

# End-of-life Care in the Prison Environment (Supplement #21)

## Contents



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

Aging Prison Populations .....	p.1
Prison Healthcare Services .....	p.2
End-of-Life Care in Prisons .....	p.5
Care Planning .....	p.7
Care Planning: Related Ethical Issues .....	p.8
Grief & Bereavement .....	p.8
Compassionate Release .....	p.9

Articles, postings, etc., of particular interest flagged with this icon .....



## Aging Prison Population

### **Structural, cultural and personal barriers to healthcare for older adults in prison: Insights from a qualitative study in New South Wales, Australia**



RESEARCH SQUARE | Online – 3 July 2025 – The increasing number of older incarcerated adults and their complex health needs require concerted efforts to overcome barriers to providing proper access to high-quality healthcare. Studies investigating the complex nature of such barriers have been limited despite their identification being an important first step in addressing this challenge. This study identified three main themes – structural, cultural, and personal – along with nine sub-themes: competing priorities of custody and health (**see sidebar**), resources and capacity, prison bureaucracy, relational coordination, power relationships, punitive practices, perceived stigma, fear of retribution, and deprived autonomy. Addressing these barriers requires working through custody and health policies, enhancing relational coordination, empowering older incarcerated adults and implementing efficient approaches to offset the rising cost of health services... **Full text:** <https://bit.ly/3TqTRY1>

*ONE AREA OF INTERVENTION IS TRAINING AND EDUCATION OF CUSTODIAL STAFF on the healthcare needs of older incarcerated adults and the ways in which staff are able to assist in identifying and triaging these needs as part of their daily role in maintaining safety and security. Such interventions not only help address older incarcerated adults' needs in an efficient fashion but also lessen the barriers related to custody staff's gatekeeper role in prison health delivery. Involving older incarcerated adults in some care activities as peer carers can also reduce the burden on the correctional health system.*



Share this resource with a colleague.

## The health burdens of segregation for older incarcerated adults

*JOURNAL OF CRIMINAL JUSTICE*, 2025;July-August:102479 (U.S.) Older adults are a rapidly growing segment of the U.S. prison population. This population also suffers disproportionately from chronic health conditions. Despite the growing number of older adults confined in U.S. correctional facilities and their health risks, empirical attention has not kept pace with examining their experiences of segregation, and how experiences with segregation are related to health. Drawing on data from in-depth interviews with 28 older men housed in segregation at a super maximum security prison in the Northeastern region of the US, this research addresses the ways segregation has the capacity to uniquely shape health and healthcare for older adults. Participants' perceptions were concentrated in three areas: 1) fears surrounding medical emergencies; 2) concerns about treatment restrictions; and, 3) worry regarding unsanitary conditions. **Abstract (w. intro., section snippets, ref.):** <https://bit.ly/3HcjD6C>

Page | 2

## [Prison Healthcare Services](#)

### The inseparable link: Prison health and society's well-being



LEGAL SERVICE INDIA | Online – 3 August 2025 – Prison health is far from a marginal issue; it serves as a critical barometer of a society's foundational structural priorities. When correctional healthcare fails, its repercussions inevitably ripple throughout the entire public health infrastructure. Ethical justice mandates upholding human dignity and providing comprehensive care, rejecting any tolerance for neglect and isolation. Investing in robust prison health systems not only fosters greater social stability and yields significant healthcare cost reductions but also cultivates a deeper form of justice that extends beyond mere punitive measures. For societies truly striving for equity and resilience, the well-being of incarcerated individuals must be intrinsically woven into the broader fabric of national well-being. Ultimately, no physical or metaphorical wall can contain the far-reaching consequences of issues we choose to neglect. Full text: <https://bit.ly/3HiOWN9>

### Oregon Department of Corrections pledges to overhaul prison healthcare

*THE OREGONIAN* (U.S.) | Online – 29 July 2025 – The Oregon Department of Corrections (ODOC) plans to comprehensively restructure its troubled health services unit to improve healthcare for inmates and working conditions for staff... The pledge comes after years of mismanagement in the unit that bred a toxic work atmosphere among medical providers and substandard care for inmates suffering from ailments of all kinds... (**see sidebar**) Corrections Director Michael Reese said ... that the agency was determined to improve the quality, accessibility, and efficacy of care for inmates, and the report [by a consulting firm that specializes in corrections healthcare] will serve as a strategic guide for prioritizing actions.<sup>1</sup> The agency, which oversees healthcare for some 12,000 incarcerated individuals across 12 prisons, has faced an avalanche of lawsuits from inmates alleging sub-standard care and conscious indifference to their suffering, and paid millions of dollars in settlements. Full text: <https://bit.ly/3H1feDA>

