

End-of-life Care in the Prison Environment (Supplement #23)

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Source: Prison Journalism Project:
<https://bit.ly/3TvblUz>

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Aging Prison Population

Older women in prison: Navigating vulnerability at the intersection of age and gender



EUROPEAN CONFERENCE ON AGING & GERONTOLOGY (Portugal) | Online – 30 September 2025 – Despite the growing number of older individuals deprived of liberty, research on the specific realities of incarcerated older women remains scarce. This paper explores how age and gender intersect to shape the experiences, needs, and vulnerabilities of older women in prison. Prison systems ... generally fail to address the compounded challenges faced by this group. These include health and healthcare issues, particularly those related to gender-specific and age-related conditions... The study examines how systemic inequalities shape older women's experiences of incarceration. Public (prison) policies and institutional practices often overlook the specific needs of this minority population... The paper calls for a shift toward gender- and age-responsive policies and practices to ensure equitable treatment and improved support for older women in prison. **Full text:** <https://bit.ly/48lxjBx>

Incarcerated women: A vulnerable subset within an already vulnerable group

'Female prison population growing faster than male, worldwide,' Institute for Crime & Justice Policy Research (February 2025) – <https://bit.ly/3QCNfv0>

'Incarcerated women's right to health: Bridging the gap between policy and reality,' *The Denning Law Journal* (February 2025) – <https://bit.ly/40PKPOb>

'Prison policies and practices generally remain male-centric and often fail to address the gender-specific needs of incarcerated women...', *End-of-Life Care Behind Bars.Com* (March 2025) – <https://bit.ly/3lUdzR3>

'Women's Mass Incarceration: The Whole Pie 2024,' Prison Policy Initiative (March 2025) – <https://bit.ly/43mqitx>



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New American Civil Liberties Union report reveals humanitarian crisis of rapidly aging prison population

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AMERICAN CIVIL LIBERTIES UNION | Online – 22 September 2025 – U.S. prisons are failing to keep up with the rising number of aging people behind bars. Outdated sentencing laws have left tens of thousands of people imprisoned for decades, creating a humanitarian, fiscal, and operational crisis as correctional departments struggle to meet the medical ... needs of an aging prison population. “Prisons were never designed to serve as makeshift nursing homes, yet that is exactly what they have become,” said Alyssa Gordon, at ACLU’s National Prison Project. “Keeping people locked up into old age does nothing to make us safer, but it guarantees needless suffering and ballooning costs for taxpayers. Releasing elderly people from prison is safe, cost-effective, and would reduce the burden on systems that are ill-equipped to meet the distinct needs of a rapidly aging population.” **Download ACLU report at:** <https://bit.ly/4mmsPDT>

N.B. Scroll down to ‘End-of-Life Care in Prisons’ (p.5) and ‘Compassionate Release’ (p8) *vis-à-vis* ACLU report’s discussion of these two issues. **BRA**

Related:

‘How to cut the prison population, save money and make us safer,’ DNYUZ (U.S.) | Online – 8 September 2025 – American prisons are fast becoming the world’s worst nursing homes, increasingly filled with aging criminals who can barely walk, let alone commit another crime. They are also much more expensive to lock up. Federal prisons with the largest share of older prisoners spend five times as much per person on medical care and 14 times as much on medications as other facilities, according to The Sentencing Project,¹ a non-profit advocacy group. **Full text:** <https://bit.ly/45XzEqJ>

N.B. Originally published in *The New York Times*, 8 September 2025 at: <https://nyti.ms/4n1lqKk> **BRA**

1. ‘Nothing But Time: Elderly Americans Serving Life Without Parole,’ The Sentencing Project, June 2022. **Download report at:** <https://bit.ly/4p7UXNI>

‘Prison healthcare costs up significantly as Minnesota’s incarcerated population ages,’ *Minneapolis Star Tribune* (U.S.) | Online – 4 September 2025 – Minnesotans in prison are growing old – fast. Nearly 1 in 5 people incarcerated in the state is over 50, a figure that’s more than tripled since 1999. A decade ago, Minnesota ranked among the states with the highest annual *per-capita* prison healthcare costs. Prison healthcare costs have increased 45% in the past three years. As the overall population ages, so do the people behind bars. **Full text:** <https://bit.ly/41BrpOg>

