


# End-of-life Care in the Prison Environment – #26 (January 2026 )

## Contents



Source: Inside Time: <https://bit.ly/49ARiT8>

A Year-End Review .....	p.1
Aging Prison Populations .....	p.2
Prison Healthcare Services .....	p.3
End-of-Life Care in Prisons .....	p.6
Care Planning .....	p.7
Grief & Bereavement .....	p.8
Compassionate Release .....	p.9
Articles, postings, etc., of Interest flagged with this icon .....	

## A Year-End Retrospective

END-OF-LIFE CARE BEHIND BARS.COM | Online – 12 December 2025 – As 2025 drew to a close, two issues stood out in a review of the professional literature and the media attention given to end-of-life care in prisons – the aging prison population and compassionate release. The latter, in particular, has seen extensive news coverage in both the broadcast and print news media in the last year, notably in the U.S. Issues of security and public safety have overridden basic human rights. Not in dispute, however, is the almost universal recognition of the challenges facing correctional services and that of one of society's most vulnerable and marginalized populations as they age, living with a terminal illness or complex medical needs, and facing the prospect of spending their last days incarcerated. If basic human rights is too controversial an issue for policy makers to tackle, what of the economics of housing and caring for an aging prison population in a system strapped for resources? **Full text:** <https://bit.ly/48RK0bZ> **BRA**

**N.B.** Scroll down to p.9 for the most recent articles, reports extra on compassionate release. **BRA**

### End-of-Life Care Behind Bars.com: Fit for purpose?



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, and related issues, e.g., the aging prison population, the quality of correctional healthcare, etc., etc. If you think any important articles, reports, etc., have been missed or overlooked, please let us know: <https://bit.ly/4cdWVFD> **BRA**

## [Aging Prison Population](#)

### Michigan's aging prison population shows we ignore the data on crime and age

Page | 2



(U.S.) | Online – 30 December 2025 – Michigan officials are now sounding the alarm about an aging prison population. The framing suggests surprise, as if this outcome appeared overnight. It did not. more than 2,100 people in Michigan prisons are now age 65 or older, roughly 7% of the total incarcerated population. The number is rising steadily, driven by longer sentences, fewer parole approvals, and the collapse of meaningful sentence review mechanisms. What officials describe as a “challenge” is actually the way too predictable result of decades of bad policy choices that ignored data, ignored human development, and treated incarceration as a permanent solution rather than a temporary intervention. This is not a management problem. It is an outright refusal to confront reality in lieu of political propaganda. Criminological research has been consistent for more than 40 years. Criminal behavior declines sharply with age. **Full text:** <https://bit.ly/4jmLDmD>

### Growing old in prison (1): A “life sentence is essentially a death sentence” – but there’s no solution in sight



**NORTHERN KENTUCKY TRIBUNE (U.S.)** | Online – 8 December 2025 – Both supporters and opponents of releasing elderly inmates from custody before their sentences have been completed typically agree that the costs of incarceration are a relevant consideration. John Rees, former Department of Corrections commissioner, said older, infirm inmates could be cared for in a more cost-effective way in nursing homes where, he said, Medicare and Medicaid would assume most of the expenses. Prisons are required to provide medical care to inmates following a 1976 U.S. Supreme Court ruling that “deliberate indifference by prison personnel to a prisoner’s serious injury or illness constitutes cruel and unusual punishment” and violates the Constitution. Federal law typically bars the use of federal Medicaid funds to pay for an incarcerated inmate’s healthcare, except when the inmate is in a “medical institution” ... for at least 24 hours. Otherwise, the state is responsible for the inmate’s healthcare costs. **Full text:** <https://bit.ly/4rOWmua>

### Growing old in prison (2): Kentucky’s prison population is aging and prisons are unprepared

**NORTHERN KENTUCKY TRIBUNE (U.S.)** | Online – 7 December 2025 – The many decades that Martin and McDonald have been incarcerated, coupled with their ... advanced age and the minimal danger they likely would pose to the public, are key factors that have led many corrections authorities to conclude that older inmates serving long sentences should be released from custody. Prison Policy Initiative found that 30% of inmates serving life sentences nationwide were at least 55 years old, “with more than 61,400 older adults sentenced to die in prison.”<sup>1</sup> The U.S. criminal-justice population is aging at a much faster rate than the country’s overall population. **Full text:** <https://bit.ly/4rIOxG4>

