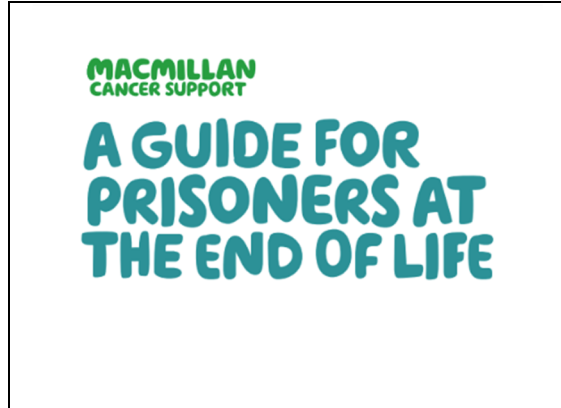


End-of-life Care in the Prison Environment (Supplement #12)



Source: Macmillan Cancer Support (U.K.)
<https://bit.ly/3BL5E4L>

Contents

Aging Prison Populations	p.1
Prison Healthcare Services	p.2
End-of-Life Care in Prisons	p.4
Grief & Bereavement	p.6
Compassionate Release	p.6
Interesting Reads You Might Have Missed	p.6

[Aging Prison Population](#)

How to change practice and policy to address the unique needs of senior inmates: Insights from the Norwegian correctional system

THE PRISON JOURNAL (Norway) | Online – 24 October 2024 – This study explores challenges senior inmates face in a Norwegian prison and evaluates the “Come and Meet Each Other” (CAMEO) program's effects on their life, focusing on changes in policy and practice to transform inmates' perceptions of their environment. Utilizing a mixed-methods approach, including survey and interviews, thematic analysis revealed that CAMEO enhances inmates' daily lives, dignity, and community integration, promoting a more normal life. Despite positive outcomes, issues persist with drug rehabilitation cohabitation and prison structure. Recommendations include improving facility design, expanding activities, and enhancing staff training. **Full text:** <https://bit.ly/4eJRD2X>

Position Statement

Care for aging patients in the correctional setting

JOURNAL OF CORRECTIONAL HEALTHCARE (U.S.) | Online – 18 October 2024 – The National Commission on Correctional Health Care (NCCHC) recognizes the importance of effectively caring for the growing populations of aging patients who reside in carceral settings. Correctional healthcare systems should adopt policies and procedures that specifically address the delivery of healthcare for aging patients. Healthcare policies should be informed by input from knowledgeable stakeholders such as healthcare professionals with expertise in geriatric care and community advocacy organizations. Older adults in the carceral setting should be evaluated and treated for healthcare conditions in accordance with evidence-based guidance. The NCCHC position statement lists seven key clinical considerations. **First page view:** <https://bit.ly/3AaEZOH>



N.B. Download full text of the NCCHC position statement at: <https://bit.ly/3VF9DpN>

The aging prison population: Causes, costs, and consequences

PRISON POLICY INITIATIVE (U.S.) | Online – 16 October 2024 – The U.S. prison population is aging at a much faster rate than the nation as a whole – and older adults represent a growing portion of people who are arrested and incarcerated each year. And while prisons and jails are unhealthy for people of all ages, older adults' interactions with these systems are particularly dangerous... Conditions in American prisons continue to be detrimental to people's health and often lead to accelerated aging. Prisoners, for example, are much more likely to exhibit signs of cognitive decline, including dementia, at an earlier age than the general population.¹ **Download at (scroll down to p.17):** <https://bit.ly/4dRiOhS>



N.B. 'America's prison system is turning into a *de facto* nursing home,' VOX, May 2024. **Full text:** <https://bit.ly/3Wp0vHP>

A qualitative investigation on the lived experiences of incarcerated elders

JOURNAL OF OFFENDER REHABILITATION (Philippines) | Online – 7 October 2024 – This study aimed to explore the lived experiences of incarcerated elders. Qualitative research design, specifically hermeneutic phenomenology was utilized in obtaining its objectives. The study found that elderly persons deprived of liberty were unsatisfied and had a low quality of life, which included unmet psychological and physiological needs. It also indicated that poor prison management of the facility is the cause of unsatisfied life. Lastly, despite the deprivation of freedom, incarcerated elders were still able to acquire positive insights into their experiences inside the pre-detention facility that may help them as they are reintroduced to society. **Abstract (w. link to references):** <https://bit.ly/3YzLaos>