“Caring for aging prisoners is not merely a matter of logistics, but a reflection of societal values”



| Online – 8 September 2025 – Research from several different countries points to the need for a seismic shift in policy and practice to address three universal, public health issues facing prisons worldwide: a rapidly aging population, costly and often inadequate healthcare, and the provision of timely and compassionate end-of-life care. Related is the current thinking with regard the merits of compassionate release or medical parole, which can have a profound impact on how prison inmates with complex medical needs spend their last days. The dilemma facing many correctional services and prison authorities, however, is one of weighing concerns about security, i.e., public safety and the perceived prospect of reoffending, against a prison inmate’s basic right to healthcare comparable to what is available in the “outside world.” Following are summaries of articles, reports, etc., of recent years that clearly demonstrate the common ground that correctional services worldwide share... **Full text:** <https://bit.ly/3JSBAbi>

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[Prison Healthcare Services](#)

Support our prisons' invisible caregivers



MINNESOTA SPOKESMAN-RECORDER (U.S.) | Online – 6 October 2025 – When we talk about prison systems, the conversation often turns to correctional officers, administrators and budgets. But what remains invisible, and too often unacknowledged, are the caregivers who actually keep prisons functioning: the incarcerated themselves. My son, Byron, is serving time in Maryland. Like so many others, he has become a lifeline to those around him. Recently he was tasked with caring for a fellow incarcerated man who could not care for himself. Byron lifted him to the toilet, made sure he ate, wheeled him to medical for his medication, and ensured he had the dignity of being seen as human. None of this was provided by staff. It was one incarcerated man caring for another. This quiet network of care is not in any Department of Corrections report. It does not get funding. It is not measured in annual reviews. But without it, the prison system would collapse under the weight of its own neglect. **Full text:** <https://bit.ly/48T1ciL>

Related:

'Taiwan prisons grapple with growing elderly inmate population,' Central News Agency | Online – 3 October 2025 – At Chiayi Prison, younger inmates often step in to help older ones such as by pushing a wheelchair or steadying a frail arm. One of those younger inmates is Mr. Hu... He volunteered to become a caregiver and ... underwent a formal training programme inside the prison. To accommodate older prisoners, Chiayi Prison houses those over 65 on the ground floor to make it easier for them to move around. Facilities have also been adapted to meet their needs. **Full text:** <https://bit.ly/4pQsaV>

Healthcare ethics in high-risk environments: A closer look at correctional facilities



HEALTH MANAGEMENT (Belgium) | Online – 27 September 2025 – Correctional facilities represent one of the most complex frontiers in modern healthcare. These environments, shaped by surveillance, confinement, and systemic pressure, continually test the boundaries of ethical medical practice. For incarcerated individuals, access to care is often filtered through institutional priorities that conflict with clinical judgment or patient well-being. Healthcare professionals working in prisons and jails face challenges that go far beyond resource constraints. They are asked to uphold ethical standards in systems that may, by design or dysfunction, undermine patient dignity and safety. These settings don't just expose cracks in policy; they highlight the consequences of leaving them unaddressed. Providing medical care inside correctional facilities means treating patients within a system that prioritises control over compassion. Ethical dilemmas are woven into the daily routine. **Full text:** <https://bit.ly/4gQYD2U>

Related:

'A narrative review of dual loyalty conflicts in custodial settings and implications for community practice,' *Health & Human Rights (U.S.)* | Online – 16 September 2025 – Dual loyalty dilemmas are conflicts between healthcare professionals' (HCPs) obligations toward their patients and third-party interests [e.g., custodial staff, correctional services in general]. Withholding or delaying care inappropriately, providing interventions against patient wishes, violating a patient's right to confidentiality and privacy, engaging in unnecessary or cruel interventions ... mirror experiences of community HCPs... **Full text:** <https://bit.ly/41TQdl1>

'Prison staff in Moldova better equipped in addressing ethical challenges in prison healthcare,' Council of Europe | Online – 10 September 2025 – Training addressed ... equal access to healthcare, patient consent and confidentiality, equivalence of care with community health services, professional independence, the treatment of inmates with special needs and vulnerabilities, and the management of ethical dilemmas and challenging situations. The multi-professional profiles of participants contributed to reinforcing the ethical conduct of healthcare staff in their daily practice... **Full text:** <https://bit.ly/4m9JWc4>



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Penn[sylvania State University] study finds increased rates of cardiac related deaths among incarcerated individuals