1. ‘The aging prison population: Causes, costs, and consequences,’ Prison Policy Initiative (August 2023): <https://bit.ly/4awi9QU>

### A scoping review of research to address older women’s health during and after incarceration

**WOMEN’S HEALTH (U.S.)** | Online – 20 November 2025 – Older women make up about 18% of jail or prison incarcerated females... Despite the growing number of both older adults and women who enter and leave U.S. jails and prisons, research focused on older women with criminal legal system involvement (CLSI) is rare. To better understand what is known about older women’s health, the authors conducted a scoping review of the existing literature, 2000–2025. They found limited research on the health needs of older women with CLSI while incarcerated or in the community, and almost none that was interventional. Common thematic emphases in the literature included older women’s physical, mental, and social health needs; sociodemographic and other predictors or risks that precede and may be amplified by incarceration; resources older women have for coping with health challenges; and, recommendations to reduce barriers to older women’s health during and after incarceration. **Full text:** <https://bit.ly/3KzezuY>

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**N.B.** See 'Prison policies and practices generally remain male-centric and often fail to address the gender-specific needs of incarcerated women: A brief overview,' End-of-Life Care Behind Bars.Com (March 2025) <https://bit.ly/4oVqAsr> **BRA**

## [Prison Healthcare Services](#)

Page | 3

### Who is accountable for prison medical neglect?



**HEALTH POINT (U.S.)** | Online – 26 December 2025 – The revolving door of private healthcare contractors within state prison systems raises a critical question about where accountability truly lies when systemic neglect leads to preventable human tragedy. As states ... replace one embattled for-profit provider with another, a troubling pattern emerges, suggesting the problem is not isolated to a single company but is deeply embedded in the structure of correctional healthcare itself. This report examines the industry's systemic failures, the barriers to justice for incarcerated individuals, and the growing demand for a fundamental overhaul of how medical care is administered behind bars. The correctional healthcare industry is largely defined by a model where state governments outsource essential medical services to private, for-profit corporations. This arrangement places the responsibility for the health and well-being of a vulnerable population into the hands of companies motivated by financial returns. **Full text:** <https://bit.ly/4jJpEk>

#### Related:

**'Court-managed policy change: A content analysis of prison healthcare consent decrees and settlement agreements,'** *Social Sciences (U.S.)* | Online – 26 December 2025 – While most prison healthcare litigation seeks individual relief, some cases lead to broader structural reform via consent decrees – court-approved "legally binding performance improvement plans" designed to improve conditions. This study systematically analyzes 121 such settlements from 1970 to 2022 to assess their policy goals and implementation strategies. **Full text:** <https://bit.ly/4qtZdXJ>

**'Oregon Department of Corrections reforms boost healthcare for inmates, cut lawsuits and grievances,'** *KPIC News (U.S.)* | Online – 16 December 2025 – After ... initiating reform measures to improve the Oregon Department of Corrections (Healthcare Division, the healthcare delivery system for adults in custody is improving the standard of care for those under state supervision... Implementation of a host of recommendations provided by an outside group of experts came following action by the agency's director to make necessary changes at the beginning of 2025. **Full text:** <https://bit.ly/4aTnx0w>

**'What's so scary about treatable conditions behind bars?'** *The Marshall Project (U.S.)* | Online – 13 December 2025 – In a Mississippi prison, a broken arm turned into an amputation. In a Minnesota county jail, a man showing classic stroke symptoms was allegedly ignored until he collapsed and died. In New York, a man detained by immigration officials ... temporarily lost the ability to walk due to untreated infections. In theory, all of these medical issues were treatable – and despite ... flaws in U.S. healthcare, "treatable" is usually a reassuring word. In prisons it often means something different... **Full text:** <https://bit.ly/3XSYmUk>

#### **Why the 2026 correctional healthcare standards demand a culture shift, not just new protocols**

**MEMESITA (U.S.)** | Online – 8 December 2025 – The National Commission on Correctional Health Care's 2026 standards aren't a refresh; they're a reckoning.<sup>1</sup> While the impending changes ... are crucial, they'll fall flat without a fundamental shift in how we *think* about healthcare within correctional facilities. We're talking about moving beyond compliance and embracing a genuine commitment to well-being, for both incarcerated individuals *and* the staff tasked with their care. The 2026 standards ... [are] ... forcing a long-overdue conversation about the systemic issues plaguing correctional healthcare, and frankly, it's about time. Let's be blunt: correctional facilities aren't designed for healing. **Full Text:** <https://bit.ly/4pEqve2>

