End-of-life Care in the Prison Environment – #32 (July 2026)

Source: Prison Journalism Project: https://bit.ly/4szp2Go

Contents

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

Aging Prison Population

Aging in carceral systems: Examining health-related challenges for older prisoners

YORK UNIVERSITY (**Canada**) | Online – Accessed 4 July 2026 – The aging incarcerated population has significant implications for correctional systems, as current care models do not fully resolve ethical and structural limitations and fail to address the complex needs of older adults (**see sidebar**). The most efficient and commonly noted alternatives to structural improvements ... are decarceration and connection to community-based services, whether it be through mechanisms such as early parole through gradual, supervised release into the community, compassionate release of inmates with medical complications, [or] treatment-based courts rather than criminal courts for aging adults may also offer holistic solutions to vulnerable incarcerated populations. These approaches must be paired with robust discharge planning and community support to address barriers such as stigma and limited access to housing and care. Prioritizing decarceration and community-based care offers a more cost-efficient and effective response to aging in carceral systems by offering better health outcomes to older adults. **Conference poster presentation:** https://bit.ly/3QPTP5d

From a past posting on the End-of-Life Care Behind Bars website

Death of 80-year-old inmate at Pacific Institution sparks questions

COUNTY LOCAL NEWS (**Canada**) | Online – 9 April 2025 – In a somber incident that has drawn attention to the conditions surrounding elderly prisoners, an 80-year-old inmate has died less than a year into his sentence at the Pacific Institution. Reports indicate that he allegedly succumbed to natural causes, raising questions about the health status of elderly inmates and the adequacy of prison healthcare systems. The case of the 80-year-old prisoner highlights a critical issue in the correctional system: the treatment of elderly individuals within prisons. It is essential to consider the implications of incarceration on older adults, particularly those in their late 70s and 80s. At the age of 79, the prisoner entered the facility, and there is a pressing need to investigate what his health status was at that time. Prisons are often ill-equipped to handle the unique healthcare challenges posed by aging populations, which can lead to tragic outcomes. **Full text:** https://bit.ly/3GeuAUe

Caring beyond confinement: How social workers can advocate for aging prison populations

LAWFUEL (**U.S.**) | Online – 18 June 2026 – Aging in prison brings layered challenges that demand focused and informed advocacy. Older adults behind bars often experience accelerated aging, chronic illness, mobility limitations, and cognitive decline within environments that were never designed for long-term elder care. Social workers stand at a critical point of intervention. Stronger advocacy begins with specialized training in gerontology and correctional practice. Legal literacy strengthens their ability to challenge harmful policies and push for reform. Collaboration with healthcare providers ensures continuity of care and dignified treatment. Policy engagement expands their influence beyond individual cases. Community partnerships build pathways for reentry and sustained support. Clear communication, ethical decision-making (**see sidebar**), and trauma-informed care further enhance their effectiveness. **Full text:** https://bit.ly/3ShvrKc

Extract from LawFuel posting

Addressing end-of-life care needs

End-of-life care presents one of the most urgent challenges within aging prison populations. Rising numbers of older adults mean correctional systems must confront questions about palliative care, hospice access, and compassionate release. Social workers play a critical role in ensuring humane treatment during this stage. Advance care planning should occur early. Conversations about medical preferences, spiritual needs, and family involvement provide clarity long before a crisis arises. Documentation of these wishes strengthens accountability within institutional settings. Social workers can facilitate discussions between medical staff, administrators, and family members to ensure alignment with the individual's values. Advocacy also extends to compassionate release policies.

Ageing behind bars: Safeguarding the health and dignity of older people in prison

JOURNAL OF EPIDEMIOLOGY & POPULATION HEALTH (**Martinique**) | Online – 15 June 2026 – Failing to adapt prison healthcare systems to the needs of older prisoners constitutes a form of systemic neglect. Three central ethical questions arise: First, do current detention practices respect the dignity of severely frail or terminally ill individuals? Secondly, is the sentence imposed on people with advanced cognitive or functional decline proportionate and meaningful? Thirdly, whether age constitutes an overlooked axis of inequality in penal systems deserves consideration. Although many jurisdictions have compassionate or medical release mechanisms, these remain underused and are applied inconsistently. Prisoners who are getting older are costing more to look after because they are more likely to be hospitalized, to use more medicines and to need more security. However, failure to adapt systems generates higher indirect costs. These costs result from preventable complications, emergency care, litigation, and excess mortality. **Full text:** https://bit.ly/3RmCdxW

