End-of-life Care in the Prison Environment – #27 (February 2026)

Contents

Source: Council of Europe https://bit.ly/48MqHC1

Aging Prison Population

Agequake: Older incarcerated adults – two research projects and one public relations project, an overview

FORENSISCHE PSYCHIATRIE, PSYCHOLOGIE, KRIMINOLOGIE (**Switzerland**) | Online – 3 February 2026 – Compared to younger incarcerated individuals, older prisoners exhibit a significantly poorer state of health... This results in an increased need for medical and social care, which entails substantial costs for the correctional system. Nevertheless, the topic of “ageing in prison” has so far received little attention in public and academic discourse. Over the course of more than a decade, the “Agequake” projects have systematically examined the needs of older incarcerated people in Switzerland. In doing so, existing problems in the healthcare provision for older incarcerated individuals were identified, physical as well as mental health aspects were documented, and practical approaches to solutions were developed. In addition, a public engagement project was implemented to raise awareness among prison staff, healthcare professionals, and the general public of the challenges associated with ageing in prison. **Abstract:** https://bit.ly/4rgJUmh

N.B. Explore Agequake in Prisons (University of Basel) website at: https://bit.ly/4kgazgf

Why inmates age faster in Canadian prisons

LIFE TECHNOLOGY | Online – 20 January 2026 – Canadian prisons present a unique environment where inmates experience accelerated aging compared to individuals on the outside. This phenomenon raises intriguing questions about the underlying factors contributing to this accelerated aging process.The phenomenon of accelerated aging in Canadian prisons highlights the complex interplay of biological, psychological, and environmental factors that impact the well-being of incarcerated individuals. Understanding these factors is crucial in developing targeted interventions to address the unique challenges faced by inmates and promote healthy aging within correctional facilities. As research continues to shed light on the mechanisms underlying accelerated aging in prison settings, it is imperative to prioritize the health and well-being of all individuals, both inside and outside the walls of Canadian prisons. Efforts are being made to improve the overall well-being and quality of life for incarcerated individuals. **Full text:** https://bit.ly/4bWnS30

Oklahoma's aging prison population drives up incarceration costs

NEWSON6 (**U.S.**) | Online – 14 January 2026 – Oklahoma's prison population is growing again, and advocates say a surge in crime is not driving the increase, but rather inmates serving longer sentences. That trend is especially affecting older prisoners, who cost more to house because of medical and supervision needs. The state's prison population is nearing 23,500 people... As that population ages, the cost to taxpayers continues to climb. As inmates age, their healthcare needs increase, driving up costs for the Department of Corrections. Reform groups say inmates over 50 are the most expensive to incarcerate because of chronic medical conditions and the need for additional supervision. A proposal introduced in 2025 to expand parole options for older inmates failed to advance. Without changes to parole or sentencing policies, advocates say the prison population is likely to continue growing. **Full text:** https://bit.ly/4jI6BMX

The health of people in prison, on probation and in the secure National Health Service estate in England

Older people in prison – an increasing health issue (extract)

(**U.K.**) | Online – 10 January 2026 – The number of people in prison over 50 has increased from 10% in 2011 to 24% in 2024. Older people in prison have on average worse physical and mental health than older men of the same age in the general population. While individual conditions pose challenges, their combination (multimorbidity, or multiple long-term conditions) is significantly more problematic. In prison populations frailty often begins earlier – more than 40% of men from prisons over 50 who were admitted to hospital in an emergency showed signs of frailty, much higher than the general population. Frailty can affect ability to climb stairs, wash independently and walk unaided. This is important in the prison environment, where there may be overcrowding, shared cells and in-cell sanitation, and because employment and activities are often aimed at the predominantly younger population. **Download report (scroll down to p.7) at:** https://bit.ly/3NcSROd

N.B. Scroll down to 'End-of-Life Care in Prisons' (p.8) for the chapter of the Probation Institute report on palliative and end-of-life care in prisons.