1. 'Standards for Health Services in Jails and Prisons,' National Commission on Correctional Health Care. <https://bit.ly/3KFoDT7>

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**'In New York prisons, lack of medical care led to preventable deaths,'** The Marshall Project (U.S.) | Online – 3 December 2025 – In the past decade, more than 30 people who were experiencing a health crisis in New York prisons died of preventable or treatable conditions, an investigation by The Marshall Project has found. The Marshall Project examined 76 commission reports about deaths in the state's prisons published from 2016 to 2024. One quarter describe deaths that were "preventable," could have been prevented or should have been prevented. **Full text:** <https://bit.ly/4oKJfHA>

**'Perspectives on healthcare delivery from incarcerated people,'** *Journal of Health Care for the Poor & Underserved*, 2025;36(4):1225-1239 (U.S.). Healthcare is a court-mandated right in carceral settings; however, challenges universal in carceral care include delays in care, staffing shortages, formulary limitations, and the inherent mistrust between those incarcerated and staff, preventing the optimization of patient care. Additionally, research has demonstrated the significant barrier posed by the widely-implemented "sick slip" protocol. **Abstract:** <https://bit.ly/3YcYPke>

### Healthcare in Prisons: Prison standards



| Online – 19 December 2025 – Persons admitted to prison have a fundamental right to live a safe, humane and healthy life while deprived of their liberty. The European Court of Human Rights has repeatedly emphasised that Article 2 (right to life) and Article 3 (prohibition of torture) of the European Convention on Human Rights impose a duty on the state to protect the life, health and well-being of persons deprived of their liberty, which implies an obligation on the authorities to provide them with the necessary and effective healthcare. This may also include appropriate mental healthcare and treatment. The standard of healthcare provided in a prison should be "compatible with the human dignity" of a prisoner. As such, the Court has held on many occasions that a lack of appropriate healthcare may amount to inhuman or degrading treatment, contrary to Article 3 of the Convention, or – where a death occurred in detention – to a breach of Article 2. **Download at:** <https://bit.ly/48MqHC1>

*Prisoners with a terminal prognosis or serious illness ... who cannot be appropriately accommodated in the facilities offered to the general prison population should not be held in such an environment. Without the appropriate nursing care or other arrangements, such settings may create an intolerable situation in which continued imprisonment may create increased physical and mental suffering. In such cases, it is the responsibility of the prison's healthcare service to report to the responsible authority, with a view to finding suitable alternative arrangements for their care. These might include compassionate release or transfer to a facility better equipped to meet their specific needs.*

#### Related:

**'The need for national minimum healthcare standards in Australian custodial settings,'** *Medical Journal of Australia* | Online – 19 December 2025 – Healthcare in Australian custodial settings is hampered by fragmented care, a lack of consistent standards and a lack of accountability. Creating national minimum standards for healthcare in custodial settings, with the aim of equivalence to community standards, will be an important step in reducing health inequalities for some of Australia's most marginalised people. **Abstract:** <https://bit.ly/4pH7OGw>

### High-security prisons: How far is it possible to care for people in prison?

**L'ENCÉPHALE (France)** | Online – 19 December 2025 – The detrimental effects of solitary confinement on incarcerated people's health are well-documented, and numerous international conventions and treaties stipulate that such measures should be used only in exceptional circumstances, as a last resort, and for the shortest time possible. The authors of this article examine the role of healthcare professionals within ... high-security units [such as Vendin-le-Vieil and Condé-sur-Sarthe]. To what extent can the principle of equivalence of care – according to which incarcerated individuals must receive healthcare equivalent to that provided to the general population – be upheld in this context? The authors address the issue of the ethical responsibility of healthcare professionals working in facilities where conditions of incarceration are known to have deleterious effects on the health of incarcerated individuals. **Full French language text:** <https://bit.ly/4b17MEW>