Unveiling the mystery: What happens to elderly prisoners

GREAT SENIOR YEARS (**U.S.**) | Online – Accessed 10 June 2026 – Elderly prisoners form a significant portion of the incarcerated population in the U.S., and understanding what happens to them is crucial in addressing their unique needs and challenges. As the aging population in prisons continues to grow, it becomes increasingly important to examine the conditions these elderly inmates face and the impact it has on our justice system. It is essential to explore reforms, such as tailored medical care, geriatric-informed policies, and alternative options for older life-sentenced prisoners. Release policies, such as geriatric release and compassionate release, should be considered, taking into account the financial implications of caring for older prisoners. Overall, addressing the needs and challenges of elderly prisoners is a complex issue with no easy solutions, but it is critical to approach it with compassion, understanding, and respect for human rights. **Full text:** https://bit.ly/4v0LcTX

Share this resource with a colleague.

Compassionate Release

Compassion for dying prisoners is also a bargain

THE BOSTON GLOBE (**U.S.**) | Online – 16 June 2026 – No one should have to die shackled to a bed. This is the 21st century, after all, in a progressive state. Some eight years ago, Massachusetts lawmakers looked at that kind of nightmarish scenario and tried to do something about it, setting the stage for terminally ill and severely debilitated prison inmates to be granted medical parole. But the notion of allowing those who, yes, have committed often violent crimes to nonetheless die a peaceful death is more hope than reality – even today, even years after the latest attempt at reform. It is a system that is as expensive and wasteful as it is inhumane. Some lawmakers want another legislative fix – a way to expedite the process, which is controlled almost entirely within the Department of Correction, and to order the department to be more proactive particularly in dealing with aging inmates... But even for the fortunate few granted medical parole, the options for where they will end their days are few. **Access full text at:** https://bit.ly/4vT7mYx

Related:

'Supreme Court narrows compassionate release for federal prisoners,' *Forbes* (**U.S.**) | Online – 5 June 2026 – Compassionate release has long been a narrow but morally significant corner of the federal criminal justice system. Designed as a safety valve in an otherwise rigid sentencing framework, it has evolved over decades from a rarely used mechanism for the terminally ill into a broader tool for reconsidering sentences in light of changing human and legal realities. The Supreme Court's recent decision in Rutherford v. United States marks a decisive turn in that evolution… **Full text:** https://bit.ly/4oj1nJL

N.B. While 17 states and D.C. have taken discretionary parole off the table for most or all incarcerated people, they still have other forms of parole and conditional release that could safely release many more people from prison. See 'What does early release look like in states that eliminated discretionary parole?' Prison Policy Initiative (June 2026): https://bit.ly/4ba2shJ

Prison Healthcare Services

Prison: The facts – prison healthcare

(**U.K.**) | Online – 1 July 2026 – In 2025, the Chief Medical Officer for England undertook a major review of the health of people in prison and the care they receive. While it concluded that the last three decades have seen considerable improvements in care, the health of people in prison remains much worse than in the community, and prisons themselves make the treatment and prevention of disease more difficult. The review highlighted how the ageing prison estate and the tension between care and security considerations can negatively affect healthcare, as well as the vulnerability of people transitioning into, between, and out of prison, where poor information sharing means their care is disrupted and their health not well understood. Inspectors have highlighted the continuing shortage of staff in prisons was creating risks for prisoners' healthcare. Less than a third of men (30%) and only one in six women (16%) said it was easy to see a doctor in prison. **Download report at:** https://bit.ly/4vRFhRy

Prison health is public health: Inside the International Corrections & Prisons Association Healthcare Network's mission to transform correctional Care

| Online – 30 June 2026 – The ICPA Healthcare Network exists to advance health, wellbeing, and healthcare quality across correctional systems globally, bringing together professionals who share a common belief that health is fundamental to safe, humane, and effective correctional systems. Dedicated attention to health and wellbeing is essential precisely because correctional facilities concentrate some of society's most vulnerable

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populations. People entering custody often have significantly higher rates of mental illness, substance use disorders, chronic disease, infectious disease, disability, and histories of trauma than the general population. These challenges do not disappear at the prison gate. In many cases, they become more visible and more urgent. Too often, healthcare in correctional settings has been viewed as a secondary function. The reality is that health is central to institutional safety, rehabilitation, and successful reintegration. **Full text:** https://bit.ly/3SR3dWI

