical "copays," essentially fees to access healthcare, including physician visits, medications, and other health services. While these fees may seem reasonable at two or five dollars, research shows they actually act as barriers to healthcare for incarcerated people who typically earn less than a dollar an hour, if they are paid at all. Prison administrators claim these fees deter the "overuse and abuse" of limited healthcare resources... **Full text:** <https://bit.ly/45drCK9>

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**'Health-focused arguments for eliminating overcrowding in prisons, jails, and other detention facilities,'** *American Journal of Public Health (U.S.)* | Online – 14 May 2025 – Living incarcerated in a prison, jail or detention facility is certainly not intended to be easy, but living in such facilities when they are overcrowded is truly horrific. Adler and Chen report on their analysis of the relationship between the extent of prison overcrowding – prisons with incarcerated populations larger than the designed occupancy – and five healthcare and health outcomes.<sup>1</sup> The negative health implications of overcrowding are applicable far beyond California's [30 state] prisons... **First page view:** <https://bit.ly/4dkvgE6>

1. 'Healthcare, mortality, and declining occupancy rates in California prisons, 2013-2023,' *American Journal of Public Health*, 2025;115(6):936–944. **Abstract:** <https://bit.ly/4dsGNi6>

**“No meaningful treatment”: Doctor says San Diego County jails are the worst he’s ever seen,’** *San Diego Union-Tribune (U.S.)* | Online – 9 May 2025 – When people who rely on psychiatric medication are booked into a San Diego County jail they are forbidden to bring their prescriptions with them, leaving them to decompensate as they go days or weeks without treatment. In San Diego jails, decisions that affect mentally ill people are regularly made by command staff rather than healthcare professionals – a practice that can jeopardize the well-being of people behind bars. These and other findings are the conclusions of Dr. Pablo Stewart, a correctional healthcare expert... **Full text:** <https://bit.ly/4dsnUP1>

### Coroner calls for action on culturally safe care for Aboriginal prisoners



**NATIONAL JUSTICE PROJECT**

(Australia) | Online – 26 May 2025 – The National Justice Project has welcomed a Coroner's recommendations for the provision of culturally safe care to Aboriginal prisoners in Western Australia following an inquest into the death in custody of 41-year-old Martu woman Dannielle Lowe. The inquest findings detail missed opportunities for treatment and care as well as evidence that the care she received was not culturally safe. In order to provide culturally safe care to Aboriginal prisoners in Western Australia, the Department of Justice should redouble its efforts to recruit Aboriginal staff at its prisons, including medical officers, nurses, psychologists, social workers, and prisoner support officers. Culturally safe care for Aboriginal prisoners in Western Australia may also be achieved by establishing partnerships with Aboriginal community controlled health organisations and medical services, to provide access to visits from Aboriginal health practitioners, and by developing an Aboriginal Elders visiting program. **Full text:** <https://bit.ly/3Fr2q8G>

#### Related:

**'Victoria's prison healthcare system should match community healthcare,'** *The Bulletin (Australia)* | Online – 9 May 2025 – In Victoria, if a person in prison is Aboriginal and/or Torres Strait Islander, they do not get access to culturally competent care through Aboriginal community-controlled health organisations. In Victoria, prison healthcare is provided by for-profit private companies contracted by the state government. Imprisoned peoples' physical health and/or social and emotional well-being is at the mercy of prison officers and prison healthcare providers. International law requires prisoners should enjoy the same standards of healthcare that are available in the community. **Full text:** <https://bit.ly/3RT6VeT>

### Global Prison Trends 2025: Healthcare



| Online – 22 May 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... Where prison populations are ageing, there are often struggles to adequately meet their healthcare needs. Research highlights the inadequate care provided to older persons in prison, particularly in relation to end-of-life care. **Full text (scroll down to pp.24-25):** <https://bit.ly/43tuAYM>

## Moldova prison staff better equipped to address health needs of prisoners

COUNCIL OF EUROPE



CONSEIL DE L'EUROPE

| Online – 20 May 2025 – Medical and non-medical staff from all (59) penitentiary institutions ... were trained on areas of critical importance for healthcare delivery in prison environments, such as medical examination upon admission to prison, including the management of individual medical files, and medical ethics within the prison system. The training sessions ... addressed key topics such as screening for mental health issues, drug use, and infectious diseases that increase vulnerability, risk of discrimination and ill-treatment of these inmates. Additional subjects included ensuring equal access to healthcare, patient consent and confidentiality, equivalence of care with community health services, professional independence, the treatment of inmates with special needs, and the management of ethically challenging situations. The sessions raised the awareness of penitentiary personnel about the importance of interprofessional cooperation... **Full text:** <https://bit.ly/4k3zDWD>