## Aboriginal health services to be provided at Wellington prison

**ABOUT TIME (Australia)** | Online – 12 December 2025 – Culturally safe, Aboriginal-led healthcare services will be provided to women at the Wellington Correctional Centre and to incarcerated First Nations men for the first time, under a partnership between Justice Health New South Wales and Wellington Aboriginal Corporation Health Service (WACHS). WACHS will be delivering “trauma-informed, culturally safe healthcare to Aboriginal patients in custody in the state’s Central West,” as part of an in-reach model based on the Justice Our Way program. This will see local Aboriginal community-based health services working with First Nations people in the Wellington prison and those transitioning to the community. The Justice Our Way program [was] launched in 2014 to address a “critical gap in support for Aboriginal people transitioning out of the justice system” and is currently delivered in Dillwynia and Silverwater prisons. **Full text (scroll down to p.12):** <https://bit.ly/3XOj6N1>

**N.B.** See ‘Culturally Sensitive End-of-Life Care for Indigenous Peoples Who Are Incarcerated,’ End-of-Life Care Behind Bars.Com (October 2025) <https://bit.ly/4iSVmRk> **BRA**

## A telehealth model in prison units of São Paulo State: Implementation and preliminary results

**SOCIAL SCIENCE RESEARCH NETWORK (Brazil)** | Online – 8 December 2025 – Brazil’s prison population faces severe health inequities... The TeleSAP offers a viable and scalable model for integrating telehealth into prison healthcare systems and may contribute to the development of public health strategies in similar contexts. Preliminary results from the first year of the telehealth model are promising, particularly regarding the expansion of healthcare access within São Paulo’s prison units and training ... the healthcare team. These findings emphasize telehealth’s potential to enhance care delivery in resource-constrained environments and highlight the critical role of structured training program offer, metrics monitoring, and active stakeholder engagement in ensuring the sustainability and effectiveness of such initiatives. Future research should assess long-term outcomes, cost-effectiveness, and broader population health impacts. **Access full text at:** <https://bit.ly/4oMfExm>

## Prisons should not fall short on healthcare

**NEW AGE (Bangladesh)** | Online – 1 December 2025 – The prison system continues to be plagued by a paucity of medical treatment facilities. In the past four years, 1,300 prisoners have died in jail custody – 839 in hospital and 461 on the way to hospital, official data show. The figures show that 291 inmates died in jail custody in 2021, 213 in 2022, 367 in 2023, 306 in 2024 and 123 in the first 11 months of 2025. There is a persistent pattern to the death of prisoners. They collapse because of illness, which often points to gaps in adherence to human rights. Such a plight of the prisons is nothing new as the media have published reports on inadequate medical treatment in prisons on many occasions. Yet the plight has continued. The government should therefore equip the prison system with the required number of medical staff and ambulances, in the short term, and modernise the system to ensure the rights and safety of prisoners. **Full text:** <https://bit.ly/3MuaMQ1>

### Related:

**‘No ambulances in 54 Bangladesh jails; critically ill inmates at risk,’ Dhaya Tribune** | Online – 5 December 2025 – Fifty-four prisons across Bangladesh do not have ambulances, forcing seriously ill inmates to be transported to hospitals in rickshaws, locally called “leguna,” often resulting in deaths *en route*. According to Ain o Salish Kendra [a non-governmental legal aid and human rights organisation], 112 prisoners died in custody between August 8 last year and November this year. The number of inmates in prisons without ambulances stands at 34,840. **Full text:** <https://bit.ly/4iXZWOW>



‘Resources’ page of the End-of-Life Care Behind Bars has recently been updated: <https://bit.ly/48UjWwV>



## End-of-Life Care in Prisons

### **Development of a mortality prediction model for incarcerated adults to identify palliative care needs**

Page | 6



*JOURNAL OF GENERAL INTERNAL MEDICINE (U.S.)* | Online – 18 December 2025 – Incarcerated adults experience accelerated aging, leading to reduced life expectancy and higher rates of chronic medical conditions, functional impairments, and mental health conditions compared with non-incarcerated persons. For individuals with advanced age, multimorbidity, and/or serious illness, advance care planning discussions, palliative care (PC), and hospice services are crucial for improving quality of life and ensuring medical care that is consistent with an individual's values and goals. PC and hospice programs within the prison system have grown over the last few decades. However, these programs are frequently underutilized within the prison system due to limited access to consultations, uncertainty among healthcare professionals regarding protocols for providing PC, and delayed recognition of end of life trajectories by healthcare teams who predominantly care for incarcerated individuals without serious illness. **Full text:** <https://bit.ly/44xUgET>