"But who's gonna listen?" A qualitative study of voicing experiences of healthcare in provincial correctional facilities in Ontario, Canada

PRIMARY HEALTH CARE RESEARCH & DEVELOPMENT | Online – 29 June 2026 – This study explores barriers and opportunities for people in custody to voice their experiences of healthcare services in custody. The authors developed four interacting themes related to expectations and experiences of healthcare, and of submitting complaints or asking for help: 1) The system is not designed for healthcare; 2) Gatekeeping and perceptions of "deserving' healthcare"; 3) Impact of healthcare on other outcomes; and, 4) calling the abyss. These factors affected perceptions of the potential efficacy of a patient feedback process, and how people in custody were likely to engage with it. Participants also identified five key features that should be components of any patient feedback processes. This study highlights challenges to patient-reported experiences of care in quality improvement work in restrictive environments and with incarcerated populations. **Full text:** https://bit.ly/4v9NYpt

Related:

'Inquest recommendation to shift inmate medical care to Manitoba Health still not done after 7 years,' CBC News (**Canada**) | Online – 14 June 2026 – Nearly a decade after the in-custody death of a 26-year-old father of three, a key inquest recommendation to shift responsibility for the medical care of inmates in Manitoba has still not been fully implemented, a report says. Judge Heather Pullan made 11 recommendations in 2019, only five of which have been fully implemented, according to a new monitoring report from the Manitoba Ombudsman.[1] **Full text:** https://bit.ly/4eIQxtp

1. 'Recommendation Monitoring of the Inquest into the Death of Bradley Errol Greene,' Manitoba Ombudsman (May 2026): https://bit.ly/4xpfgu9

N.B. See 'Evaluating the association of transferring governance of correctional healthcare services...,' *Health & Justice* (November 2025): https://bit.ly/4pwOUSu & 'Governance of Prison Healthcare: "People in prison exist in a twilight zone between criminal justice and health systems,'" End-of-Life Care Behind Bars.com (November 2024) https://bit.ly/4objyQ4 ***BRA***

Thematic report 2026: Healthcare services for prisoners

THE PARLIAMENTARY OMBUD (**Norway**) | Online – 19 June 2026 – Serious deficiencies in the healthcare provided to prisoners ... include failures to assess prisoners' healthcare needs, delays and interruptions in treatment, inadequate accessibility, and a lack of opportunities to communicate confidentially with healthcare services. Prisoners' healthcare needs differ from those of the general population. Higher levels of illness among prisoners, limited autonomy, and isolation place a particular responsibility on the state and impose highly specific requirements on prison healthcare services. The findings described in this report are linked to three overarching challenges: 1) Insufficient knowledge about prisoners' health problems and prison conditions, and what these mean for healthcare services; 2) Healthcare services are not staffed adequately to protect prisoners' healthcare rights; and, 3) Insufficient cooperation between the Correctional Service and the primary and specialist healthcare services. **Download report at:** https://bit.ly/3SVhC4d

"Rejected": How federal prisons stonewall grievances and deny care for years

The Marshall Project (**U.S.**) | Online – 17 June 2026 – It has always been difficult to get help inside federal prison. But in recent years, it has become nearly impossible, according to an analysis of federal data by The Marshall Project and National Public Radio. The rate at which the bureau granted grievances has fallen from just under 7% in 2000 to less than 2% in 2023, the last full year of data available. For any problem in an incarcerated person's life ... the grievance system is the primary way to speak out. But in the vast majority of cases, those efforts go nowhere. Many are rejected without consideration for the content of their complaint, for arcane reasons such as including too many pages or not filing enough copies. What should be a gateway to help for people in federal prison, experts say, is instead a brick wall. A 1996 federal law requires prisoners to complete the internal grievance process before filing a lawsuit. If they fail to follow every requirement of that process, their case will likely be thrown out. **Full text:** https://bit.ly/3SL44YS

Representatives from 37 member states discuss updated ... standard on healthcare in prisons