*HOSPICE SERVICES are available at all facilities, but ODOC is seeking to improve care delivery. Entering hospice care requires consent on the part of the patient, which is not always easily obtained. If the patient consents, the full hospice program is available. However, if the patient does not consent, ODOC can still provide an informal version of wraparound support for end-of-life care (EoLC). ODOC has worked hard to improve EoLC, and family members can be approved to come and sit with many adults in custody who will pass away in custody.<sup>1</sup>*

1. 'Healthcare Delivery System Assessment,' Independent Report Commissioned by the Oregon Department of Corrections, July 2025. <https://bit.ly/46zoSrg>

Cont. next page

404  
Page not found

Please report any broken links: <https://bit.ly/4cdWVFD>

**Related:**

**'Racial and ethnic differences in hospitalizations of incarcerated patients,'** *Journal of Racial & Ethnic Health Disparities* (U.S.) | Online – 25 July 2025 – Solutions to this major public health problem will necessarily be multifaceted. A potential policy adjustment may be to shift the responsibility for the healthcare for people in state prisons from state Departments of Corrections to state Departments of Health. Ultimately, policymakers and partners from both the health and the carceral space will need to work together to address the challenges of providing high-quality and equitable care to incarcerated individuals in the U.S. **Full text:** <https://bit.ly/45bnHfs>

**'Disability rights and disability justice in prison: The limits of state-protected rights and the possibilities of mutual support,'** *Disability & Society*, 2025;40(7):1779-1800 (U.S.). Past studies overwhelmingly focus on the over-representation of persons with disabilities in prison rather than the experiences of persons with disabilities while incarcerated... A focus on the life of persons with disabilities in prison shows that the government often ignores the rights of disabled persons in prison. It also shows that persons with disabilities in prison and others work together to take care of each other. **Abstract:** <https://bit.ly/40Z8o8e>

**'Providing equitable surgical care to patients in law enforcement custody,'** *JAMA Surgery*, 2025; 160;(7):814-821 (U.S.). Approximately 2 million individuals are incarcerated in the US. Surgical needs increase with age, and an aging prison population means an increasing need for surgical care for incarcerated individuals. Challenges in logistics, privacy, communication, and comorbidities put people in law enforcement custody at risk for suboptimal care and outcomes. Little guidance exists for surgeons seeking to provide equitable care for these patients. **Abstract:** <https://bit.ly/4me2dFE>

**Failing the forgotten**

(U.K.) | Online – 28 July 2025 – Whilst political attention often centres on the National Health Service and the visible frontline of our healthcare system, a disturbing silence persists around a deeply neglected corner of public health – the standards of medical care within Scottish prisons. HMP Addiewell ... has become synonymous with systematic inadequacy. Multiple inspection reports and personal testimonies reveal a picture of chronic understaffing, delay in treatment, poor mental health support, and insufficient continuity of care. The implications are not just clinical; they are moral, legal, and societal. It is entirely unacceptable that individuals in state custody should endure prolonged waits for medication and lack of access to mental health professionals, or suffer untreated conditions. Instead of acting as an opportunity for rehabilitation and healing, the prison healthcare system often worsens their suffering. **Full text:** <https://bit.ly/3U2X7Qw>

**Related:**

**'Poor healthcare at Lancaster prison tip of the iceberg in prisons,'** Nacro (U.K.) | Online – 9 July 2025 – National Organization for the Care & Resettlement of Offenders' response [to the] annual report about HMP Lancaster Farms from the Independent Monitoring Board: *HMP Lancaster Farms is sadly just one example of poor healthcare in prisons. We are increasingly hearing about people in prison not being able to get the healthcare they need. Our recent survey of prison leavers found many stories of people not getting the medical help they need, being left with untreated injuries...* **Full text:** <https://bit.ly/3TyxVkk>