### **Handbook on Lived Experiences in the Justice System**

#### **Hospice in prison: Compassion in action**



*ROUTLEDGE (U.S.)* | Online – 10 December 2025 – Research has shown that prison itself ages individuals at a faster rate, thereby categorizing those who are 55 and older as elderly. The lack of medical care exacerbates physical and mental health problems, resulting in the need for hospice care in prison. To bring attention to this problem, the authors draw on existing literature on hospice care in the carceral setting including individuals involved in the programs, their experiences, and limitations as well as challenges to providing such care in correctional facilities. Based on their review, they advocate for collaborative partnerships between social workers and correctional staff, compassionate release or medical furlough, and increased data collection on this subset of individuals. The handbook includes sixty chapters written by academics, practitioners, and lived experts who are currently or formerly system-impacted. **Access e-Book (Chapter 22) at:** <https://bit.ly/4oSFerC>

#### **How people die inside: Fact patterns in civil litigation for in-custody deaths**



*JOURNAL OF FORENSIC & LEGAL MEDICINE (U.S.)* | Online – 8 December 2025 – The findings from this analysis of litigated cases suggest that local governments and jail healthcare providers may reduce the risk of adverse outcomes – both in terms of in-custody deaths and subsequent litigation – by strengthening policies and training related to intake procedures, recognition of medical needs, and timely responses to medical care requests. While this study is limited to cases that resulted in civil litigation, the recurring themes identified point to potential areas for intervention. These results underscore the importance of striving toward a higher standard of correctional healthcare that meets constitutional requirements. For policymakers, jail administrators, and others involved in setting operational and funding priorities, this analysis highlights possible targets for reform that could mitigate both human and legal costs. **Full text:** <https://bit.ly/450LTBI>

### **A Second Look**

#### **Prison hospice: From the inmate hospice volunteers' perspective – A “snapshot”**



| Online – 6 December 2025 – A quote from an earlier article, “I’m somebody that nobody thought I could be,” attributed to a prison inmate at Iowa State Penitentiary, continues to resonate. The quote captures the very spirit and intent of prison hospice. They are the words of Bertrum ‘Herky’ Burkett, who died in January 2024. Herky left an indelible

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impression on all those that came into contact with him. His unwavering commitment to the prison's hospice program, coupled with his exceptional powers of observation, boundless compassion, and profound empathy, positioned him as the quintessential individual for the role of an end-of-life (EoL) caregiver. His dedication was unparalleled, and those privileged to work alongside him can attest to this wholeheartedly. While the terminally ill are clearly the intended beneficiaries of hospice, the impact on those who volunteer in providing EoL care to fellow prison inmates is profound. **Full text:** <https://bit.ly/49We1th>

**N.B.** This article was first posted on the End-of-Life Care Behind Bars website in July 2025. **BRA**

### Carework as resistance: How incarcerated women care for each other to survive carcerality amid a global pandemic (extract)



**MEDICAL ANTHROPOLOGY QUARTERLY (U.S.)** | Online – 11 November 2025 – Prison hospice programs, staffed by trained volunteers of incarcerated peers, address a critical area of carceral neglect and allow space for compassion and care that otherwise contradicts the *status quo*.<sup>1</sup> One formerly incarcerated woman described starting a 'Compassionate Companions Program' that would maintain a vigil for patients who were terminally ill inside. These programs are necessary because of the extreme sentences levied in the U.S. and limited options or possibility for release. Between 2015 and 2021 in California, 95 out of 306 incarcerated people who were referred for compassionate release died before their application for the process was processed. Programs like 'Compassionate Companions,' developed by people inside, ensured that no one was left alone while they were dying. The ability to care for each other was often subversive or done only at the discretion of an approving carceral officer. **Full text:** <https://bit.ly/4rKMRfh>

1. 'Death and dying in carceral America: The prison hospice as an inverted space of exception,' *Medical Anthropology Quarterly*, 2022;36(2):177-197: <https://bit.ly/4s3n967>

### Care Planning

#### A Second Look

### Care planning in correctional healthcare: In defence of prison inmates' autonomy – current thinking



| Online – 27 December 2025 – The literature on advance care planning in correctional services is sparse, focussed for the most part on the U.S. experience, for example, prison inmates in the U.S. have little say over the care they receive at the end of their lives.<sup>1</sup> That's despite a broad consensus among standards boards, policymakers, and healthcare providers that terminally ill people in prisons should receive treatment that minimizes suffering and allows them to be actively involved in care planning. State policies on end-of-life care (EoLC) vary widely, and they generally give much leeway to correctional officers.<sup>2</sup> Incarcerated people lose many of their rights, and international law does not necessarily protect a person's right to choose a particular medical treatment. According to standards set by the U.S. National Commission on Correctional Health Care, however, incarcerated people have the right to EoLC decisions...<sup>3</sup> **Full text:** <https://bit.ly/4IK0Td1>