COUNCIL OF EUROPE / CONSEIL DE L'EUROPE | Online – 10 June 2026 – Participants [including prison administrations, health authorities, healthcare professionals, experts and partner organisations] deepened their understanding of the revised standards and to exchange views on their practical implementation in prison systems across Europe.[1] Healthcare in prisons remains one of the most important dimensions of humane and lawful detention and a key safeguard for the protection of the rights of persons deprived of liberty. The updated standards reflect lessons learned from ... visits to places of detention, dialogue with national authorities, and the identification of recurring challenges and good practices. Participants examined how the standards provide practical guidance on key aspects of prison healthcare, including equivalence of care, professional independence of healthcare staff, medical confidentiality, continuity of treatment, access to specialised care, mental healthcare, admission screening, and the prevention and documentation of injuries. **Full text:** https://bit.ly/4eTfOAa

1. 'Healthcare in Prisons,' Council of Europe (2025): https://bit.ly/4asgVFw

Cancer care inequities in the carceral system:
Diagnostic and treatment pathways in North Carolina

BMC HEALTH & JUSTICE (**U.S.**) | Online – 5 June 2026 – Cancer is the leading cause of death among incarcerated populations in the U.S. Few studies, however, have systematically examined treatment patterns or the time of initiation of cancer therapy in this population. Cancer care for incarcerated patients in one Southeastern U.S. state was characterized by prolonged time to treatment initiation and a high proportion without documented cancer-directed treatment within one year of diagnosis. These findings may reflect care fragmentation during incarceration or following community reentry. Diagnostic pathways shape treatment delivery, highlighting carceral barriers to specialized cancer care. Strengthening data infrastructure, standardizing referral pathways, and implementing coordinated care policies are essential to advance timely, equitable cancer treatment at the intersection of public health and justice imperatives. **Access full text at:** https://bit.ly/4xhc8jS

N.B. This is a preprint; article under review.

End-of-life care behind bars: A Canadian perspective (Updated)

END-OF-LIFE CARE BEHIND BARS.COM | Online – 14 June 2026 – The aging prison population, the quality of prison healthcare services and, in particular, the quality of end-of-life care, is emerging as a universal public health issue. Geriatric and EoLC in correctional facilities are not as equitable as care in the "outside world." The aging of the prison population, with the corresponding increase in chronic illness, cognitive impairment, disability and frailty, is a world-wide phenomenon. For a disturbing number of elderly inmates, prison will be their "final resting place." This interactive presentation offers a Canadian perspective, reflecting on "lessons learned" in other countries. In some countries, community hospices have successfully partnered with local prisons to provide training for both staff and inmates. In particular, the training of inmates as hospice volunteers is gaining ground. This training, typically, is "face-to-face, homegrown, and variable in content." **Access presentation at:** https://bit.ly/40Ouav1

Prisons: Palliative care – question for Ministry of Justice

UK Parliament | Online – 8 June 2026 – Asked of the Secretary of State during parliamentary debate: "a) how many prisons in England have undertaken voluntary self-assessment against the 'Dying Well in Custody Charter' since 2024,[1] and b) what plans are in place to ensure that the Charter is implemented consistently by all prisons and prison healthcare providers, as recommended by the Chief Medical Officer, and how implementation will be monitored." In response: "HM Prison & Probation Service, in partnership with the National Health Service, has revised the 'Dying Well in Custody Charter Self-Assessment Toolkit.' This voluntary toolkit includes good practice examples and is designed to support local partnership activity. Information on how many prisons have undertaken voluntary self-assessment using the toolkit is not held centrally and could not be obtained without incurring disproportionate cost." **Access at:** https://bit.ly/3Qb0HK7

1. 'Dying Well in Custody Charter: A national framework for local action,' National Health Service England (2024): https://bit.ly/4evqeEQ

Delivering palliative and end-of-life care in a maximum security prison: Development and implementation of a collaborative care model at Port Phillip Prison, Victoria

INTERNATIONAL COLLABORATIVE FOR BEST CARE FOR THE DYING PERSON (**Australia**) | Online – 4 June 2026 – As the incarcerated population ages, access to palliative and end-of-life care (EoLC) within custodial settings remains critically underdeveloped. This presentation describes the development and implementation of a best-practice palliative care (PC) model... Developed through collaboration between St. Vincent's Hospital Melbourne Palliative Care Service and Correctional Health Service, the model sought to proactively identify patients with life-limiting illness and facilitate timely specialist involvement, comprehensive symptom management, advance care planning, and on site EoLC (**see sidebar**). This approach aimed to reduce preventable emergency presentations and external hospital admissions, improving both the quality and place of care for this vulnerable population. Implementation was guided by a structured governance framework, continuous improvement methodology, and multi-stakeholder engagement. **Abstract:** https://bit.ly/4e7M8Pr

KEY INITIATIVES ADDRESSED THREE BARRIER DOMAINS: education and training, including development of a correctional health-specific integrated Care Plan for the Dying Person; process and policy reform, encompassing standard screening and referral pathways; and, resource provision, including essential PC medication and syringe driver procurement. Since implementation there has been an increase in the number of expected deaths occurring within St John's Ward compared to the acute hospital site, indicating a meaningful shift in place of care.