Prison Healthcare Services

Developing a Prison Health Research Council of people with lived experience of incarceration

HUMAN SERVICES & JUSTICE COORDINATING COMMITTEE (**Canada**) | Online – 5 February 2026 – The Prison Health Research Council is a collaborative council dedicated to improving healthcare access, outcomes and policies for incarcerated populations. Its mission is to drive evidence-based and community-based research that addresses the unique health challenges faced by individuals in correctional settings, including mental health, chronic diseases, infectious diseases, and substance use disorders, and many other complex health concerns of those incarcerated. Researchers often include people with lived experience of incarceration as research subjects/participants, however, people who experience incarceration are often systematically excluded from leading and collaborating on research. Including people whose research can make the work more appropriate, valid, and ethical. A research council of people who had experienced incarceration was established… **Summary:** https://bit.ly/4r3MSdB

N.B. Prison Health Research Council website: https://bit.ly/3LWI7mZ

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

***Bromley Briefings Prison Factfile*: Disability, health and social care (extract)**

(**U.K.**) | Online – 5 February 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. The review made a series of recommendations to improve the healthcare of prisoners... It also drew stark attention to the consequences of the ageing prison population, highlighting the need for better end-of-life care that allows people in prison to "die well" and with dignity. **Access report (scroll down to p.69) at:** https://bit.ly/3O1gQ3d

Related:

'Experiences of healthcare professionals caring for people from prison in acute hospital settings: A systematic review and narrative synthesis,' *Journal of Correctional Health Care* (**U.K.**) | Online – 30 January 2026 – Healthcare professionals (HCPs) consistently experienced emotional and moral distress. For instance, HCPs were compelled to provide care in challenging conditions such as when people from prison were shackled or in the presence of a prison officer during palliative care. End-of-life care encounters intensified this moral distress... **Full text:** https://bit.ly/4qQ0TeE

Nurses' perceptions of professional practice in prison services: A qualitative study

NURSING FORUM (**Portugal**) | Online – 5 February 2026 – The voices of both direct care nurses and nurse managers ... point to a professional practice that is complex yet essential in providing care to the incarcerated population. Nursing practice in prisons proves to be particularly challenging, requiring specific technical, ethical, and relational competencies. Nurses care for a vulnerable population, often with multiple health conditions, in a hostile environment and with limited resources. Their activities range from direct care ... to crisis management and health promotion. The lack of information systems, limited autonomy, work overload, and insufficient professional recognition are recurring obstacles. However, both direct care nurses and nurse managers ... emphasize that, with investment in training, improved material and human resources, transformational leadership, and stronger institutional recognition, it is possible to deliver high-quality care in these settings. **Full text:** https://bit.ly/4kn11QC

Cancer care in custody: Health professional perspectives

INTERNATIONAL MEDICINE JOURNAL (**Australia**) | Online – 4 February 2026 – The prison population is a uniquely disadvantaged group with complex healthcare needs. Australian prisons are currently facing overcrowding, and the number of older prisoners is growing. Humanitarian guidelines mandate equivalence of healthcare for prisoners, but evidence shows that prisoners face barriers at every stage of cancer care. Though [study] participants were motivated to provide optimal cancer care to prisoners, they faced several challenges, summarised by three key themes ... 1) Prisoner health is an informal specialty (i.e., learned on the job); 2) Medical care of prisoners is difficult; and, 3) Communication with prisoners is different. Healthcare professionals would benefit from formal guidelines for treating prisoners with and improved communication between hospital and prison systems. There is a need for further research from the viewpoint of prisoners. **Full text:** https://bit.ly/4rvJhET

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Lethal care: The Louisiana State Penitentiary model of medical violence

SOCIAL SCIENCES (**U.S.**) | Online – 21 January 2026 – Under the 8th Amendment, prisons are legally mandated to provide constitutionally adequate standards of medical care to the incarcerated. But how do we make sense of a carceral structure in which the very delivery of medical care results in preventable death? This article offers a carceral case study of how prison medical care during the era of mass incarceration generates racialized mortality at the Louisiana State Penitentiary, also known as Angola Prison. The author seeks to address the limits of pursuing relief from prison conditions through legal interventions and reforms that are always yet to arrive. Rather than examining prison medical care and preventable death as problems to be reformed, this project aims to develop theoretical insight into how Angola Prison enacts "medical violence" against its captive population. This refers to the use of prison healthcare capacities to harm rather than affirm the lives of the incarcerated. **Full text:** https://bit.ly/4jYJfCN

Extract

Hospice at Angola

A closer look at Angola Prison's hospice ward begins to clarify how even the act of palliative caregiving is entangled with violence. The ward is located within the prison's R.E. Barrow Treatment Center, which is composed of two infirmaries, also called Nursing Unit 1 and Unit 2. Nursing Unit 2 contains the hospice ward, made up of 24 dormitory-style beds and 10 locked rooms, where care is provided to Angola's most vulnerable patients, including those suffering from severe disabilities or approaching the end of life. The sheer size of this hospice is rather significant, considering that most prisons do not even have one.