## Health rights of inmates of correctional institutions in Nigeria during endemic periods: Challenges and responses

*AFRICAN JOURNAL OF LAW & HUMAN RIGHTS*, 2025;9(1):41-47. The health rights of inmates in correctional institutions are a fundamental aspect of human rights that often face significant challenges, particularly during periods of endemic disease outbreaks. Inmates are among the most vulnerable populations due to overcrowding, poor sanitation, inadequate healthcare infrastructure, and limited access to medical services. This paper examines the legal framework governing the health rights of inmates ... including relevant constitutional provisions, international human rights instruments, and case law. It highlights the systemic barriers that hinder implementation of these rights, such as insufficient funding, stigma associated with certain diseases, and a lack of trained medical personnel within correctional facilities. The analysis explores the government's policy responses... The paper proposes policy reforms to enhance healthcare access and promote the welfare of incarcerated individuals. **Full text:** <https://bit.ly/4jFq3Jq>

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

### Research in Progress

## Attitudes towards end-of-life care options for people in prison



Australia New Zealand Society of Palliative Medicine

| Online – 14 May 2025 – This University of Adelaide research project is about capturing knowledge of and attitudes towards end-of-life care (EoLC) for people in prison in Australia. The aim is to better understand how the community feels about these services being provided to incarcerated individuals. Researchers will examine public attitudes towards providing palliative care, voluntary assisted dying, and/or compassionate release for people in prison. The research “may result in a better understanding of community sentiments towards people in prison at end of life in Australia and guide policy changes.” The data will be used for a PhD thesis, where it will be analysed to explore peoples’ perceptions about EoLC in prisons, and whether or not there are insights that can be used to inform policy and practice. It may also add to the overall international literature on this topic by providing an Australian perspective, which to date is not featured. **Access details at:** <https://bit.ly/3YJlqFQ>

### Related:

**‘Continuing the conversation: Practical strategies to enable acceptable and feasible health research in prisons,’** *Archives of Public Health (Canada)* | Online – 28 May 2025 – There are substantial challenges in conducting health research within prison systems, which may preclude research or compromise research quality, and could be associated with potential harms for participants and missed opportunities for benefits. Barriers ... relate to funding, logistics, including access to people in prison, minimal knowledge of prison research conduct and prison systems..., communication to establish partnerships, ethical challenges and ethics review board processes and requirements, and laws and regulations. **Full text:** <https://bit.ly/3SK2405>

## Challenges and ethical considerations of palliative care in Indian prisons

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*JOURNAL OF PAIN & SYMPTOM MANAGEMENT (India)* | Online – 12 May 2025 – Palliative care in Indian prisons faces challenges due to overcrowding, inadequate medical infrastructure, and societal neglect of incarcerated individuals. Chronic illnesses are common, yet regular follow-ups are lacking... Psychological issues ... further complicate care. Although medical parole exists, bureaucratic inefficiencies often lead to delayed or denied release. In contrast, few developed nations with prison hospice models integrate interdisciplinary teams and inmate caregivers, offering structured approaches to compassionate care despite facing challenges... Ethical principles like autonomy, beneficence, nonmaleficence and justice are often compromised in Indian prisons, demanding policy reforms. Expanding hospice facilities, training prison staff in compassionate care, and improving the use of compassionate release mechanisms can ensure humane end-of-life care for incarcerated individuals. **Abstract:** <https://bit.ly/3EQuu5c>

## Illinois plan calls for annual report on hospice, palliative care for prisoners



WAND TV NEWS (U.S.) | Online – 8 May 2025 – The Illinois House of Restorative Justice & Public Safety Committee recently passed a bill requiring the Illinois Department of Corrections to report on the hospice care that is available for prisoners. Over 1,000 Illinois prisoners are 65 or older, and a growing number of those people are in need of end-of-life care (EoLC) and also support services. The Department does not have a formal hospice program, as EoLC is provided on a prison-by-prison basis. This has led to inconsistent care for prisoners diagnosed with terminal illnesses... What is provided in various facilities is not consistently provided among all of the facilities. The reason for this data collection is really to have an understanding of what is provided and who does it, how we do it... The bill calls on the Department of Corrections to provide the report with demographic data of prisoners receiving hospice and palliative care by 1 December of each year. **Full text:** <https://bit.ly/4jMYL3N>