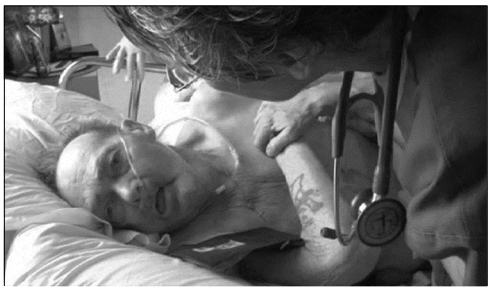
Legislation: A closer look

New Illinois state law requires prisons to submit annual hospice reports

PRISON LEGAL NEWS (**U.S.**) | Online – 1 April 2026 – American prison populations are aging rapidly while studies have continued to show that prisoners have significantly lower life expectancies than those outside of prisons. In Illinois, some 23% of state prisoners are over the age of 50. That is a huge jump from just 4% in 1988; more than 1,000 Illinois prisoners are over the age of 65. As more prisoners age past their life expectancies, how prisons deal with end-of-life care (EoLC) becomes a critical concern. The Illinois Department of Corrections (DoC) does not have a formalized hospice and palliative care (PC) system. How EoLC takes place can vary significantly from prison to prison. The DoC nevertheless has a policy that provides for "safe, dignified and comfortable dying, self-determined life closure and effective grieving." Often, PC is provided by aides pulled from the general prison population (**see sidebar and the Iowa State Penitentiary's hospice "experience"**). Illinois prisons, however, do not maintain a centralized data repository on which prisoners are assigned as aides, or even the number of prisoner aides. Neither have the prisons maintained a centralized or consistent system for tracking patient outcomes, such as how long the patient survived under hospice and PC, how they died, or whether there were any care-related grievances. **Full text**: https://bit.ly/4oniIBs

Resource

'Prison Terminal: The Last Days of Private Jack Hall'



THE 2013 OSCAR NOMINATED DOCUMENTARY breaks through the walls of one of Americas oldest maximum security prisons to tell the story of the final months in the life of a terminally ill prisoner and the hospice volunteers, they themselves prisoners, who care for him. 'Prison Terminal...' draws from footage shot over a six-month period behind the walls of the Iowa State Penitentiary and provides a fascinating and often poignant account of how the hospice experience can profoundly touch even the forsaken lives of the incarcerated. **View at:** https://bit.ly/49Z1Tqw

N.B. Postings of related interest on the End-of-Life Care Behind Bars website: 'From the Inmate Hospice Volunteers' Perspective: A Snapshot' https://bit.ly/3RWShGB ***BRA***

Related:

'End-of-life and hospice care for people who are incarcerated,' *JAMA* Insights (**U.S.**) | Online – 24 June 2026 – Individuals who are incarcerated in the U.S. have 39% higher all-cause, age-adjusted mortality than those not incarcerated (absolute data not available), and cancer is the most common cause of death (27.5% vs 19.8% general population) followed by heart disease (26% vs 22% in the general population). The percentage of people who are incarcerated in U.S. prisons 55 years or older increased from 3% in 1991 to 15% in 2021, primarily due to long sentences. **Summary:** https://bit.ly/4xTibvy

Care Planning

"Everyone hears everyone's business": Healthcare provider perspectives on privacy and confidentiality in U.S. prisons…

JOURNAL OF CORRECTIONAL HEALTH CARE (**U.S.**) | Online – 2 July 2026 – Incarcerated people suffer stigmatized conditions at higher rates than non-incarcerated people, making upholding privacy and confidentiality ethically essential in prisons and jails. Yet these health professional values are widely acknowledged to be challenging to maintain in carceral settings. Robust qualitative data on how physic-