1. Rayasam, R. 'Prisons routinely ignore guidelines on dying inmates' end-of-life choices,' KFF Health News (May 2025). <https://bit.ly/4jnlN0t>
2. Helmly, V., Garica, M., Williams BA., *et al.* 'A review and content analysis of U.S. Department of Corrections end-of-life decision making policies,' *International Journal of Prison Health*, 2021;18(2):165-175. <https://bit.ly/3R7gkPD>
3. 'Care for Aging Patients in the Correctional Setting,' National Commission on Correctional Health Care (2024) <https://bit.ly/3VF9DpN>

**N.B.** This article was first posted on the End-of-Life Care Behind Bars website in August 2025. **BRA**

## Promoting health literacy in prisons through participation and inclusion



Page | 8


**UNIVERSITY OF PISA NEWS (Italy)** | Online – 10 December 2025 – Across Europe, people living in prisons continue to face serious health inequalities, including limited access to healthcare, low levels of health literacy, and inadequate infrastructure. The PARTNER project (Participatory Approach for Training, Empowerment, and Health Education Resources in Prisons) was established to promote health literacy through an inclusive and participatory approach, involving both people living in prisons and prison staff in the design of tailored health education tools. The project brings together a university, hospital centers, a national penitentiary, and non-government agencies, to improve access to health information and strengthen the capacity of prison communities to make informed health choices. The consortium is coordinated by the University of Pisa (Italy) and includes the Montpellier University Hospital Centre (**France**), Prolepsis Institute (**Greece**), ASST Santi Paolo e Carlo (**Italy**), and the National Administration of Penitentiaries (**Moldova**). **Full text:** <https://bit.ly/3MsZUIs>

### Related:

**‘Application of co-design to develop and prioritise health literacy-informed action ideas for implementation across prisons in New South Wales, Australia,’** *Scientific Reports* | Online – 10 December 2025 – The value of considering health literacy in informing intervention development for diverse populations is well-recognised. People in prison frequently experience vulnerabilities and poor health, making prisons an important health-promoting environment. This study applied Optimising Health Literacy & Access process ... to co-design and prioritise health literacy-informed action ideas... **Full text:** <https://bit.ly/4pGHAnq>

## Grief & Bereavement


### It’s hard to grieve in prison

 **The Marshall Project (U.S.)** | Online – 12 December 2025 – Research shows that grief is a hidden yet profound part of prison life. And, when ignored, it impacts people’s health and their chances of moving forward. A study of men incarcerated in Texas found a higher rate of depressive symptoms among those who experienced the death of a loved one in their last year of incarceration.<sup>1</sup> Strong support systems – whether inside or outside prison – helped soften the impact. Research on women incarcerated in the northeastern U.S. shows how grief is often left unresolved because prison offered no physical or emotional space to process it.<sup>2</sup> [Susan] Shannon, an interfaith chaplain who founded the Buddhist Prison Ministry, believes that helping people deal with their grief in prison can lead to better outcomes for those behind bars. “If we can show people how to grieve in prison, whether they’re alone [or] whether they’re with others,” she said. **Full text:** <https://bit.ly/48SOUW6>

1. ‘Depression among incarcerated persons following the death of a loved one: Does social support mitigate grief?,’ *Death Studies*, 2024;48(2):79-94. <https://bit.ly/3Yv02Dy>
2. ‘Grief interrupted: The experience of loss among incarcerated women,’ *Quality Health Research*, 2010;21(4):454-464. <https://bit.ly/44st9ep>

### A Second Look

### In prison, there’s no place to grieve

 | Online – 11 December 2025 – Grief is indisputably a natural human emotion, and bereavement and mourning an important if not vital process towards recovery from a death. Like so many issues regarding the health and well-being of prison inmates, little attention or thought is given to the experience of loss and separation when someone close to them has died, whether it be a fellow inmate, a member of his or her “prison family” or “on the outside,” a family