N.B. Scroll down to 'End-of-Life Care in Prisons' (p.6) for the author of the *Social Science's* article more detailed observations, etc., about hospice at Angola prison. ***BRA***

Related:

'Health axis: Chronic illness, aging and the lived experience of imprisonment,' *British Journal of Criminology* (**U.S.**) | Online – 20 January 2026 – Health and prison make a fraught combination. Prisons are environments that accelerate aging, promote and aggravate physical and mental ailments and shorten life spans. People often arrive at prison with significant pre-existing physical or mental conditions; living in prison, in turn, can exacerbate existing mental and physical conditions and produce new conditions, spread communicable illnesses and foster depression and anxiety. **Full text:** https://bit.ly/4jTQ9cN

'Prison healthcare and other paradoxes,' *Social Science & Medicine* (**U.S.**) | Online – 17 January 2026 – This article examines three ... features of carceral healthcare logic (or anti-logic): 1) The legal responsibility to provide healthcare to incarcerated patients; 2) Administrative systems designed to discharge that responsibility; and, 3) Navigation of those systems by staff and patients. The authors shed light on the fragility of prisoners' rights to healthcare, the phenomena of risk management and service rationing, and the inverse relationship between demanding and receiving care inside. **Full text:** https://bit.ly/3ZfhSLh

'Bureau of Prisons continues to have issues with medical care…,' *Forbes* (**U.S.**) | Online – 14 January 2026 – For decades, the Federal Bureau of Prisons has insisted it can meet its legal and moral obligation to provide adequate medical care to those in its custody. A growing body of evidence from court rulings, whistleblowers, and repeated Department of Justice Office of the Inspector General reports tells a different story. Chronic staff shortages, especially in medical positions, have created a system where delayed diagnoses, inadequate treatment, and preventable suffering are not rare exceptions... **Full text:** https://bit.ly/3YZcZ9j

'The unknowns of the knowledge requirement: Revisiting the deliberate indifference standard in prisoner healthcare,' *Journal of Criminal Law & Criminology* (**U.S.**) | Online – 7 January 2026 – Hundreds of accounts of death, disease, pain, and suffering gave rise to the cases that informed this article. For every case, there are many more tragedies that prisoners never litigate. The untenable and incoherent standard of deliberate indifference operates in a "field of pain and death." Many prisoners have lost their lives at the hands of prison officials... **Full text (click on pdf icon):** https://bit.ly/4jDw3mL

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The impact of incarceration on health: A global systematic review

SOCIAL SCIENCE & MEDICINE | Online – 9 January 2026 – Custodial healthcare is often difficult to access, under-funded, of poor quality, and lacking transparent governance. Accordingly, people who are incarcerated often receive a standard of healthcare that is poorer than that available in the surrounding community, despite global standards requiring that the quality of healthcare in custody be at least equivalent to that available in the surrounding community. Overcrowding, poor sanitation, and isolation are widespread issues in prisons that can exacerbate both physical and mental health conditions, and which may amount to human rights violations. Poor health and mortality outcomes after release from incarceration may be in part driven by inadequate transitional supports, unsupported re-entry into health-depleting contexts such as homelessness and/or poverty, and resumption of substance use and other health risk behaviours **Full text:** https://bit.ly/4qKM1xR

Telemedicine: The game changer in future prison healthcare setting

FUTURE HEALTHCARE IN ASIA (**Malaysia**) | Online – 8 January 2026 – This chapter explores telemedicine as an opportunity to overcome the barriers to quality health services in Malaysian prisons. The authors went through Ministry of Health and Prison Department reports, as well as WHO and UN Office on Drugs & Crime resources on prison healthcare. Additionally, they share their real-life experience from working in prison settings to discuss the pros and cons of implementing telemedicine. Telemedicine can enable healthcare providers to diagnose, monitor, and treat patients remotely. By making an alternate provision for prisoners' transportation to external medical facilities, telemedicine minimises security risks, reduces costs, and enhances safety. The implementation of telemedicine in prison healthcare is not without challenges, including concerns about patient privacy, infrastructure requirements, regulatory limitations, and the need for specialised staff training. **Abstract:** https://bit.ly/4qdTPZa

