


# End-of-life Care in the Prison Environment – #25 (December 2025 )

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Source: 'Dying Alone' <https://bit.ly/4nPt7nF>

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## Aging Prison Population

### **Aging in custody – Rethinking dignity and care in places of confinement**



**AGENCY & DIGNITY** (UN Office of the High Commissioner for Human Rights) | Online – Accessed 2 December 2025 – Around the world, populations are aging faster than health systems can adapt. Governments and communities alike are confronted with the challenges of chronic illness, disability, and dying with dignity. Yet one population remains almost entirely absent from global conversations about aging: older adults living and dying in prisons and other places of detention. The exclusion of incarcerated elders from aging and public health discourse is not a statistical oversight, but rather a moral one, revealing a blind spot in how we define “human dignity” and whose lives are considered worthy of compassionate care (**see sidebar**). As nations commit to implementing the UN’s ‘Principles for Older Persons’ and the ‘Decade of Healthy Ageing,’<sup>1,2</sup> the reality of aging behind bars raises an uncomfortable question: do these principles extend to those whom society has chosen to forget? **Full text (scroll down to p.2):** <https://bit.ly/48uSJk3>

*Yet even within the most restrictive conditions, compassion finds a way to grow. Across the world, incarcerated people themselves have stepped in to fill the gaps in unprepared institutions. Peer caregiving and prison-based hospice and palliative care programs, often developed quietly and without official recognition or support, are transforming the culture of incarceration from within.*

1. ‘Principles for Older Persons,’ United Nations (1991): <https://bit.ly/3Xy5Wn8>
2. ‘Decade of Healthy Ageing,’ United Nations (2021-2030): <https://bit.ly/3MB1ode>

### **Aging Incarcerated Persons**

OXFORD TEXTBOOK OF CORRECTIONAL PSYCHIATRY 2<sup>ND</sup> EDITION (**U.S.**) | Online – Accessed 28 November 2025 – The incarcerated population in the U.S. is aging rapidly. The prevalence of older incarcerated persons (IPs), defined as aged 55 or older, in U.S. state and federal prisons was approximately 3% in 1993. That rose to 20% in 2017, and predictive analyses suggests that by 2030, one

Cont.

third of all IPs in U.S. prisons will be “geriatric.” Other countries are experiencing similar trends. Multiple factors contribute to this phenomenon, including harsher minimum sentencing laws, limitations on parole options, a growing number of arrests in later age, and overall population aging. IPs experience “accelerated” aging such that their chronological age does not necessarily match their health age. They are more likely to develop medical problems at younger ages than their community counterparts and are considered “geriatric” at age 55... **Scroll down to Chapter 60 (p.384):** <https://bit.ly/44w3lxR>

### *The health of people in prison...*

#### **Older people in prison (extract)**



**Department  
of Health &  
Social Care**

(U.K.) | Online – 6 November 2025 – The prison population is ageing. The number of people in prison over 50 has increased from 10% in 2011 to 24% in 2024. Older people in prison have on average worse physical and mental health than older men of the same age in the general population.

While individual conditions pose challenges, their combination (multimorbidity, or multiple long-term conditions) is significantly more problematic. In prison populations frailty often begins earlier – more than 40% of men from prisons over 50 who were admitted to hospital in an emergency showed signs of frailty, much higher than the general population. Frailty can affect ability to climb stairs, wash independently, and walk unaided. This is important in the prison environment, where there may be overcrowding, shared cells and in-cell sanitation, and because employment and activities are often aimed at the predominantly younger population. **Download report (scroll down to p.141) at:** <https://bit.ly/4osZd9N>

#### **The health of people in prison, on probation and in the secure NHS estate in England**

A report commissioned by the Lord Chancellor  
and Secretary of State for Justice and the  
Secretary of State for Health and Social Care  
from the Chief Medical Officer