THE DAILY PENNSYLVANIAN (U.S.) | Online – 22 September 2025 – A recent study ... found that one-third of deaths among incarcerated individuals in the U.S. were caused by cardiovascular disease.¹ Looking at more than 18,000 cardiac deaths, researchers found that cardiovascular mortality rates, when age-adjusted, have increased since 2012 for those incarcerated in U.S. state prison systems. Among incarcerated individuals who died from cardiovascular disease, 19% had not received a medical evaluation, 31% had not undergone diagnostic testing, and 27% had never received medical treatment for the condition during their incarceration. Additionally, nearly a quarter of these deaths resulted from a condition that developed after admission to prison – most of them occurred after 10 years served. Given the large proportion of the population that is incarcerated at any given time in the U.S., the healthcare provided in prison can have significant public health implications. **Full text:** <https://bit.ly/4pA8uxK>

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

Related:

'Health behind bars,' Human Rights Research Centre (U.S.) | Online – 11 September 2025 – For millions of incarcerated people around the world, basic medical care is delayed, denied, or simply not available. In the U.S., where incarceration rates are the highest in the world, the gaps are wide. The lack of medical care in U.S. prisons is not just a gap in service. It's a systemic failure. Incarcerated individuals often face worse health outcomes not because their needs are greater, but because the structures in place are ill-equipped, understaffed, and often indifferent to their suffering. **Full text:** <https://bit.ly/4nl4kb2>

Carceral health in medical education: Current interventions and future directions

JOURNAL OF CORRECTIONAL HEALTH CARE (U.S.) | Online – 12 September 2025 – Incarcerated individuals in the United States face poor health care outcomes in part due to insufficient provider training in carceral care. Emerging initiatives, including lectures, clinical rotations, and service-learning address this gap. This scoping review evaluates the scope and effectiveness of such interventions to produce an evidence-based guide for future improvements in medical education and health care for incarcerated populations. The authors searched PubMed/MEDLINE, Embase, and Web of Science for peer-reviewed articles regarding initiatives involving both undergraduate medical education and carceral care. Seventeen articles from 2014 to 2024 fitted these criteria. Analysis reveals that future initiatives led by a combination of clinicians, academics, and community leaders trained in this space are strongly poised to impart meaningful changes in advancing carceral care in medical education. **Abstract:** <https://bit.ly/4pmdVjE>

Related;

'Medical associations' guidance on caring for patients experiencing incarceration in the United States, *Plos One* | Online – 3 September 2025 – People experiencing incarceration face significant challenges in their health and healthcare; yet, few professional medical associations offer members guidance on their unique care needs. This can lead to community and academic clinicians providing inconsistent and variable healthcare to this patient population... The authors highlight unmet educational opportunities for clinicians treating patients experiencing incarceration outside of prisons. **Full text:** <https://bit.ly/41ERTPc>

Epidemiological characteristics of custodial deaths: An autopsy study at a tertiary care institute in Rishikesh

CUREUS (India) | Online – 6 September 2025 – Custodial death remains a sensitive and critical human rights issue worldwide. Identifying the causes and contributing factors is essential for developing effective interventions and ensuring accountability and dignity for individuals deprived of liberty. Critical gaps exist

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in the justice and prison systems, particularly in ensuring the right to life and healthcare for individuals in custody. While many deaths are officially classified as natural, systemic issues such as delayed medical intervention, inadequate healthcare infrastructure, and poor documentation suggest that some may be preventable. Urgent reforms are needed, including improved prison healthcare services, timely referrals, independent investigations, and stricter adherence to legal and human rights standards. Ensuring the dignity and safety of individuals in custody is both a constitutional obligation and a measure of a just and humane society. **Full text:** <https://bit.ly/45UP7YG>

Related:

‘High Court affirms prisoners’ right to health...,’ *The Tribune (India)* | Online – 6 September 2025 – Re-affirming that incarceration does not strip a prisoner of the fundamental right to health, the Punjab & Haryana High Court has held that access to quality medical care is an “inalienable, non-negotiable” facet of Article 21 of the Constitution. “This court cannot overlook the fundamental principle that every prison inmate ... retains the inherent right to life and humane treatment, which necessarily includes access to medical care that adequately addresses their health needs ...” **Full text:** <https://bit.ly/4mJTueW>