[Prison Health Services](#)

Governance of prison healthcare: “People in prison exist in a twilight zone between criminal justice and health systems”

END-OF-LIFE CARE BEHIND BARS WEBSITE (Spotlight) | Online – 4 November 2024 – Historically, prison healthcare in many countries has been fragmented, with services managed separately from the national health infrastructure. In the Republic of Moldova ... steps are being taken to transfer prison healthcare services from the Ministry of Justice to the Ministry of Health.¹ Portugal ... likewise is working towards integration of prison healthcare into the country's national health service.² Guiding these developments is the Council of Europe's 'European Prison Rules,' which acknowledges that the prison environment is not conducive, in particular, to end-of-life care as prison staff lack the necessary training and resources to provide this highly specialised care. **Access commentary at:** <https://bit.ly/3Yu8xzL>

Guidance document on the European Prison Rules: Palliative care

THE DELIVERY OF PALLIATIVE CARE TO THE TERMINALLY ILL is becoming a growing responsibility for prison administrations globally. Terminally ill patients will have specific healthcare needs including palliative care (PC) and constant monitoring. In many cases, the prison environment is not conducive to end-of-life (EoL) care as prison staff lack the necessary training and resources to provide this highly specialised care. As good practice, those at the EoL or requiring PC should be transferred to specialised institutions (such as a hospice) or civil hospitals. **Download at:** <https://bit.ly/4dzPSa9>

N.B. European Prison Rules,' <https://bit.ly/3BzBWj9>

1. 'Prison healthcare in Moldova to incorporate best European practice,' Council of Europe (2024) <https://bit.ly/3Y1CJk6>
2. 'Bridging the health gap in Portugal's prisons,' World Health Organization, (2024) <https://bit.ly/3XQuhnP>

Healthcare barriers for incarcerated Indigenous populations in the U.S. prison system

WEITZMAN INSTITUTE | Online – 1 November 2024 – For Indigenous communities, culturally competent care is essential for promoting healthy lives, which can translate to reducing recidivism. While it is difficult to pinpoint what culturally competent care methods should be adopted since Indigenous populations are diverse, it is important for healthcare providers in prisons to be knowledgeable and ask questions to identify what traditional and spiritual practice applies to individuals. Examples of this care can from sweat lodges to traditional teachings. As this group is overrepresented in prisons in the U.S., the need to provide targeted interventions is necessary to achieve the U.S. vision of prisons as a tool for rehabilitation and successful reintegration. **Full text:** <https://bit.ly/3YQ2Ex5>

N.B. Scroll down to 'Interesting Reads You Might Have Missed' and 'Over incarceration of Indigenous people: A health crisis' (p.7).

Healthcare disparities and the impact on mortality in incarcerated patients

CUREUS (U.S.) | Online – 16 October 2024 – Incarcerated individuals are more likely to suffer from acute and chronic health conditions and have inconsistent access to healthcare services. This article highlights the need for a new model of care, which includes clinical programs focusing on the transition period from incarceration to the community and linking individuals to post-incarceration healthcare utilizing community health workers and clinicians to establish rapport with individuals prior to their release. Addressing healthcare disparities and providing adequate healthcare to incarcerated individuals is crucial because a conviction should not deprive an individual of basic human rights, including the right to healthcare. **Full text:** <https://bit.ly/4f4IXqw>

A medical students perspective

To care or not to care: Reflections on treating incarcerated patients

KEVINMD.COM (U.S.) | Online – 17 October 2024 – The encounter deepened my awareness of the unique medical, psychological, and social factors at play when treating incarcerated patients. There is a delicate balance that must be maintained between ensuring that patients in the correctional system receive comprehensive and compassionate care, while balancing the complexities of security and resource limitations. **Full text:** <https://bit.ly/4dUseoK>

Related:

'Mass incarceration: The culprit of the inmate healthcare crisis,' *Harvard Undergraduate Health Policy Review* (U.S.) | Online – Accessed 16 October 2024 – As hospitals across the nation continue to grapple with nursing shortages and poor distribution of scarce resources, marginalized groups have been significantly disadvantaged by high barriers to access. In particular, incarcerated people, effectively cast out of society by imprisonment, have borne the brunt of the crisis. **Full text:** <https://bit.ly/48anLgo>