### [Prison Healthcare Service](#)

#### **Evaluating the association of transferring governance of correctional healthcare services...**



**HEALTH & JUSTICE (Canada)** | Online – 22 November 2025 – In many jurisdictions world-wide, the government agency that manages prisons also provides prison healthcare services. However, the World Health Organization and United Nations recommend that health ministries provide prison healthcare. In Canada, the province of British Columbia transferred responsibility for correctional health services to the health ministry in accordance with this guidance. This study provides evidence on the important role that prison health governance may have in the health of people who have been incarcerated. The association between the transfer and reductions in the hazard of death indicate the potential for benefits when prison health services are integrated within the broader healthcare system. The findings of this study reinforce the need for other jurisdictions in Canada and beyond to carefully consider and evaluate the governance of prison healthcare services... **Full text:** <https://bit.ly/4pwOUSu>

#### **Related:**

**‘What’s happening to healthcare behind bars? The Ministry of Health responds,’ ORDA Media (Kazakhstan)** | Online – 26 November 2025 – In 2023, responsibility for the medical care of convicted persons was transferred from the Ministry of Internal Affairs’ Committee for the Penitentiary System to the Ministry of Health. Since then, it has been widely emphasized that incarcerated persons now have equal access to modern medical services. Still, in many regions, relatives of incarcerated persons report that timely medical examinations and specialist consultations are difficult to obtain. **Full text:** <https://bit.ly/48B95ZE>

Cont.



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**'Women's healthcare needs and access across the incarceration pathway in Israel: A qualitative study,'** *BMC Public Health* | Online – 22 November 2025 – Within punitive, under-resourced, and male-dominated incarceration systems, the healthcare needs of incarcerated women are often overlooked and inadequately addressed. Integrating prison healthcare within the broader national health system is crucial for reducing health inequalities by improving continuity of care, transparency, and the effective sharing and reporting of health information. **Abstract:** <https://bit.ly/48ehn8q>

**N.B.** See 'Prison policies and practices generally remain male-centric and often fail to address the gender-specific needs of incarcerated women...', *End-of-Life Care Behind Bars.com* (2025). **Full text:** <https://bit.ly/4izfyYp>; also 'Governance of Prison Healthcare: "People in prison exist in a twilight zone between criminal justice and health systems,"' *End-of-Life Care Behind Bars.com* (2024). **Full text:** <https://bit.ly/4objyQ4>

### How often do medical mishaps occur in U.S. prisons?

A&E | Online – 20 November 2025 – Many medical errors and oversights in jails and prisons go unnoticed. Amid a lack of consistent healthcare standards in correctional facilities, firsthand accounts, mortality studies and lawsuits filed by prisoners and their advocates suggest that negative inmate medical outcomes are common – even though comprehensive data on preventable prisoner health problems is limited. The implications of delayed treatment, faulty health screenings, and medication errors in prison settings can be detrimental or fatal. Mortality data points to broad systemic issues affecting inmates who do not get needed medical care; 30% of inmates who died in custody from cardiovascular disease [in one study] did not undergo diagnostic testing and that more than 25% did not receive the medications for the conditions that caused their deaths.<sup>1</sup> For years, U.S. cities have faced scrutiny for poor lockup conditions and lax medical attention for inmates in local jails. **Full text:** <https://bit.ly/4oSDdFN>

1. 'Cardiovascular death and access to healthcare among individuals incarcerated in U.S. state prisons from 2001 to 2019,' *Journal of the American Heart Association*, September 2025. **Full text:** <https://bit.ly/3VtgZgo>

### Evaluation of an Indigenous traditional healer and medicine program in a Canadian correctional facility



**INTERNATIONAL INDIGENOUS POLICY JOURNAL** | Online – 19 November 2025 – Indigenous peoples, especially Indigenous women, are overrepresented in Canadian prisons. Given the underlined importance and benefits of culturally-based programs for justice-involved Indigenous people, Canada's federal correctional system is committed to providing culturally appropriate programs and practices to meet the needs of First Nations, Métis, and Inuit people in custody. Healthcare is one area the federal correctional system is committed to incorporating such programs and practices. This study evaluated the delivery and preliminary outcomes of a culturally-based health program implemented at a women's healing lodge ... which is centred on the provision of traditional medicine and healing practices. Discussion considers policy implications, the potential for implementing similar culturally-based health interventions at other (federal) correctional facilities... **Full text (click on pdf icon):** <https://bit.ly/4pu7Z7D>