[Research in Progress](#)

Research reporting guidelines for health research involving people who are incarcerated: The RESPECT Guidelines Project

MCMASTER UNIVERSITY (Canada) | Online – 18 September 2025 – An international Working Group (WG) made up of 15 experts from 7 countries with experience in prison health research was convened. About half of these experts have lived experience of incarceration. The WG have made key decisions about project scope and design. It has completed a review of existing guidance on conducting research in prisons published by community groups, national or international organizations, or in the peer reviewed literature. Over the next several months, the WG will meet to discuss and decide what items will be included in the final reporting guideline. It will then widely share and promote the guidelines. The hope is that these guidelines will be used by people across disciplines including researchers, policy makers, journal editors, ethics boards and advocates, and that this work will improve research reporting and support high-quality research in this field. **Abstract:** <https://bit.ly/41ZCZTN>

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

Barriers and facilitators in providing palliative and end-of-life care in prison settings: A qualitative study of professional stakeholders’ views and experiences in six western countries



JOURNAL OF CORRECTIONAL HEALTH CARE | Online – 7 October 2025 – Increasing numbers of people require palliative end-of-life care (PEoLC) within prison settings, mainly because of aging populations and increasingly long sentences. There is limited research in this area, but evidence suggests that prisons possess limited resources to provide adequate care for aging and frail people at the end of life. This study aimed to explore how PEoLC is provided in prisons in different countries and identify factors that facilitate or impede its provision. Numerous barriers exist that can impede the organization and delivery of PEoLC to people in prison, including barriers at the individual, staff, organization, and regulatory levels. Facilitators coexisted alongside the barriers. Similar barriers and facilitators were identified in each country. Despite some good practices, multiple challenges remain in providing the same quality of PEoLC that is available outside prison, and thus, those dying in prison continue to be disadvantaged. **Abstract:** <https://bit.ly/4q1FC1K>

Provide hospice services for elderly incarcerated people facing terminal illness and implement peer caregiver programs

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AMERICAN CIVIL LIBERTIES UNION | Online – 22 September 2025 – Correctional agencies should establish hospice units for qualifying elderly people to receive palliative care (PC). They should also implement peer caregiver programs in hospice and dementia facilities, and provide appropriate training, support, and supervision of peer caregivers. Elderly people in prison who are terminally ill often require PC to assist with debilitating pain and to help cope with adverse side effects from medical treatments. Whenever possible, elderly people facing the need for end-of-life care should be given compassionate release to a community-based hospice facility or otherwise be allowed to return home to their loved ones on humanitarian grounds. As previously discussed, prisons are ill-equipped to provide the specialized care needed for terminal patients. As a much less desirable alternative, prison agencies could designate hospice care units within the prison. **Download ACLU report at (scroll down to p.63):** <https://bit.ly/4nMahhz>

Homing in on societal changes in meanings around place of death: When home is a prison



RESEARCH HANDBOOK ON END-OF-LIFE CARE & SOCIETY | Online – 16 September 2025 – Burles and Peternelj-Taylor discuss the challenges of providing palliative care to people in prison.¹ Whilst the authors do not go into much detail about notions of home, it is important to reflect on the title of their chapter; for some people prison *is* their home. A healthcare professional noted how a terminally ill prisoner had been given compassionate release and was allowed to die in the community. However, after release this person requested to return to prison, as all of his friends were there, and he wanted to die there. For some people home, therefore, is in fact a prison. The number of older people in prison is on the rise, and with this, the likelihood that people will die in prison increases. The lived reality of people ageing and dying on the streets, in prisons and in other socially deprived places all point to the importance of refining home in policy language... **Full text:** <https://bit.ly/4gmp5E>

1. 'When home is a prison: Exploring the complexities of palliative care for incarcerated persons,' *Hospice Palliative Home Care & Bereavement Support*, 18 July 2029. **Abstract:** <https://bit.ly/3VINWva>