**Prison policies and practices remain male-centric and often fail to address needs of women**

| Online – 17 July 2025 – Literature on the aging prison population, including end-of-life care, is largely focused on the male prison population. Not surprising, perhaps, given that the female prison population is a fraction of that of the male prison population. The vast majority of the incarcerated worldwide are men, representing almost 94% of the prison population or 10.8 million prisoners in 2022; during the same year, 700,000 women were held in prison. The female prison population remained relatively stable between 2012 and 2022, staying below 7% during the entire decade. More recent statistics, however, indicate a “troubling” increase in the female prison population. These statistics do not negate the need to address the needs specific to female prison inmates. Prison policies and practices generally remain male-centric and often fail to address the gender-specific needs of incarcerated women. **Full text:** <https://bit.ly/3IBI8un>

## The association between health and prison overcrowding: A scoping review



**BMC PUBLIC HEALTH (Denmark)** | Online – 2 July 2025 – Comparing occupancy levels to official capacity, it is estimated that about 60% of global prisons are overcrowded. A total of 59 countries report levels of overcrowding at 150% or more, and in the countries reporting the highest occupancy levels ... the occupancy rates exceed 300% and go as high as 600%. A small number of countries ... have seen a decrease in prison populations over the last years, but the general global trend is the opposite with increasing populations. Despite the general agreement that prison overcrowding is a problem, its effect on health is often expressed in nebulous and general terms with little quantitative data on associations or quantification of pathways between prison overcrowding and health outcomes. The purpose of this review was to summarize quantitative evidence and identify knowledge gaps in relation to the association between the health of people in prison and prison overcrowding. **Full text:** <https://bit.ly/4kmXtMm>

Page | 4

### Individual- and area-level incarceration and mortality

**JAMA OPEN NETWORK**, 2025;8(6):e2513537 (U.S.). The U.S. has the highest incarceration rates in the developed world. The harms of incarceration have long-term health implications, including increased mortality. Existing studies of incarceration-related mortality are limited by data sources and design. In this cohort study of 3.26 million individuals in the U.S., results highlight the dual burden of incarceration on health outcomes. Individuals who were incarcerated faced significantly higher risks of death, particularly from overdoses, and elevated county incarceration rates exacerbated individual-level mortality risks. The findings highlight the critical need for changes in policy and practice to promote healthcare access among individuals and communities impacted by incarceration. This study underscores the urgent need to develop inter-

ventions to reduce mortality and health inequities associated with policies of mass incarceration. **Full text:** <https://bit.ly/40lDXmC>

#### Incarceration and cancer care disparities in the U.S.

**NATURE REVIEWS CANCER** | Online – 17 July 2025 – People in the U.S. who are incarcerated, or have a history of incarceration, face worse access to cancer care, leading to poorer outcomes. Addressing these inequities requires coordinated action across research, healthcare, policy and correctional systems to ensure all individuals – regardless of incarceration history – have access to high-quality cancer care. **Abstract:** <https://bit.ly/4luJA04>

**N.B.** The author of a posting on DatelineHealthAfrica reviews the U.S. study and observes “at first glance, these findings may seem like a U.S. issue, but if you look closer the message is deeply relevant for Africans.” **View posting at:** <https://bit.ly/3GTtwpy> **BRA**

### Prison healthcare services and the protection of inmate rights: A case study of Monrovia Central Prison, Liberia

**INTERNATIONAL JOURNAL OF PROGRESSIVE SCIENCES & TECHNOLOGIES**, 2025;51(1):399-413. This study focused on examining the relationship between prison healthcare service provision and protection of inmate rights... The authors investigated how access to medical care, the treatment of diseases, and the availability of health information for prisoners influence the realization of inmates' fundamental health rights. The findings suggest that strengthening prison health systems is critical to advancing the health rights and overall dignity of incarcerated individuals. Based on the findings, the authors recommend that the prison administration enhance healthcare services by improving access to medical care, strengthening illness prevention strategies, and ensuring inmates are adequately informed about their health status. The implementation of routine health examinations and timely medical interventions is essential for safeguarding inmates' health rights. **Full text (click on pdf icon):** <https://bit.ly/3GqlUee>