**N.B.** See 'Culturally sensitive end-of-life care for Indigenous peoples who are incarcerated,' *End-of-Life Care Behind Bars.com* (2025). **Full text:** <https://bit.ly/44mLhpJ>

#### Related:

**'Policy to prison: Closing the gap in Aboriginal and Torres Strait Islander health outcomes in custody,'** *Social Sciences & Humanities Open (Australia)* | Online – 8 November 2025 – The 'National Agreement on Closing the Gap' aims to reduce health disparities and improve life expectancy for Indigenous Australians by ensuring equitable access to healthcare services. Despite these commitments, substantial health inequalities persist within the prison system, disproportionately affecting Aboriginal and Torres Strait Islander peoples. **Full text (click on pdf icon):** <https://bit.ly/4hTV24h>

## Federal prison watchdog leaving post early over “frustrations” with lack of prison reform



OCI  
Office of the  
Correctional  
Investigator

BEC  
Bureau de  
l'enquêteur  
correctionnel

CBC NEWS (Canada) | Online – 12 November 2025 – A watchdog that investigates the fair and humane treatment of

federal prisoners is leaving his post two years early after becoming exasperated with what he says is the government's unwillingness to address systemic human rights issues. “I leave with a fair amount of frustrations,” Dr. Ivan Zinger, the correctional investigator of Canada, said as he presented an annual report focused on mental health...<sup>1</sup> “If I would have been in a situation where the agency subject to my oversight would have been more responsive, maybe I would have stuck around for another two years,” he said. Zinger says both the Correctional Service of Canada, the federal agency responsible for prisons, and its political masters won't be able to improve mental health services for prisoners unless they change their approach (see sidebar). “I wish that there would be more willingness from the minister of public safety to acknowledge that there is a problem,” Zinger said... **Full text:** <https://bit.ly/48cXXlm>

1. ‘Office of the Correctional Investigator Annual Report 2024-25.’  
**Download at:** <https://bit.ly/3WPPC0N>

**Footnote:** While the focus of the Office of the Correctional Investigator's report is on the quality of mental healthcare available in federal prisons, a universal public health issue, evident throughout is correctional service's “culture of muddled governance, and an ever-increasing emphasis on security,” consequently, with an accompanying reluctance to effect change, seen all too often in prison healthcare services in general. See also Office of the Correctional Investigator's report ‘Aging & Dying in Prison: An Investigation into the Experiences of Older Individuals in Federal Custody’ (2019): <https://bit.ly/3y7wltD> **BRA**

*Governance is more than just a division of duties and signing authority. The issue of who has signing authority over which sectors with respect to clinical decision-making, while important, pales in comparison to the broader issues of governance. These include staff selection, staff training, onboarding of staff, and a mission or mandate that acts to combine the efforts of all staff toward a common goal. Good governance and leadership in the aforementioned areas set the tone, expectations, standards, goals, and achievement potential of any facility. These, in turn, have impacts on the work environment, staff morale and resilience, and ultimately, on the patient's quality of life.*

## Prison health data collection: Transforming prisons from public health risks to opportunities for global health equity

**SOCIAL SCIENCE & MEDICINE (Australia)** | Online – 12 November 2025 – Despite the health challenges inherent to prison settings and their implications for public health and global health equity, in most countries we know almost nothing about the health status of people deprived of liberty, or the prison healthcare services in place to respond to their health needs. Prisons concentrate some of the world's most medically and socially vulnerable populations, yet prison healthcare services are typically under-resourced to meet their complex health needs. Even though prison health and public health are inextricably linked, basic data collection on health and healthcare systems in prisons globally remains insufficient and inconsistent. The authors identify key elements and principles of prison health data collection and discuss opportunities for advancing equitable, collaborative, and useful systems of prison health data collection. **Abstract (w. section snippets, references, etc.):** <https://bit.ly/4nTnFQD>