'Inspection Report Northern State Prison, Restorative Housing Unit,' New Jersey Office of the Corrections Ombudsperson (U.S.) | Online – October 2024 – Significant numbers of people reported sick call requests going unanswered or never being transported to see healthcare providers. While the logistics of providing access to healthcare services may be complicated the Department of Corrections ... [has] ... a responsibility to identify and eliminate any unreasonable barriers to care. **Download at:** <https://bit.ly/4h1OFLt>

'How poor healthcare in prison affects you and the rest of America,' *Radio Health Journal* | Online – 6 October 2024 – The podcast discusses the poor state of healthcare in prisons across America. Emily Lopez, a physician and professor at Boston University, conducted, a study that found inmates have significantly lower life expectancies,¹ with each year spent in prison taking two years off their lives due to factors like lack of exercise, poor nutrition, and inadequate medical care. **Download full transcript at:** <https://bit.ly/4gOdnz3>

1. 'Health, access to care, and financial barriers to care among people incarcerated in U.S. prisons,' *JAMA Internal Medicine*, 2024;184(10):1176-1184. **Full text:** <https://bit.ly/3BwPHyV>

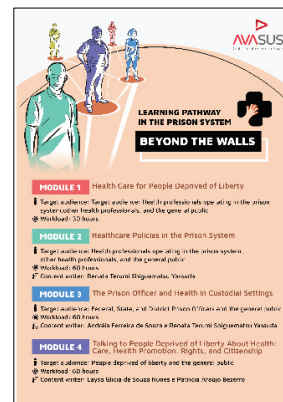
Cont.

'Incarcerated patients face barriers to optimal cancer care,' *Cancer Therapy Advisor (U.S.)* | Online – There are no studies in the literature about cancer care delivery for incarcerated patients, according to Christopher Manz MD, of Dana-Farber Cancer Institute. “So what do we know about optimal cancer care delivery for people who are incarcerated? Nothing, nothing at all,” he said. With this in mind, Dr. Manz and colleagues assessed how cancer care is delivered in prisons...¹ **Full text:** <https://bit.ly/4gUmNcd>

1. 'Cancer care delivery in prisons: From barriers to best practices,' *JCO Oncology Practice*, 30 September 2024. **Conference abstract:** <https://bit.ly/3XOBftz>

Massive education in prison health in Brazil: A look beyond the walls

INTERNATIONAL JOURNAL OF ENVIRONMENTAL RESEARCH & PUBLIC HEALTH | Online – 11 October 2024 – Equal access to health initiatives and services under the principles of universal and comprehensive care remains a challenge in Brazil. The realization of public health policies is further intricate when one examines the health situation of people deprived of liberty. This study showcases the 'Prison System: Beyond the Walls' educational pathway, available on the Virtual Learning Environment of the Brazilian National Health System. The goal is to address the need for massive training on the topic of prison health, with the model focusing on engagement through spontaneous, non-mandatory participation... **Full text:** <https://bit.ly/4e5YfKL>



Link to infographic: <https://bit.ly/3UwoYcl>

End-of-Life Care in Prisons

Life means life: Angola prison hospice

HISTORIC NEW ORLEANS COLLECTION (U.S.) | Online – 23 October 2024 – Close to 80% of men incarcerated at the Louisiana State Penitentiary will die behind bars. In 1998, isolation cells were repurposed as hospice rooms and volunteers from the prison population were trained to provide comfort, care, and last requests to the patients. Photographer Lori Waselchuk describes her powerful series, 'Grace Before Dying,' which documents the hospice program and explores how the men assert and affirm their humanity and creativity in this environment. **Full text:** <https://bit.ly/3YmL8yS>



N.B. 'Angola Prison Hospice: Open the Door' (1998) documentary: <https://bit.ly/481fvQ2>

"Grace Before Dying" for an aging prison population,' *Of Note Magazine:* <https://bit.ly/3QRHCJP>

Related:

'Where the unclaimed dead of South Carolina's prisons are laid to rest,' *The Post & Courier (U.S.)* | Online – 29 October 2024 – Visitors aren't a common sight here. Most inmates will never experience this place. Of the nearly 6,000 who are admitted into South Carolina's prison system every year, the vast majority one day will leave, free to live the rest of their lives. A small share of the prison population will not. **Full text:** <https://bit.ly/3YXcOw1>



Share this resource with a colleague.