## My first death: Dying well in prison settings



Royal College  
of Nursing

(U.K.) | Online – 7 May 2025 – Everyone deserves a dignified death, but in custody settings not all prisoners get the chance to die well. A recent online talk brought together nursing, healthcare and prison staff to discuss death in relation to patients in custody. They shared the first patient death they experienced. By bringing out the human stories behind the prison walls we see the patient behind each prisoner. Much of the discussion focused on the National Health Service England's 'Dying Well in Custody Charter' (**see sidebar**) The custodial environment is different to other settings in which clinical care takes place, and providing the best possible end-of-life care in prison is complex and challenging. The charter enables those involved in caring for individuals to manage this event with compassion, inclusivity and ensures that there is dignity in the death irrespective of their place of death. **Download the charter at:** <https://bit.ly/4evqeEQ>

*The charter mirrors the ambitions for palliative and end-of-life care and provides a framework for establishments to act, help and support all staff who are involved in the care of an individual preparing to die... This framework provides a set of standards ... which place the individual at the centre of the care being planned and delivered. The ambitions and standards in the dying well in custody charter ensure that care is coordinated across the establishment and supports all staff being able to achieve a level of competence and confidence in delivering professional care to these individuals with dignity and calm.*



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>

## Freedom and care at the end of life: Reporting the “greying” of one of the United States of America’s largest prison systems



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| Online – 12 April 2025 – An aging prison population poses myriad challenges for penal institutions and prison health systems. While chronic health conditions are not exclusively the terrain of older adults, they become more prevalent and more costly for penal systems as people age. And while prison death, significantly, has causes beyond illness and disease, “natural causes” account for the great majority of deaths in prison. Relatively few prisons, however, have dedicated geriatricians or palliative care (PC) staff, let alone a hospice or hospice services. Accordingly, along with calls for reduced incarceration of older adults and more community support systems to receive them upon release from prison, geriatric and PC has emerged internationally as a central topic in public health and penal re-

form, particularly in higher-income nations. The topical focus on PC in prison ... encompasses care provided to general prison populations as well as services provided in specialized care facilities such as critical care units or prison hospices. **Full text:** <https://bit.ly/3Y9O1E7>

### Recognized barriers to end-of-life care in prisons include:

- Poor communication between medical staff and patients,
- Failures to diagnose illness or harmful delays in diagnosis,
- Lack of continuity of care, and
- Dehumanizing practices and interactions with staff.

## Care Planning

### Prisons routinely ignore guidelines on dying inmates’ end-of-life choices



KFF HEALTH NEWS (U.S.) | Online – 15 May 2025 – Brian Rigsby was lying with his right wrist shackled to a hospital bed in Montgomery, Alabama, when he learned he didn’t have long to live. Rigsby decided to stop efforts to treat his illness and to decline lifesaving care, a decision he made with his parents (**see sidebar**). And Rigsby’s mother ... tried to get her son released to hospice care through Alabama’s medical furlough policy, so that their family could manage his end-of-life care as they saw fit. But there wasn’t enough time for the furlough request to be considered. After learning that Rigsby was on palliative care, the staff at YesCare, a private prison health company that has a \$1 billion contract with the Alabama Department of Corrections, told the hospital it would stop paying for his stay and then transferred him back to Staton Correctional Facility... As the country’s incarcerated population ages, thousands die behind bars each year. **Full text:** <https://bit.ly/4jnIN0t>

*Incarcerated people typically have little say over the care they receive at the end of their lives. That’s despite a broad consensus among standards boards, policymakers, and healthcare providers that terminally ill people in custody should receive treatment that minimizes suffering and allows them to be actively involved in care planning. But such guidelines aren’t binding. State policies on end-of-life care vary widely, and they generally give much leeway to correctional officers...*



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>

## Related Ethical Issues

### **Implementing voluntary assisted dying in New South Wales correctional settings**



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*MEDICAL JOURNAL OF AUSTRALIA* | Online – 26 May 2025 – New South Wales (NSW) was the last Australian state to pass voluntary assisted dying (VAD) legislation, effective on 28 November 2023. The Justice Health & Forensic Mental Health Network (JHNSW) is responsible for the healthcare of people in contact with the criminal justice system in NSW [and] was tasked with implementing a VAD pathway for prisoners. A steering committee was formed with the Corrective Services NSW, the local health district, the CSNSW Inmate Consumer Referent Group, the Mental Health Review Tribunal, the JHNSW Clinical Ethics Committee, the Victims Support Scheme and the Aboriginal Health & Medical Research Council of NSW to create dignified and culturally safe pathways for prisoners to access VAD. The ethical and legal challenges of integrating VAD into the NSW correctional settings are highlighted, with a hypothetical patient journey demonstrating the pathway.