How has this resource benefited you. Let us know: <https://bit.ly/4cdWVFD>

## Health rights of inmates in correctional facilities in Korea as of 2016: A cross-sectional study

*EWHA MEDICAL JOURNAL*, 2025;48(1):e75. Inmates in correctional facilities face considerable barriers to accessing essential healthcare services, resulting in serious violations of their right to health and meaningful disparities in health determinants. From a human rights standpoint, inmates retain the right to health, and correctional institutions are intended to facilitate social reintegration. Supporting inmates in adopting healthy behaviors can positively influence community health, underscoring the importance of improving health rights for inmates. Strategies to improve inmates' health rights include establishing a primary healthcare system, improving governance, alleviating overcrowding... Emphases are placed on managing severe illnesses such as cancer, strengthening emergency care, and ensuring oversight by the National Human Rights Commission. Regular education of prison staff is also recommended to improve inmate health management. **Full text:** <https://bit.ly/4o3l8U2>

Page | 5

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

### Second chance or real redemption?



**CONNECTICUT CENTINAL (U.S.)** | Online – 27 July 2025 – When going to prison isn't sufficient to reform a person's bad behavior, everyone pays. This is one of the reasons why prison reform programs like the hospice and palliative care program get bipartisan support. A group of former inmates who were graduates of this program came together as part of a documentary. Filmmaker Barbara Slaine was following men who had gone through this program and assisted other prison inmates in their process of dying. The program is entirely voluntary and prisoners must meet specific criteria in order to be included. Nor does the hospice program count toward early release. Despite these restrictions, the program, started in 2000, has a zero recidivism rate for participants. In speaking of their experiences in the program, the men displayed a profound humility (**see sidebar**). Each expressed a desire to continue offering service to their communities in whatever form that took. It was clear that helping the dying had given meaning to their lives. **Full text:** <https://bit.ly/4oafUam>

#### Related:

**'Every life deserves a dignified ending, even for the incarcerated,' Tallahassee Democrat (U.S.)** | Online – 7 July 2025 – [Big Bend Hospice's] inpatient hospice room behind the jail's walls may be small, but it speaks volumes about who we are as a community and what we believe about the worth of every human life. The result is a single, sun-lit room situated away from the general [prison] population. When an incarcerated individual is no longer ambulatory and has a prognosis of less than a week, they can transfer here, exchange the clang of bars for the hush of soft lighting... **Full text:** <https://bit.ly/44Rn5wo>

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

**END-OF-LIFE CARE BEHIND BARS WEBSITE** | Online – 28 July 2025 – The words "I'm somebody that nobody thought I could be," attributed to a prison inmate at Iowa State Penitentiary, continue 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 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 caregiver. **Full text:** <https://bit.ly/4kl9X1D>

## Why can't dying prisoners move to a hospice?

Page | 6



(U.K.) | Online – 14 July 2025 – Why are inmates in prison that are diagnosed with terminal cancer kept in prison for the last few months, or even days, when they should be sent home or to a hospice to die with some structured dignity? These options could easily be implemented and managed by a competent outside team of people to monitor the prisoners' last days with their possible loved ones. Why put prisoners through further pain that is not necessary? Let the authority show some compassion towards those people that deserve it, such as non-violent criminals. Do we have to stay in the dark '80s? I understand that it could depend on the length of time the doctors have given the prisoner to live. But their period of time left on this earth could be factored in, so that they are moved for their last few weeks of life (**see sidebar**). There is again talk of prison overcrowding. This would remove inmates that should not be imprisoned. The authorities should stop these poor prisoners being left in their cells waiting to die. It is imperative that this matter is brought in front of a person with authority and attention is drawn to this distressing situation. **Full text:** <https://bit.ly/4lkAYm>

**INSIDE TIME EDITOR'S NOTE:**  
*Every death in custody in England and Wales is investigated by the Prisons & Probation Ombudsman. All too often, the Ombudsman's reports record that a governor applied for compassionate release on behalf of a dying prisoner, but the process of considering the application was not completed by the prison service in time. Even more worryingly, sometimes the process is started but the application form never leaves the governor's desk. This is a very sad situation that has been overlooked for many years by those in charge of our prison system...*

### Related:

**'Prison told to improve care for the terminally ill,'** BBC News (U.K.) | Online – 7 July 2025 – Hull Prison has been told to improve care for terminally ill inmates following the death of a prisoner with lung cancer. The Prisons & Probation Ombudsman raised concerns over the use of restraints during medical treatment and the equipment available inside the prison for palliative care. The watchdog recommended training staff in the national medical guidelines "Dying Well in Custody Charter."<sup>1</sup> HMP Hull had trained staff to deliver end-of-life care as part of an action plan to address the recommendations.<sup>2</sup> **Full text:** <https://bit.ly/45XXzqy>