Facilitators and barriers in palliative and end-of-life care in prisons

JOURNAL OF CORRECTIONAL HEALTHCARE (Portugal) | Online – 21 October 2024 – The authors focussed on studies from Australia, France, the U.K., and the U.S. Key facilitators included access to family, support from prison staff, specialized care availability, and cultural/spiritual support. Barriers encompassed discomfort, patient-clinician relationship constraints, time limitations, protocol uncertainty, restricted patient agency, negative attitudes, inequality, conflicting priorities, and lack of grief support. Policy-makers, healthcare providers, and correctional authorities must prioritize the enhancement of palliative care services within prisons, supported by further research and targeted interventions to address disparities and optimize care provision. **Abstract (w. references):** <https://bit.ly/4ffNrl9>

Page | 5

Providing palliative care in prisons: Perspectives of prison clinicians, hospital clinicians and correctional officers

CARESEARCH (Australia) | Online – 15 October 2024 – Care of the dying has become a prominent social and political concern as the global prison population ages. While much of the work has focused on palliative care (PC) in the home, hospital, or residential aged care facilities, less is known about providing PC in more restrictive settings such as prisons. People in prison usually receive primary PC from generalist correctional healthcare clinicians and are transferred to an external hospital for specialist PC when their needs can no longer be safely managed in-house. People in prison with PC needs will also be monitored by correctional officers who oversee their security measures both within the prison as well as in the hospital. A systematic review of the perspectives of prison- and hospital-based clinicians and correctional officers

described complexities of managing PC for people in prison. **Full text:** <https://bit.ly/4dNi3IK>



National Palliative Care in Prison Project, University of Technology Sydney: <https://bit.ly/3NmLmkE>

Palliative care strategy: Palliative care matters for all

NATIONAL HEALTH SERVICE SCOTLAND DIRECTORATE | Online – 2 October 2024 – The ‘Spectrum of Palliative Care’ education tool is improving palliative care (PC) for people in prisons across two Health Boards. Prison healthcare staff are trained to identify people who need PC and have reported improved confidence in providing it. This approach is now embedded in the prison healthcare programme. PC needs are met earlier and more fully, including future care planning conversations, integration with frailty pathways, better access to rehabilitation and speech and language services, improved management of PC by prison nursing teams, and higher quality and more frequent discussions about PC at multidisciplinary team meetings. **Full text (scroll down to ‘Palliative Care in Prisons’):** <https://bit.ly/3NfssMp>

Related:

‘Palliative care strategy – lived experiences and public views,’ National Health Service Scotland Directorate | Online – 2 October 2024 – Palliative care (PC) and care around dying in prison were improved by fostering relationships with families through facilitated visiting and with other inmates (including inmate “hospice” volunteers), and PC specialists supporting prison staff to care for prisoners who are dying. **Full text (scroll down to ‘People in Prison’):** <https://bit.ly/4gSWyTA>

404
Page not found

Please report any broken links.

[Grief & Bereavement](#)

A prison chaplain on listening, love and loss

Page | 6

NATIONAL HEALTH SERVICE SCOTLAND | Online – 30 September 2024 – People are grieving when they come into prison. They have lost their freedom and perhaps lost seeing their family. They may have lost their ... relationships with family members because of ... their crime. As a consequence, much of what prison chaplains do is on coping with loss. When it comes to loss of a loved one ... while someone is incarcerated, the prison chaplain supports them by first and foremost ... [being there] ... which gives them an opportunity to share their thoughts and feelings ... because sometimes they are not able to go to the funeral because of the relationship with the deceased. Inmates are only allowed to attend the funeral of a parent, a sibling, or a grandparent. **Download podcast at:** <https://bit.ly/4dKzYcP>

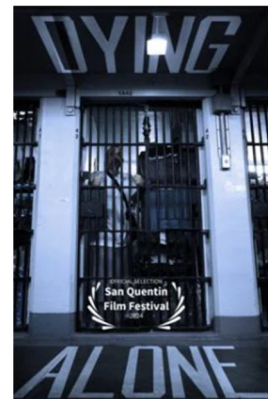
[Compassionate Release](#)

Compassionate release: Call for humility and more leniency

eHOSPICE (U.K.) | Online – 26 October 2024 – The aging population is a universal phenomenon; accompanying it is an unsettling corresponding increase in the number of people living with disability, or with a chronic or terminal illness. Nowhere is this more evident than in the prison populations of almost every country. Prisons and correctional facilities, consequently, are caught between the proverbial “rock and a hard place,” between issues of security and public safety, and the civil rights of incarcerated persons to healthcare comparable to what is available to the populace-at-large. There is widespread evidence that few applicants are granted early release so that they may live out their last days no longer confined within the four walls of a prison cell. **Full text:** <https://bit.ly/4fkiSnn>