Wing worries: I'm scared of dying alone



(U.K.) | Online – 15 September 2025 – I am writing this letter from prison where I am serving a long sentence. A few weeks ago, I was told I have a terminal illness. The doctors said I don't have long to live. Since then, I've been struggling every day. I spend over 22 hours a day locked in my cell. I am scared of dying, but the thought of dying in prison without my family is terrible. The pain I am in is getting worse, but the healthcare here is very poor. It takes a long time to see a doctor, and when I do, they just give me painkillers and send me back. There is no proper care for someone who is dying. I don't get many visits. Some of my family can't afford to come. Others have stopped trying. I am going through this mostly on my own. I know I've made mistakes. I'm not asking for special treatment. But I didn't get a death sentence. I don't think anyone should have to die in pain, with little to no support, and no digni-

ty. Is there any way someone in my situation can get better medical help? Or be moved somewhere with proper care? I'm scared of dying like this, in here. **Full text:** <https://bit.ly/4nqNWGe>

Inside Time's advice

Prison healthcare services have a legal duty of care to all individuals in custody, including those with terminal illnesses. You are entitled to appropriate medical treatment, pain relief, emotional support, and access to palliative care where needed. No one should face such a serious illness without proper support and dignity. If you feel your needs are not being met, you can ask for a review of your care plan or request to speak directly with the prison healthcare manager if you believe your care is falling short of care standards. confidentiality rules....

Cont.

Related:

'Prisoner's family were informed of his terminal cancer too late,' Inside Time (U.K.) | Online – 24 September 2025 – The family of Nathan Walters, who died from cancer in a hospice in April 2023, were not told for four crucial months that he was terminally ill, even when he was moved to the care home from HMP Lancaster Farms in September 2022. A report into his death by Prisons & Probation Ombudsman found that his family had not been told that he was dying, and that they were shocked when they eventually found out he was soon to pass away. **Full text:** <https://bit.ly/46i5J51>

Care Planning**Beyond bars: Evaluating end-of-life care and surrogate decision-making for hospitalized incarcerated persons**

JOURNAL OF PALLIATIVE MEDICINE (U.S.) | Online – 3 September 2025 – Incarcerated persons (IPs) retain the constitutional right to healthcare, yet they face unique challenges in accessing palliative care (PC) and designating surrogates... The authors present two cases of hospitalized IPs with life-limiting illnesses who experienced significant barriers in identifying and engaging surrogates. Both cases underscore the effect of delays in communication with surrogates and restricted end-of-life visitation due to correctional policies. These delays limited the delivery of optimal interdisciplinary PC and bereavement support. Despite clear legal guidance under the Tennessee Health Care Decisions Act, misinformation and procedural ambiguity among medical and correctional staff impeded timely and appropriate care. Enhanced awareness of legal frameworks, clearer surrogate identification protocols, and collaboration between healthcare and correctional systems are essential... **Full text:** <https://bit.ly/4n7BTNO>

Grief & Bereavement**A shared sorrow: Conceptualizing mass carceral grief**

SOCIAL SCIENCES (U.S.) | Online – 26 September 2025 – Mass carceral grief ... occurs when many members of a small, proximate community already subjected to disenfranchised grief by the nature of the carceral context collectively mourn the loss of many of those with whom they lived. Mass carceral grief manifested as a new form of grief, being but also going beyond disenfranchised grief. This article is one of several studies to explore the way that grief is experienced by persons in carceral settings; it is the first to develop and explore the concept of mass carceral grief, a collective experience that like prison death, remains hidden yet warrants further inquiry. By centering the narratives of grieving men, we aim to give voice to the unique experiences of the incarcerated individuals whose existence is stigmatized and nullified in the media. When the voices of incarcerated individuals are amplified, we challenge the systemic approach to their invisibility in prison and in death. **Full text:** <https://bit.ly/4np9AuF>

In prison, there's no place to grieve

END-OF-LIFE CARE BEHIND BARS.COM | Online – 12 September 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 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 its self, 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/4mfBPL9>

Grief in prison rarely looks like tears



(U.K.) | Online – 2 September 2025 – It looks like fists through walls. Silence that lasts for years. Addictions that take hold. Lives derailed. Most people in prison have lost someone they love – often early, often violently and often alone. For many of them, there's no funeral to attend, no friends to rally round, and no safe

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place to cry. Mark is one of those people. His dad died in a car crash when he was just 16. For the next 20 years, Mark never spoke about it – not until he ended up in prison. Inside prison, Mark signed up for a bereavement support course led by Prison Fellowship volunteers, as part of its pastoral care programme. Mark's story shows how powerful it is when someone in prison is given space to grieve. Prison Fellowship's pastoral care work has helped many people begin that journey. Many people in prison carry deep pain they've never had space to process. **Full text:** <https://bit.ly/3HZhJ9U>