## 275 inmates die in 5 years on way to hospital from prison

**PROTHOM ALO (Bangladesh)** | Online – 10 November 2025 – According to the figures from the Directorate of Prisons over the past five years, an average of 196 inmates dies in prisons each year. In four years and nine months, a total of 933 inmates have died. Among them, an average of 58 prisoners dies annually while being taken from prisons or prison hospitals to outside hospitals. Over the four years and nine months, 275 inmates died on the way to hospitals. According to the Department of Prisons, there are 148 approved physician positions for the country's 74 prison hospitals. This means each hospital has two permanent physician posts. Prison officials said physicians are posted to prison hospitals on “deputation” or “attachment.” However, they are usually reluctant to stay there as there are no promotion opportunities, [and] the workload is heavy... **Full text:** <https://bit.ly/43nwlSw>

## Profits over patients: The shocking truth about for-profit prison healthcare in the U.K.



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BRITISH BRIEF | Online – 6 November 2025 – A damning new investigation by *The Guardian* has uncovered a deeply troubling reality within Britain's prison system... Private healthcare companies, contracted to provide essential medical services, are cutting corners to maximise profits. Vulnerable prisoners are being denied proper medical attention, medications are being delayed or withheld, and, serious conditions are going undiagnosed. Former prisoners and healthcare whistleblowers describe a system in crisis: patients with chronic conditions being forced to wait weeks for essential medications; emergency situations handled by inadequately trained staff; and, systemic understaffing leading to dangerous delays in treatment. The investigation reveals how the profit-driven model creates inherent conflicts of interest. Healthcare providers receive fixed contracts but face constant pressure to reduce operational costs, creating financial incentives to limit care. **Full text:** <https://bit.ly/3XpHXGs>

## Nursing behind locked doors



UiA University of Agder (Norway) | Online – 5 November 2025 – Nurses hold a key position in health and care work in Norwegian prisons. What is it like for them to promote health behind bars? There are currently around 120 nurses working in Norwegian prisons. They are employed by the municipality in which a prison is located, and their everyday working life takes place inside the prison. This is an area that has long been overlooked by researchers. Professor Terje Emil Fredwall interviewed 16 nurses who work in nine different high-security prisons in Norway. They spoke about good moments at work, challenging days, and their relationships with the inmates, who are their patients. Central to their work is hope. One of the chapters in the book is about hope and what it means within the prison walls. Being employed by the municipality while working in the prison means that nursing resources are tied to municipal budgets. This means that prisoners' healthcare is affected when a municipality's finances are poor. **Full text:** <https://bit.ly/4nLLQRN>

## Healthcare behind bars: Constitutional and human rights challenges in the Italian prison system

UNIVERSITÀ DEGLI STUDI DI BERGAMO | Online – Accessed 1 November 2025 – This essay ... highlights the systemic shortcomings associated with healthcare providers responsible for protecting the physical and mental well-being of people in prison. The right to healthcare is protected under ... the Italian Constitution and the principle of equivalence of care ... which requires people in prison to receive the same level of care as those at liberty. Yet, serious structural shortcomings persist, severely compromising the implementation of this right for people in prison. This article ... traces the intersection between criminal law enforcement and prisoner treatment with public health, focusing on several key areas... The authors outline a list of solutions and criteria for reducing the negative impact of detention conditions on public health, which requires interventions by prison and healthcare administrations and a more modern, responsible, and constitutionally oriented penal policy. **Full text:** <https://bit.ly/487NIUY>

'Spotlight' page of the End-of-Life Care Behind Bars website:  
A Shortcut to 'Currenting Thinking' – <https://bit.ly/4mfBPL9>