1. 'Dying Well in Custody Charter,' National Health Service England (2024): <https://bit.ly/4evqeEQ>
2. 'Action plan in response to the Prisons & Probation Ombudsman report...' (2024): <https://bit.ly/3ldJiA2>

**N.B.** The 'Dying Well in Custody Charter' is based on NHS England's 'Ambitions for Palliative and End-of-Life Care: A national framework for local action 2021-2026,' and is thought to be the first time anywhere in the world that the principle of equity has been applied in such a practical way. **Download framework at:** <https://bit.ly/3GwDWED> **BRA**



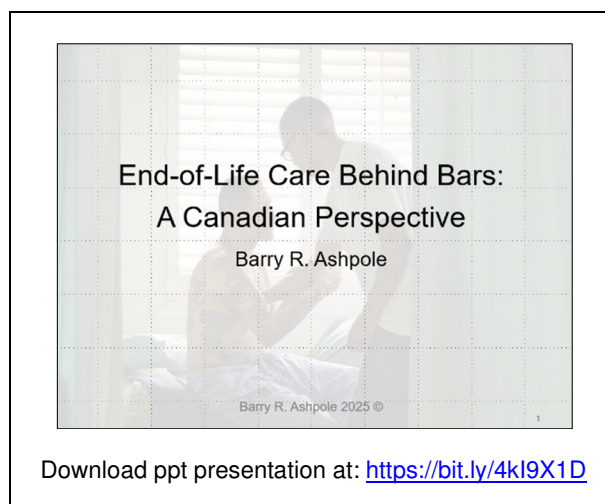
The articles, reports, etc., noted on each monthly posting on the End-of-Life Care Behind Bars website are a *representative* sample of current thinking on end-of-life care in prisons. If you think any important articles, reports, etc., have been missed or overlooked, please let us know: <https://bit.ly/4cdWVFD>

## Engaging community hospices in end-of-life care in prisons: The Canadian experience

eHospice Canada | Online – 2 July 2025 – Hospices can

be an invaluable resource for prison healthcare services.<sup>1,2</sup> As has been demonstrated, notably in the U.K., community hospices “bring to the table” experience and expertise in the education, training and support of custodial staff. The chief beneficiaries, however, are the recipients of end-of-life care (EoLC) – the prison inmates. Unquestionably, the challenges in providing quality EoLC in prisons are formidable. For example, the issue of security has to be weighed against the rights of prison inmates to healthcare comparable to what is available in “the outside world.” Little is known about the role played by community-based hospices in helping to provide EoLC to people in Canadian prisons. This commentary is a call to Canadian hospices who are currently partnering with prisons in their community – either federal or provincial facilities – to share their experiences (**see sidebar**). **Full text:** <https://bit.ly/44TO9u3>

Page | 7



1. 'Engaging the hospice community in end-of-life care in prisons (Part 1),' eHospice, 6 December 2024. <https://bit.ly/41k6lqU>
2. Engaging the hospice community in end-of-life care in prisons (Part 2),' eHospice, 21 January 2025. <https://bit.ly/4g93tXc>

### Care Planning

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

#### **Who should make decisions for unrepresented patients who are incarcerated?**

*AMERICAN MEDICAL ASSOCIATION JOURNAL OF ETHICS*, 2019;21(7):617-624. Incarceration is associated with increased risk for cancer, chronic illness, serious mental illness... People who are incarcerated are less likely to be offered or participate in advance care planning (ACP), less likely to document their treatment preferences, and might not have a surrogate if one is needed (**see sidebar**). Correctional systems should ... develop strategies for better ACP by soliciting patient input prior to loss of decisional capacity and formally assigning surrogates. Clinicians, ethics committee members, and correctional personnel will continue to care for patients who experience incarceration, lack decision-making capacity, and for whom there is no evidence of their preferences. This article explores medical decision-making for patients who are incarcerated and unrepresented and considers advantages and disadvantages of different classes of decision-makers for them. **Full text:** <https://bit.ly/4eGGV0U>