[Compassionate Release](#)

Why expanding compassionate release is a moral and fiscal imperative



NONPROFIT QUARTERLY (U.S.) | Online – 7 October 2025 – As the prison population rapidly ages, medical costs skyrocket, and compassionate release systems remain dramatically underutilized, states face a growing crisis both fiscal and humanitarian in nature. Thousands of elderly and seriously ill incarcerated people who do not present a threat to society die behind bars at enormous public expense. The need for better policies that encourage compassionate release for older Americans is clear. One of the most robust findings in criminology research is elderly prisoners, especially if they have serious health problems, have a low likelihood of committing new offenses if released. Effective compassionate release reform requires: 1) streamlined review procedures... 2) expanded eligibility criteria... 3) transitional care planning... 4) partnerships with community-based long-term care providers... and, 5) training for [correctional] healthcare providers... **Full text:** <https://bit.ly/48jBNH>

Trapped in Time: The Silent Crisis of Elderly Incarceration

Significantly expand medical/compassionate release infrastructure as a back-end lever for releasing ailing elderly people from prison

AMERICAN CIVIL LIBERTIES UNION | Online – 22 September 2025 – For humanitarian reasons, compassionate release statutes should be amended to eliminate categorical exclusions and permit eligible incarcerated people to apply for compassionate release... Removing eligibility requirements that are unduly strict, cruel, or otherwise unwarranted ... ensures that eligibility criteria are fair and just, ultimately allowing more elderly people to access relief. This also serves to alleviate exorbitant medical expenses for the state associated with incarcerated people whose chronic conditions render their continued incarceration inhumane. **Download ACLU report at (scroll down to p.50):** <https://bit.ly/4nMahhz>

Related:

'Wisconsin rarely grants compassionate release as aging, ailing prisoners stress systems,' Wisconsin Watch (U.S.) | Online – 7 October 2025 – Wisconsin grants few applicants compassionate release, leaving many severely ill inmates in short-staffed prisons that often struggle to meet healthcare needs. Wisconsin courts approved just 53, or 11%, of 489 compassionate release petitions they received between January 2019 and June 2025 – about eight petitions a year, Corrections data show. Courts approved just five of 63 petitions filed in all of 2024. **Full text:** <https://bit.ly/4mRa6AE>

'Bill expanding Pennsylvania's "compassionate release" program for inmates with serious medical problems advances,' KYW Radio (U.S.) | Online – 9 September 2025 – Lawmakers ... are taking action on a bipartisan plan that would allow more people in state prison with serious health issues, like terminal cancer or Alzheimer's, to be granted compassionate release. The bill would expand Pennsylvania's current compassionate release program; in 15 years, only 54 people have successfully petitioned for release due to serious illness. **Full text:** <https://bit.ly/3V8IX20>

Cont.

‘Medical parole needs reform,’ Boston University (U.S.) | Online – 3 September 2025 – Almost every state has policies overseeing the release of individuals who are medically vulnerable... While these laws are offered as a form of compassion as well as to lessen the burden on the prison system, are they actually working? While not all individuals with terminal illness are older, older people make up the majority of those with advanced illness, and this population is growing. A Massachusetts study showed that in the first five years of medical parole, only 11% of applications were granted. **Full text:** <https://bit.ly/4mRt8aY>

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Bureau of Corrections pushes medical parole for elderly, terminally persons deprived of liberty

PHILIPPINE NEWS AGENCY | Online – 17 September 2025 – The Bureau of Corrections has asked lawmakers to pass a law granting medical parole to inmates who are of advanced age, terminally ill or severely incapacitated. Such a bill would institutionalize a system based on humanitarian considerations and global best practices, and ensure that elderly or terminally ill persons deprived of liberty maintain their dignity and are provided appropriate medical care. The U.S., U.K., and Canada have adopted legal frameworks for compassionate or medical parole, recognizing that continued incarceration of terminally ill or severely incapacitated individuals may constitute inhumane treatment and serve no legitimate penal objective. Many individuals over the age of 70 grapple with chronic illnesses that limit their ability to care for themselves... Current estimates indicate that there are between 500 to 1,000 elderly individuals incarcerated, with approximately 100 categorized as terminally ill. **Full text:** <https://bit.ly/4mizZJm>

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

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



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>