- 'Culturally sensitive end-of-life care for Indigenous peoples who are incarcerated'
- 'In prison, there's no place to grieve'
- 'Care planning in correctional healthcare: In defence of prison inmate's autonomy...'
- 'Prison hospice: From the inmate prison hospice perspective...'
- 'Prison policies and practices generally remain male-centric and often fail to address the gender-specific needs of incarcerated women...'
- 'Engaging the hospice community in end-of-life care in prisons (Parts 1 & 2)'
- 'Compassionate release: Call for humility and more leniency'
- 'Governance of prison healthcare: "People in prison exist in a twilight zone between criminal justice and health systems"'



## End-of-Life Care in Prisons

### Expanding end-of-life options for incarcerated individuals

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**AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE (U.S.)** | Online – 29 November 2025 – The aging prison population in the U.S. presents urgent challenges for providing appropriate end-of-life (EOL) care. Currently, there are two primary approaches to deliver this in a compassionate manner: medical release programs (MRPs) and prison-based EoL care programs (EoLCPs). Using New York State as a case study, the authors argue expanded MRPs represent the most ethical path forward, while acknowledging the continuing need for prison-based EoLCPs. Their analysis reveals significant barriers to accessing medical release, including lack of knowledge about the application processes, procedural inefficiencies, overreliance on prognostication, and social stigma. While prison-based programs offer some benefits, studies indicate they frequently fall short of community standards for EoL care, particularly regarding family involvement, pain management, and environment, including a shortage of beds and equipment. **Abstract:** <https://bit.ly/3XZGMOK>

#### **Aging Incarcerated Persons – Palliative and end-of-life care (extract)**

OXFORD TEXTBOOK OF CORRECTIONAL PSYCHIATRY 2<sup>ND</sup> EDITION (U.S.) | Online – Accessed 28 November 2025 – Current [palliative and end-of-life care (P&EoLC)] programs are a mix of formal and informal, with many prison systems using peers as hospice volunteers. Facilities' physical environments and conflicting priorities between care and custody can present barriers to this care. While allowing and fostering close relations, particularly with family members and peers, facilitates good P&EoLC, this may conflict with safety priorities. Compassionate release also facilitates access to P&EoLC, and prison healthcare staff can help to enable that process. Currently, standards of excellence in prison-based P&EoLC are lacking, though access to consistently implemented, specialist palliative care services is widely recognized as important. **Scroll down to Chapter 60 (p.386):** <https://bit.ly/44w3lxR>

#### **Related:**

**'A much-needed presence,'** PressReader (U.S.) | Online – 30 November 2025 – California Medical Facility in Vacaville, California ... [is] a medium-security penitentiary within the state's sprawling prison system. Most of the 2,144 men who live here require specialised medical care. Some are dying in the facility's hospice unit. The hospice unit at California Medical Facility was built in 1993 in response to the AIDS crisis and demands for more humane care. It was the nation's first licensed hospice programme in a prison. It has since become a model for others around the country. **Full text:** <https://bit.ly/4pdj3q7>

**'When a life sentence ends in death,'** Courthouse News Service (U.S.) | Online – 21 November 2025 – As a longtime prison hospice volunteer, Carson Dean often witnessed three stages each dying inmate experiences, beginning with a terminal diagnosis. In his role as a volunteer at the California Men's Colony in San Luis Obispo, Dean has assisted 30 dying inmates, at times acting as a therapist, spiritual adviser and confessor. He details those experiences ...in *Storming Heaven: Comforting the Dying in Prison*, a book he co-wrote with Lorie Adoff, who helped develop the hospice program in 2001. **Full text:** <https://bit.ly/3JP9s9D>