*A POTENTIALLY APPEALING OPTION for unrepresented patients who are incarcerated is for a member of the prison “family” – that is, a close friend who is also incarcerated – to serve as surrogate. Social networks and relationships formed during incarceration can serve as sources of well-being and meaning. People who are incarcerated serve health-related roles in some facilities – as prison hospice volunteers, for example – and can develop an intimate relationship with others who are incarcerated and nearing the end of life.*

## Care Planning: Related Ethical Issues

### **Rocks and hard places: A clinical ethics panel in a prison health context**



Page | 8

**INTERNATIONAL JOURNAL OF PRISON HEALTH (Australia)** | Online – 25 July 2025 – Australia has seen the emergence of Clinical Ethics Support Services (CESS) across healthcare settings over recent decades, with the exception of prison health services which can present inherent complex ethical challenges. The Clinical Ethics Advisory Panel (CEAP) was implemented with a membership that comprised clinical and non-clinical representatives. The CEAP received seven referrals over 24 months from staff of the organization. Six out of seven (86%) referrals involved a clinical operational issue. One referral (14%) involved an individual clinical scenario in addition to a clinical operational issue. The CEAP has had a beneficial role in supporting staff with responsibility for ethical decision making in a prison health service. CESS can potentially provide an important source of support for frontline clinical staff and clinical management but requires further evaluation. **Abstract:** <https://bit.ly/4meYXK8>

#### **Related:**

**‘Implementing voluntary assisted dying in New South Wales correctional settings,’** *Medical Journal of Australia* | Online – 20 July 2025 – It is unlikely that community-equivalent voluntary assisted dying (VAD) in correctional settings can ever be achieved. Best practice allows terminally ill patients to have full autonomy over the timing, place and method of their death, and the loved ones who will be present; choices that are significantly curtailed for prisoners. The most community-equivalent pathway for a terminally ill prisoner is release from custody to access VAD in the community... **Full text:** <https://bit.ly/4m2Sx0z>

**‘MAiD in America: Assessing public support for medical assistance in dying within U.S. prisons,’** *Policy, Practice & Research* | Online – 15 July 2025 – Support for medical assistance in dying (MAiD) in the prison context is nuanced, varied, and affected by health status of the hypothetical prisoner (i.e., whether they were terminally ill, mentally ill, or presented no affliction) as well as the socio-demographic characteristics of the respondents. Implications of MAiD as a public policy are discussed and directions for future research are given. **Abstract:** <https://bit.ly/46dla5n>

**N.B.** The controversial issue of medical assistance in dying or VAD for prison inmates is gaining traction in the literature and also in the lay press, noticeably in Canada. Available on request is a representative, annotated listing of articles, published on the issue in recent years. **Post request at:** <https://bit.ly/4cdWVFD> **BRA**

## Grief & Bereavement

### **Prison service rejects call to review policy for prisoners on death of close relatives**

**WESTERN PEOPLE (Ireland)** | Online – 30 July 2025 – The Irish Prison Service (IPS) has rejected a call by the prisons watchdog to review its policy on compassionate arrangements for prisoners on the death of a close relative after two inmates who were brothers were only allowed to visit a funeral home if no other family members were present. The recommendation by the Office of the Inspector of Prisons (OIP) comes from an investigation into the death of a 27-year-old male in Wheatfield Prison ... and a subsequent decision by the IPS to impose a condition on a visit by two of the deceased's brothers to see his body in a funeral home. Both men declined the offer of compassionate temporary release because of the restriction that no other relatives could be present if they attended the funeral home for a private escorted visit to pay respect to their brother. Relatives of the prisoner ... expressed deep dissatisfaction to OIP investigators about the restriction on the two brothers... **Full text:** <https://bit.ly/44UQje7>



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>

## Compassionate Release

### **New Jersey erred by denying sick inmate's bid for release, high court says**



**NEW JERSEY MONITOR (U.S.)** | Online – 28 July 2025 – State corrections officials wrongly relied on old medical records to deny release to an incarcerated man with brain cancer, the New Jersey Supreme Court unanimously ruled in a case that highlights problems in how officials vet requests from sick inmates hoping to get out of prison early. The man, identified only as M.R. in court records, applied for compassionate release in February 2023, and two doctors consulted medical records that were 29 months old to conclude that he was neither terminally ill nor permanently incapacitated, according to the ruling. The man appealed, and an appellate panel ultimately upheld the denial. The man died in custody in June 2024, a month after he asked the state's top court to review his case. While his death technically made his case moot, the justices decided to consider it anyway, because "the issue raised is of substantial im-

portance and capable of repetition yet evading review." **Full text:** <https://bit.ly/4i1J8pa>