End-of-Life Care in Prisons

In Central California Women's Facility, no one has to die alone

CENTRAL CALIFORNIA WOMEN'S FACILITY (**U.S.**) | Online – 26 January 2026 – Ensuring that no one at Central California Women's Facility (CCWF) will die alone is one of the missions of the Comfort Care program at the institution. In 1998, Judith Barnett and Jeanne Pacheco had an idea for a program that would help provide comfort and assistance to individuals housed in CCWF's Skilled Nursing Facility (SNF), including those nearing the end of their lives (**see sidebar**). Both Barnett and Pacheco were sentenced to life without the possibility of parole, so the thought of dying in prison was very real to them. The pair approached CCWF's then-warden Celestine "Teena" Farmon about the prospect of incarcerated people providing outreach to individuals who lived in SNF, especially those who were in hospice. According to Barnett, Farmon relayed that Nancy Hinds, founder of Hinds Hospice, had contacted CCWF about starting a program around that same time. **Full text:** https://bit.ly/461jhc8

Prison Inmates Perspective

Aging and Incarceration

HUMANE PRISON HOSPICE PROJECT (**U.S.**) | Online – 12 January 2026 – On July 30, 2025, the California Institution for Women (CIW) had a population of 1,137 incarcerated women, of which, 192 are aged 55 or over. When I was received at CIW in July 1987, our population was 2,500 women. CIW was the only women's facility in California until 1990 when the Central California Women's Facility opened. Since 1997, the number of women who are incarcerated in California has increased by 475%. I was in my early 20s at the time, serving a life-without-parole sentence. I never once considered the elderly population, much less my growing old at CIW. Today, I see the reality of women with walkers, wheelchairs and canes. I recognize this institution now as a facility for geriatric care. Leaving me to ponder... Did legislators and the public intend that we grow old and die in prison? **Full text:** https://bit.ly/4qMXYUj

Hospice at Angola

Lethal care: The Louisiana State Penitentiary model of medical violence

SOCIAL SCIENCES (**U.S.**) | Online – 21 January 2026 – Angola's hospice ward and treatment of dying prisoners have … been the subject of several documentary films, including *Serving Life* (Cohen, 2011), *The Farm: Angola, USA* (Garbus *et al*. 1998), and *Angola Prison Hospice: Opening the Door* (Barens, 2011), as well as the photo-documentary *Grace Before Dying* (Waselchuk & Powell, 2011). These various media largely engender humanizing narratives by focusing on sensational aspects and rehabilitative ideals found in Angola's hospice, such as the social bonds that form between inmate orderlies and patients, the basic needs met through palliative care, the visitations from family members, the participation in ornate funeral rituals, and the recognition that life behind bars is both valuable and grievable. In other words, Angola's end-of-life care practices are operationalized as providing humane care to the dying and rehabilitation to inmate orderlies. According to testimonies and depositions offered by Angola's hospice patients ... hospice introduces its own set of routinized misery and harm (**see sidebar**). Angola's medical staff often exposes hospice patients to harmful conditions by forcing them to rely on overworked inmate orderlies as caretakers because the ward is severely understaffed. **Full text (scroll down to Sections 6 & 7):** https://bit.ly/4jYJfCN

Extract

The orderlies are often overburdened with caregiving responsibilities, including assisting patients with eating and bathing, changing bandages and soiled bedding, and cleaning the facilities. Such conditions agitate an already tense and frustrating prison environment, inviting both intentional abuse and unintentional harm of hospice patients. The point here is not to detract from the significance of the physical and emotional labor provided by incarcerated people who volunteer as hospice orderlies and caregivers, but rather, to highlight how incarcerated caregivers are also exploited for the management of prison mortality.

Related:

'Barriers to healing: End-of-life care for incarcerated patients,' *Journal of Medical Humanities* (**U.S.**) | Online – 27 January 2026 – This ... essay explores the interaction between a third-year medical student and a patient diagnosed with terminal stomach cancer. The patient's experience is shaped by profound systemic inequities and institutional biases, including his incarcerated status, which significantly delayed and limited his access to medical care. His case highlights the systemic inadequacies within the U.S. prison healthcare system, where timely and adequate treatment is often unavailable. **Abstract:** https://bit.ly/4a06ckG