**'A prison hospice program for the living and the dying,'** The New York Times (U.S.) | Online – 6 November 2025 – The hospice unit at California Medical Facility was built ... in response to the AIDS crisis and demands for more humane care. It was the nation's first licensed hospice program in a prison. It has since become a model for others around the country. With states already spending two to five times as much on incarcerated individuals older than 50 compared to other age groups, a rapidly graying population will further strain the prison system's ability to care for those in their custody. **Access article at:** <https://bit.ly/43MY6JK>



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## Compassionate care for those dying in prison – delivery of comprehensive education and training

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**BMJ SUPPORTIVE & PALLIATIVE CARE (U.K.)** | Online – 21 November 2025 – Prisoners experience health needs greater than their chronological age, shorter life expectancy, and greater multi-morbidity compared to those not incarcerated... High-quality palliative and end-of-life care (P&EoLC) is grounded in a sound knowledge base for those supporting people with life-limiting conditions. A training needs analysis identified a range of skills within the multi-professional workforce and buddies, whilst revealing knowledge gaps. A strong desire for P&EoLC training was evident across clinical, non-clinical teams, and buddies. There is a clear need to strengthen P&EoLC in prisons. Robust evaluation will guide refinement, ensuring it meets the needs of all learners. This model could inform future training frameworks across other prison settings. **Conference abstract:** <https://bit.ly/4p1XY1A>

### Related:

**'The health of people in prison... – Palliative and end-of-life care in prisons (extract),'** Department of Health & Social Care (U.K.) | Online – 6 November 2025 – Palliative and end-of-life care (P&EoLC) is a relatively small but increasing need for prisons. Despite multiple reports on P&EoLC... and individual examples of good practice, to date action is voluntary and not necessarily supported by commissioning by health and social care. In 2018 the unique challenges of providing equality end-of-life care in prisons was recognised and the dying well in custody charter...<sup>1</sup> **Download report (scroll down to p.159) at:** <https://bit.ly/4osZd9N>

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

### Aging and dying in prison

**BUNDESGESUNDHEITSBLATT - GESUNDHEITSFORSCHUNG - GESUNDHEITSSCHUTZ (Germany)** | Online – 22 October 2025 – The aging of society is also leading to a growing number of elderly prisoners in the prison system. The challenges associated with this relate not only to the treatment and medical care of prisoners in accordance with legal requirements [but also] with the prospect of release from prison. The prison system must also find an appropriate way of dealing with prisoners who are spending the end of their lives in a correctional facility. So far, the prison system has only begun to address this issue. This primarily concerns the material and personnel requirements for a prison system that is suitable for the elderly. If possible, prisoners should not have to die in prison... However, if release at the end of life is not an option, appropriate conditions must be created for dignified age- or illness-related dying in prison. **Full German language text:** <https://bit.ly/4498Gej>

### Palliative end-of-life care: Supporting the prison community

**BMJ SUPPORTIVE & PALLIATIVE CARE (U.K.)** | Online – 21 November 2025 – An ageing prison population has tripled in the past two decades, with deaths in prison due to natural causes increasing. This, together with an increasing prison population experiencing ill health and bereavement, has led to a corresponding rise in the need for end-of-life care (EoLC) support. Hospice UK ... reports that EoLC requires improvement across the prison population to reduce current care inequalities.<sup>1</sup> Hospices are well placed to support the reduction in these inequalities through education, support and collaboration. **Conference abstract:** <https://bit.ly/484qxWh>

1. 'Dying Behind Bars: How can we better support people in prison at the end of life?' Hospice UK (2021): <https://bit.ly/3XR8EEe>

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## Care Planning


### Institute for Healthcare Improvement Conference

#### **Cultural competence is a two-way street; peer support specialists in a carceral setting**

Page | 8 *BMC OPEN QUALITY (U.S.)* | Online – Accessed 2 December 2025 – At San Quentin Rehabilitation Center, many of the Peer Support Specialists (PSS) were hired as a continuation of a literacy program. PSS have been able to translate the distrust and logistics not imagined with usual quality improvement projects for communication around all the consequences of healthcare decisions. As an example, through holding educational town halls, small groups and individual contacts with incarcerated persons (IPs) in one housing unit, the PSS were able to increase the percentage of IPs with completed advance directives from 8% to 26% over 8 months while other housing units saw little to no gains. Additionally, PSS translate the healthcare goals for the consumers so they can understand the perspectives and needs of the healthcare staff. A PSS program can easily be generalized for all healthcare organizations, particularly those who serve underserved populations. **Conference abstract:** <https://bit.ly/3MbDCVm>