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ians and nurses navigate and perceive limitations to privacy and confidentiality in U.S. prisons and jails is lacking. This study reports on ... interviews with physicians and nurses who have worked in federal or state prisons and/or jails across the U.S. Participants perceive multiple challenges to privacy and confidentiality in prisons and jails and yet differ in how important they think it is to protect these values in comparison with other pressing concerns. **Abstract:** https://bit.ly/4wti8oM

An interesting read you might have missed

A survey of state correctional healthcare providers on advance care planning: Opportunity for collaboration with corrections

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE, 2024;41(9):1951-1057 (**U.S.**) The authors focused on ... use of healthcare directives [and] decision-making about goals-of-care... Most [survey respondents] reported their prison did not have a dedicated end-of-life care program and only 11% offered a peer-care program. Two-thirds indicated their facility provided the opportunity to designate a healthcare agent with physicians most likely responsible for facilitating completion of a healthcare directive. Care of persons aging and dying in prison is complex and requires further investigation addressing staff and prison population education, ethics guidelines for care, compassionate release, and advance care planning. Hospice and palliative care professionals could collaborate with corrections professionals and national organizations to provide innovative education and support to enhance the humane care of this vulnerable population. **Request the full text directly from the authors at:** https://bit.ly/4e61jIE

> **N.B.** See 'Care planning in correctional healthcare: In defence of prison inmates' autonomy – current thinking,' posted on the 'Spotlight' page of the End-of-Life Care Behind Bars website: https://bit.ly/3X1Agq3 ***BRA***

The dual loyalty conflict in prison medical care

INTERNATIONAL MEDICAL CONGRESS FOR STUDENTS & YOUNG DOCTORS (**Moldova**) | Online – May 2026 – Healthcare providers experience a conflict of loyalty between their duty to patients and the demands of the correctional system. This tension leads to ethical uncertainty, as medical choices can be affected by non-medical factors. Prison healthcare focuses mainly on punishment and security, not health. Every person in prison has the right to social, spiritual, and medical support, regardless of their crime. Prisoners are seen as vulnerable in bioethics... There is a conflict between healthcare and security in prisons, which creates a systemic issue in prison medical care. Prisoners should receive the same quality of healthcare as everyone else, but this is hard to achieve under security-focused systems. Changes are needed in the healthcare-punishment relationship. Healthcare professionals should be aware of the ethical challenges in prisons and support each other. **Abstract:** https://bit.ly/4y6TkEx

Grief & Bereavement

"There was no crib notes on how to grieve": Finding grief space during and after a juvenile life prison sentence

OMEGA – JOURNAL OF DEATH & DYING (**U.S.**) | Online – 16 June 2026 – Carceral settings prevent individuals from engaging in supportive grief processing... This is particularly relevant for individuals sentenced to life or long prison sentences during childhood. This study explored death-related loss and grief experiences, before, during, and after incarceration... Findings emphasized the lack of grief spaces in carceral settings, often prompting deferred grief. Grief deferred until post-release addressed death losses that began accumulating prior to incarceration and were further compounded by losses that occurred during incarceration. Grief processing was further obstructed during incarceration through delayed death notifications, barriers to death rituals, and dehumanizing expectations for funeral attendance in shackles and/or a jumpsuit. Findings highlight the need for humane policies establishing carceral grief spaces and support for incarcerated grievers. **Abstract:** https://bit.ly/3ShVhxu

There is no hotline for us when we are grieving

CITIZENS FOR PRISON REFORM (**U.S.**) | Online – 9 June 2026 – Too often, conversations about prison deaths focus only on investigations, policies, or headlines. What is often overlooked is the emotional impact these deaths have on the people living inside these facilities alongside one another every day. Many incarcerated people form deep bonds while navigating years of incarceration together. They laugh together, cry together, support one another through hardships, celebrate milestones, mourn losses from home, and survive difficult prison conditions side by side. When someone dies inside, that grief does not disappear simply because the person was incarcerated. How do incarcerated people grieve? What support exists for people living inside prisons when someone they knew dies? Could facilities create healthier ways for incarcerated individuals to process grief after deaths inside the prison? Could memorial gatherings, peer support circles, or facilitated grief discussions help people process loss in healthier ways? **Full text:** https://bit.ly/4e9pk1z

N.B. See '"In prison, there is no space to grieve,' posted on the 'Spotlight' page of the End-of-Life Care Behind Bars website: https://bit.ly/3X1Agq3 ***BRA***

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

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