**Full text:** <https://bit.ly/3FD6QcG>

*Patient autonomy is a cornerstone principle of VAD. Informed and free decision making can be limited in a correctional setting, with institutionalised inequalities and power dynamics that can create coercive relationships between prisoners, CSNSW and NSW Health staff. The psychosocial disadvantages of prisoners can render them unable to protect their own interests and can undermine their autonomy.*

**From a past posting in the End-of-Life Care Behind Bars website:**

**‘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>

**N.B.** See International Association for Hospice & Palliative Care literature search on assisted dying practices at: <https://bit.ly/3ZLkhOo>

## Grief & Bereavement

**From the archives: An interesting read you might have missed**

### **The grief experience of prison inmate hospice volunteer caregivers**

*JOURNAL OF SOCIAL WORK IN END-OF-LIFE & PALLIATIVE CARE*, 2014;10(1):80-94 (U.S.). Inmate volunteers at the Louisiana State Penitentiary (LSP) Hospice Program managed unrelenting loss with strategies beyond the parameters typically prescribed in healthcare. Though strongly identifying themselves in a professional role, volunteers appeared to accept deeper levels of relationship than typically endorsed in community hospice practice. The fluidity of boundaries was striking in the context of prison, where rigid systems of personal boundaries are socially reinforced. One possible implication of the volunteers' method of accepting deep relationships with dying persons while continually processing grief and remaining open to new relationships with certain loss for professional hospice caregivers, is the use of personal spiritual care and acceptance of peer support that is a signature feature of the LSP Hospice at Angola. **Download full text at:** <https://bit.ly/4m9QuJ6>

*Social workers practicing in prison hospices are uniquely equipped to counsel healthy grief and self-care in inmate volunteers. In the setting of prison hospice with inmate volunteer caregivers, social workers could facilitate formal peer support and contribute to an atmosphere that endorses this effective peer-to-peer model of grief care.*

## [Compassionate Release](#)

### Maryland provides model for handling an aging, ailing prison population



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**GOVERNING (U.S.)** | Online – 4 June 2025 – This spring, in a landmark step forward for criminal justice reform, Maryland passed legislation establishing a clear, streamlined process for incarcerated people to seek release if they are 60 or older and have served at least 20 years or if they have a serious or terminal medical condition. Of equal importance, the “compassionate release” law shifts final decision-making power away from politics and gives courts the oversight needed to ensure fairness. The reform is rooted in common sense: people who are aging, sick or dying in prison, who pose little to no risk to public safety, should be given a second look. It offers a blueprint for other states. For decades, Maryland had one of the most restrictive medical and geriatric parole systems in the country. People had to be near death to qualify, and even then the approval process was far from transparent and heavily politicized. **Full text:** <https://bit.ly/3SA36eR>

#### Related:

**‘Bill expanding Pennsylvania’s “compassionate release” program for inmates with serious medical problems advances,’** KYW Newsradio (U.S.) | Online – 15 May 2025 – Lawmakers in Harrisburg are taking action on a bipartisan plan that would allow more people in state prisons with serious health issues, like terminal cancer or Alzheimer’s, to be granted compassionate release. It could save Pennsylvania taxpayers money. The state Department of Corrections spends around \$400 million annually on inmates who are at risk of death in facilities that are not designed to care for them. The Department of Corrections should not be in the business of hospice care. **Full text:** <https://bit.ly/3S4TatH>

**‘A compassionate release pilot in New Orleans,’** *Journal of Correctional Health Care* (U.S.) | Online – 12 May 2025 – This article evaluates the utilization of community physicians to improve compassionate release rates. Healthcare providers at a hospital for the Louisiana Department of Public Safety & Corrections collaborated with attorneys, the Louisiana Department of Health, and the Louisiana Department of Public Safety & Corrections to facilitate compassionate release for eligible individuals. Outcomes included release rates and underlying conditions. Of the 18 eligible patients, four were released, eight died while incarcerated, and six remained incarcerated. **Abstract:** <https://bit.ly/43elZl6>

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