### The health of people in prison...

#### **Case study: Advance care planning (extract)**

 **Department of Health & Social Care** (U.K.) | Online – 6 November 2025 – Following a patient's terminal cancer diagnosis, prison staff managed to arrange transfer to a specialist palliative care suite in another prison. The patient refused, as he wanted to stay in a prison with which he was familiar. Prison staff respected this, creating a care plan to enable him to stay. This included enlisting support from a rapid response team from Marie Curie in case the patient required medical attention outside of healthcare hours, the prescription of anticipatory medicines to manage end-of-life care and a social care assessment to support his increased care needs. As the patient's illness progressed, a specialist nurse practitioner from the hospice assessed his needs and together they completed an advance care plan in which a DNR order was put in place. The patient said that his preferred place of care was the prison or a hospice, and that his preferred place of death was a hospice. His wishes were respected and two months later, the patient spent his final days in the hospice. **Download report (scroll down to p.163) at:** <https://bit.ly/4osZd9N>

## Grief & Bereavement

#### **Bereavement shouldn't be a second punishment**

CRUSE SCOTLAND | Online – 16 November 2025 – For those who are in prison at the time a loved one dies, they will be grieving the loss of so many things we all take for granted – family support, shared remembering opportunities, involvement in funeral planning, and attendance at services. High quality, compassionate bereavement care is vital and must be resourced. HMP Edinburgh is one of 12 U.K. prisons to pilot a group course specifically adapted for use in a custodial setting. The 'Bereavement Journey' programme provides ... a series of films and facilitates group discussions which give gentle guided support to those who have been bereaved at any time. For so many in our care, the lack of growing around grief and ability to have meaningful continuing bonds prolongs the process with it almost feeling like losing someone is a second punishment to their loss of liberty. And when they are liberated can become overwhelming. **Full text:** <https://bit.ly/3XCuVWh>

**N.B.** See 'In Prison There's no Space to Grieve,' End-of-Life Care Behind Bars.com (2025). **Full text:** <https://bit.ly/3X1Aqq3>



## Compassionate Release

### **A system under scrutiny: The challenge of release for Hawaii's seriously ill incarcerated**

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**BREAKING NOW NEWS (U.S.)** | Online – 26 November 2025 – For individuals facing terminal illness or severe medical conditions within Hawaii's correctional facilities, a legal mechanism exists for early release. However, a growing chorus of advocates, families and legal experts argues the process is deeply flawed, leaving many to die behind bars despite a legal pathway meant for compassion. Two primary legal avenues exist for the early release of incarcerated individuals in poor health. Compassionate release, or medical parole, allows the Hawaii Paroling Authority to release someone deemed too ill or frail to pose a public safety threat. Separately, a governor-ordered medical furlough can grant a temporary release for treatment. While these options appear straightforward on paper, the reality of obtaining them is often a bureaucratic labyrinth. Multiple systemic hurdles can prevent a successful application for release. **Full text:** <https://bit.ly/4ipSdse>

#### **Related:**

**'Support for reform grows as inmate population ages,'** *Altoona Mirror (U.S.)* | Online – 19 November 2025 – Dozens of elderly inmates die of natural causes behind bars each year costing the state [of Pennsylvania] millions in medical bills for prisoners who advocates say are too infirm to pose any threat to the public. Already 27% of the state prison population is considered geriatric and the number of elderly inmates with life-threatening ailments will only increase unless the state creates a more streamlined pathway for compassionate release. **Full text:** <https://bit.ly/4oRIZse>