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member or loved one. The ripple effect of the grieving process, more often than not, is overlooked in the prison environment. As an example, little consideration is given correctional staff who may have established a relationship with a prison inmate, not unheard of with those serving long-term sentences. However grief ultimately manifests itself, its effects can be profound. Doubly so in the confines of a prison. Prison for the inmates is home, for correctional staff a workplace. **Full text:** <https://bit.ly/3KBqIPX>

## [Compassionate Release](#)

### **Pennsylvania House backs medical release for aging inmates as costs and deaths rise**

MY CHESTER COUNTY (U.S.) | Online – 19 December 2025 – The Pennsylvania House ... approved a bipartisan bill aimed at speeding medical release for the state’s rapidly aging prison population, a move supporters say could save lives and millions of dollars while preserving public safety. The measure seeks to streamline Pennsylvania’s notoriously slow compassionate release process for seriously ill and elderly inmates. Advocates say the current system has failed to keep pace with a graying prison population. More than 27% of incarcerated people in Pennsylvania are classified as geriatric, yet only 54 individuals have been granted compassionate release over the past 15 years. During that same period, 11 inmates died while waiting for a hearing. The bill has drawn support from an unusual coalition of criminal justice reform advocates and fiscal conservatives. Similar reforms have been enacted in states including Maryland and North Carolina. **Full text:** <https://bit.ly/4jlmWHh>

### **A model for the early compassionate release of prisoners in Australia**

ADELAIDE LAW REVIEW | Online – 17 December 2025 – For many reasons, prisoners’ personal circumstances may change during their custodial terms. Their experiences in prison, such as their participation in a rehabilitation program, might have profoundly positive and life-changing effects on them. Yet other circumstances may arise that make their prison terms considerably more onerous than sentencing courts contemplated they would endure. For instance, they might develop a serious illness in prison... Notwithstanding these possibilities, there are few avenues for incarcerated people in Australia to be able to secure early release from prison for compassionate reasons. To address this shortcoming, this article recommends law reforms that adopt aspects of the early compassionate prisoner release model that operates in the U.S.’s federal jurisdiction, and expand the “release on licence” process available to some prisoners in Australia’s federal jurisdiction. **Access full text (click on pdf icon) at:** <https://bit.ly/48YMbdD>

### **Finding little compassion in compassionate release...**



FORBES (U.S.) | Online – 17 December 2025 – For many years, only the Bureau of Prisons (BoP) could file a motion for compassionate release on behalf of an inmate. This meant that very few such motions were filed, and even fewer were granted unless the inmate was near death. The First Step Act of 2018 changed that process by allowing prisoners themselves to petition courts directly once they have exhausted administrative remedies. This reform led to a sharp increase in compassionate release motions ... and prompted renewed debate about how to define what counts as “extraordinary and compelling.” Even though the Sentencing Commission’s amendments were intended to make relief more accessible, courts continue to require strong, detailed evidence showing both serious illness and inadequate care. Inmates must demonstrate not just that they have a severe condition, but that the BoP cannot or will not provide the treatment necessary to manage it safely. **Full text:** <https://bit.ly/48Q3f5q>



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## Why whole-life imprisonment is rising in England and Wales

Page | 10

THE CONVERSATION | Online – 11 December 2025 – In England and Wales, whole-life imprisonment is the harshest sanction available to the courts... The whole-life order requires people to spend their whole lives in prison with no prospect of release, except on exceptional compassionate grounds. From 1988, whole-life sentences (called “whole-life tariffs”) could be imposed by the home secretary and were used for a handful of criminals. However, a number of legal challenges in the 1990s chipped away at the home secretary’s power to do so. In 2003, the Criminal Justice Act formally introduced whole-life orders, giving judges the power to impose them. The European Court of Human Rights initially ruled in 2013 ... that these sentences breached human rights law, as they constituted inhuman and degrading treatment. A later ruling found that the compassionate release clause (part of the 1997 Crime Act) keeps the order lawful. However, notably, no one has ever been released under it (**see sidebar**). **Full text:** <https://bit.ly/4q28AOB>

*We are also concerned about the lack of data publicly available on this topic, which makes it difficult for the government to be held to account, and raises further questions: if the whole-life order is only compliant with human rights legislation because of the possibility of release on compassionate grounds, should we not expect someone to have been released via this mechanism? And if no one has, what does that say about how human rights protections work in practice?*

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

Barry R. Ashpole, Ontario, CANADA

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