San Quentin inmate wins his first film festival award and parole on the same day

SAN FRANCISCO CHRONICLE (U.S.) | Online – 10 October 2024 – B. “Raheem” Ballard was the big winner of the first-ever film festival to take place inside a prison. Unfortunately, he couldn’t even attend most of it. Ballard’s parole hearing was scheduled on the opening day of the San Quentin Film Festival... While his 10-minute documentary short ‘Dying Alone,’ about the quest for terminally ill incarcerated men to spend their final months outside prison walls, made its world premiere at the prison chapel, Ballard was appearing before the parole board. By the mid-afternoon awards ceremony ... [came news] ... “Raheem has been found suitable for parole,” to which the audience of nearly 300 gave Ballard a standing ovation as he bounded onto the stage in tears... **Full text:** <https://bit.ly/3Yp3kcA>



[Interesting Reads You Might Have Missed](#)

“We are all humans and deserve a decent way to go”: Examining professionals’ experiences with providing end-of-life care in correctional institutions

CRIMINAL JUSTICE REVIEW (U.S.), 2022;47(2):225-242. In this study, the majority of the medical staff found correctional medicine more satisfying and enjoyable compared to careers in the “free world” or serving those in the general public. Those who had experienced caring for both populations were likely to suggest they preferred to work with inmate patients because they were able to focus solely on providing patient care. They noted they did not have to worry about providing unnecessary tests or medications to appease the family, which they believed enhanced the care. Although they took pride in the care they provided, one of the most heavily discussed challenges was the ability to provide effective care with limited resources. **Access full text at:** <https://bit.ly/3FKnfgA>

Dying Behind Bars: How can we better support people in prison at the end of life?

HOSPICE UK | Online – 26 April 2021 – The number of over-60s in the prison population has more than tripled in the past two decades, and in the past ten years alone deaths in prison due to natural causes have increased by 77%... This significant rise in deaths, together with an increasingly sick and older prison population, has led to a corresponding rise in the need for end-of-life care, a need that this report demonstrates is not being adequately met. Among the challenges this report identifies are the widespread inappropriate use of restraints, delayed or absent consideration of compassionate release, and care that did not make use of the skills and specialisms available from the health and social care sectors. **Download at:** <https://bit.ly/3nzbECA>

"If hospices are about giving a voice to people who ordinarily don't have one, this work should sit at the front and centre of what we do. [...] Prisoners have the same right to healthcare as everybody else."

Interview excerpt, Kate Heaps,
Chief Executive of Greenwich & Bexley
Community Hospice



Page | 7

Overincarceration of Indigenous people: A health crisis

CANADIAN MEDICAL ASSOCIATION JOURNAL, 2019;191(18):487-488. Indigenous people are incarcerated at a much higher rate in Canada than the general population. It is well known that incarceration is a negative determinant of health. For Indigenous peoples, the legacy of colonialism and ongoing systemic racism, including in the Canadian justice system, has both immediate and far-reaching negative health impacts, and contributes to health inequities between Indigenous and non-Indigenous peoples. Overincarceration of Indigenous people leads to an inequitable distribution of the health harms of incarceration, as well as an enormous burden of years of life lost attributable to incarceration... **Full text:** <https://bit.ly/47Yn4H4>

Healing lodges: A path to rehabilitation and reconnection

CORRECTIONAL SERVICE CANADA | Online – 27 September 2024 – Healing lodges are a vital component of Canada's correctional landscape. As part of the broader effort toward truth and reconciliation, the lodges prioritize healing, community, and respect for Indigenous culture. At the heart of the philosophy around healing lodges is the belief that understanding one's identity and cultural heritage can lead to meaningful change. The lodge's environment, which includes regular sweat lodge ceremonies and the harvesting of traditional Indigenous medicines, aims to create a sense of respect and responsibility. There are 10 healing lodges across Canada, four of them are run solely by Correctional Service Canada, while others are managed by partner or community organizations. **Full text:** <https://bit.ly/4eldE4B>



TO KEEP ABREAST OF CURRENT THINKING in hospice and palliative care check out 'Literature Search' posted each month on the website of the International Association for Hospice & Palliative Care: <https://bit.ly/3WWxUYC>

Barry R. Ashpole, Ontario, CANADA

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