**'The unfulfilled promise of compassionate release,'** *Health Affairs Forefront (U.S.)* | Online – 14 November 2025 – Compassionate release (CR) laws, otherwise called medical parole, are designed to allow release of incarcerated people with advanced illness who are no longer considered a public safety risk. Despite the promise of CR as a humanitarian and cost-saving action, a staggeringly low number of people are released on medical parole. CR was designed for "extraordinary circumstances" and since then, nearly every state has implemented some version. **Full text:** <https://bit.ly/3JQeXEU>

**'Medical parole: Release for ill inmates – public safety concerns,'** *Life Technology (U.S.)* | Online – 13 November 2025 – While medical parole serves as a humane response to the healthcare needs of incarcerated individuals, it raises significant concerns regarding public safety. The decision to release ill inmates back into society requires a careful balance between compassion for the sick and ensuring the protection of the public. Medical parole decisions are often made based on medical reports, evaluations, and recommendations from healthcare providers within the correctional facility. **Full text:** <https://bit.ly/47Rbf75>

**'Key characteristics of medical parole applications in Massachusetts in 2022–2023,'** *Scientific Reports (U.S.)* | Online – 13 November 2025 – Despite complex medical conditions, older incarcerated adults often face barriers accessing healthcare and adapting to the carceral environment. Proposed as a potential mechanism to relieve carceral facilities of the burden of advanced illness in older incarcerated adults, medical parole (often called compassionate release) describes the release of people who are incarcerated due to terminal illness or permanent incapacitation. **Full text:** <https://bit.ly/43pxcrs>

**N.B.** See 'Compassionate Release: Call for humility and more leniency,' *End-of-Life Care Behind Bars.com* (2024). **Full text:** <https://bit.ly/4pgaCtS>



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>

## The price of recognition

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(U.S.) | Online – 10 November 2025 – [Bernard Raheem] Ballard won both the Supported Artist Award and the ... Short Film Award for his film *Dying Alone*, which follows three elderly men who are seriously ill and have filed petitions for compassionate releases. The undercurrent of *Dying Alone* is the rising healthcare costs of an aging prison population and questions about how public safety is served by keeping people locked up who are disabled and near death. The main protagonist is a frail Hispanic man lying in his prison cell with oxygen tubes in his nose. He has been given a diagnosis of less than a year to live. Another man needs a walker to get around, while still another needs a cane and wears a high yellow vest to alert staff that he cannot hear well and is mobility impaired. "The prospect of dying alone in prison inspired me to make this film," said Ballard... **Full text:** <https://bit.ly/4p1fXVs>

*Two award-winning incarcerated filmmakers discovered that their success at the first San Quentin Film Festival came with strings attached, when the non-profit that provided their equipment demanded they sign away all ownership rights.*

**N.B.** *Dying Alone* can be viewed on YouTube at: <https://bit.ly/4nPt7nF>

### The health of people in prison...

#### Compassionate release (extract)

 (U.K.) | Online – 6 November 2025 – Compassionate release (CR) for people in prison with a life-limiting diagnosis is extremely rare, with a total of 7 people released early on compassionate grounds in 2023 and 109 people between 2013 and 2023. Application for CR is most effective when the people in prison are identified as a palliative patient as early as possible to enable assessments to be completed. Hospice UK identified that there was no consideration or delayed consideration of CR in 15 out of 95 cases.<sup>1</sup> Some people in prison do not wish to apply for CR. The length of their sentences and the nature of their offences may mean they have no supportive network outside prison and as a result all their significant relationships are with other prisoners and prison staff. Current policy states that applications for CR should be made even in the case where the person wishes to stay in prison, if it is believed to be in best interests. **Download report (scroll down to p.164) at:** <https://bit.ly/4osZd9N>

1. 'Dying Behind Bars: How can we better support people in prison at the end of life?' Hospice UK (2021): <https://bit.ly/47KQ1Xd>



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>

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