#### **Few released under New Jersey law meant to allow gravely ill inmates to die at home**

**NEW JERSEY MONITOR (U.S.)** | Online – 31 July 2025 – When New Jersey lawmakers passed a compassionate release law in 2020 meant to give more seriously ill people a path out of prison, they cheered the move as "the right thing to do" and projected it would save the state "significant amounts of money in medical costs." But four and a half years since it took effect, only four people have been released under the law – representing just .03% of the total prison population, which averaged about 12,900 over that period, state Department of Corrections data shows. **Full text:** <https://bit.ly/3HhMQgm>

#### **Related:**

**'Retrospective review of deaths in the Massachusetts Department of Corrections after passage of medical parole,' BMC Public Health (U.S.)** | Online – 15 July 2025 – Older incarcerated individuals have a higher burden of chronic disease, and caring for them is associated with higher healthcare costs. In 2018, Massachusetts passed legislation enabling medical parole, a process by which an individual can be released due to terminal illness... Nearly half of the population died in custody ... and could have been identified for medical parole eligibility. **Full text:** <https://bit.ly/46ljv9f>

**N.B.** Professional organizations, including the American Medical Association and National Commission on Correctional Health Care, encourage clinicians to advocate for the compassionate release of patients particularly out of an ethical obligation to promote dignity and appropriate care at the end of life. Medical parole can be valuable as it allows unrestricted visitation by family, hospice services, and removal of shackles.

**'Weighing parole for aging prisoners is morally right, fiscally prudent,' WRAPP (U.S.)** | Online – 23 May 2025 – For too long in New York, our criminal justice system has neglected the final steps ... ignoring the valuable role parole can play in fostering rehabilitation and healing. And with few options for release, our prison population has gotten older and sicker, costing state taxpayers hundreds of millions of dollars each year. Two bills currently before the state Legislature, the Fair & Timely Parole Act and the Elder Parole Act, would move our state in the right direction. **Full text:** <https://bit.ly/44XOUTO>

### **Supreme court flags need for common prison rules on release of terminally ill inmates**

**LAW TREND (India)** | Online – 18 July 2025 – The Supreme Court ... underscored the need for uniform prison rules across states regarding the release of terminally ill and elderly prisoners, highlighting gaps in the current system and the potential for misuse without proper safeguards. A bench of justices ... reserved its verdict on a plea filed by the National Legal Services Authority, which seeks the release of prisoners either terminally ill or above 70 years of age. The petition emphasized the inability of such inmates to approach higher courts for relief due to health and age-related constraints, particularly in the face of India's overcrowded prison system. While the Centre [*sic*] informed the bench that it had framed a standard operating procedure advising states and union territories to take appropriate measures for managing such inmates – including exploring options for general amnesty – the court noted that prison rules remain state-specific. **Full text:** <https://bit.ly/3TKDBYX>

## Carceral hope: Life sentences, ageing, and the ethics of possibility

**PENAL  
REFORM  
INTERNATIONAL**

Page | 10

| Online – 5 June 2025 – Conditions that reduce hope for release are becoming more common worldwide. In the U.S., the number of prisoners serving life without parole, the most severe form of life sentence, has risen dramatically since 2000. In the U.K., the use of life sentences has also risen, with England and Wales accounting for 43% of all life-sentenced prisoners in 52 European jurisdictions... The minimum terms U.K. prisoners must complete before they become eligible for parole has increased from an average of 12.5 years in 2003 to 21 years in 2021. The global ageing phenomenon raises new concerns about the duration and severity of long sentences more generally. It also challenges what older prisoners can realistically hope for, when the length of their sentence means they are unlikely to be eligible for release within their lifetime. Together, the ageing of the prison population and the increasing use of life sentences feed into an overwhelming proliferation of carceral spaces where hope is difficult to maintain. **Full text:** <https://bit.ly/46ts4EN>

---

**Barry R. Ashpole, Ontario, CANADA**

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