'New Illinois law requires annual report on prison hospice care,' Wand News (**U.S.**) | Online – 16 January 2026 – A new law requires Illinois to report data on hospice care available for prisoners. The law will bring dignity, transparency and compassion to people dying within the state's correctional facilities. The Illinois Department of Corrections does not have a formal hospice program, as end-of-life care is provided on a prison-by-prison basis. Although lawmakers said this has led to inconsistent care for people diagnosed with terminal illnesses and those reaching the end of their lives. **Full text:** https://bit.ly/3LnQ7x0

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

Have you checked out the latest postings on the 'Current Thinking' page of the End-of-Life Care Behind Bars website lately? https://bit.ly/45882x8

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 – 20 January 2026 – Numerous barriers still exist in relation to assessing and managing risk, the aging profile of people in prison, staff boundaries and training, prison environments, and the bureaucratic management of compassionate release or parole for those approaching end-of-life in prison. The article makes the following recommendations: 1) In response to aging populations in prisons, it is important that prisons learn from one another about how best to improve their existing facilities or build new wings to accommodate specialist equipment that mirrors hospital wards; 2) Given the rising need for specialist palliative care (PC) within prisons, in-reach staff need timely access to people in prison and systems to store and administer controlled drugs; prison healthcare staff also need basic training in PC; 3) When people are diagnosed with life-limiting disease, protocols should be implemented that prompt advance care planning, referrals to specialist PC, consideration for early release on compassionate grounds, more flexible visitation, and a review of restraints. These protocols will promote dignity, human rights, and access to equivalent care; 4) Buddy systems and peer support are valuable informal resources but they provide limited access to personal care. Consideration should be given to employing and training buddies to deliver personal care in teams that do not compromise safety and dignity. **Full text:** https://bit.ly/49GbdP6

Editorial

Palliative care for people in prison: Past, present and future

ANNALS OF PALLIATIVE MEDICINE (**U.K.**) | Online – 9 January 2026 – Whilst the field of palliative care (PC) as we understand it today emerged more than half a century ago, a specific focus on PC for people in prison is a much more recent development. More than 15 years ago, in 2008, I started working in this area; in this editorial, I want to reflect on how PC for people in prison has developed since then, in terms of practice, policy and research, and suggest what further developments are necessary to ensure that prisons are not overwhelmed with trying to care for increasing numbers of very ill and dying people in the coming years. I will illustrate my arguments with examples drawn mainly from the U.K., because it has the highest prison population in Western Europe and is facing multiple challenges in managing growing numbers of dying people in custody; however, emerging evidence shows similar issues in other countries. **Full text:** https://bit.ly/3LMsRZw

N.B. The study was carried out in **Australia**, **Belgium**, **England**, **Northern Ireland**, **Portugal**, and **Scotland**. An abstract of this article was included in the October 2025 posting on the End-of-Life Care Behind Bars website. ***BRA***

'Spotlight' page of the End-of-Life Care Behind Bars website:
A "shortcut" to currenting thinking – https://bit.ly/4mfBPL9

- 'Issues in End-of-Life Care in Prisons: A Year-End (2025) Retrospective
- 'Culturally sensitive end-of-life care for Indigenous peoples who are incarcerated'
- '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'

Palliative care in prison and the push for change

ABOUT TIME (**Australia**) | Online – 11 January 2026 – End-of-life care ... is a healthcare process that aims to improve the quality of life and reduce the suffering of those who are terminally ill. Being incarcerated can make this stage of life even more complicated (**see sidebar**). Age can take on a different meaning in the prison system, with people being considered "old" at the age of 50. People in prison are experiencing age-related health conditions earlier than those in the community. Between 2009 and 2019, the proportion of older Australians in prisons ... grew by over 78% to more than 9,500 people. Currently, to access specialist healthcare, those in minimum-security prisons are required to be transferred to maximum-security facilities. This can influence people's decision to accept, decline or delay receiving treatment, as those in minimum-security prisons will potentially lose the comfort and familiarity of their cell and job. Once people in prison access the healthcare they need, there are still many systemic barriers that can negatively impact the delivery of care. **Full text (scroll down to p.10):** https://bit.ly/4qnaN7A

Prison inmate's perspective

The need for compassion in end-of-life prison care

ABOUT TIME (**Australia**) | Online – 11 January 2026 – Hello, my name is Laurence and I am writing to you about your recent article ... in regards to end-of-life care in prisons.[1] I am currently housed at the Maryborough Correctional Centre. I am 79 years of age and I was recently diagnosed with terminal inoperable cancer. Day and night I experience unbearable pain, rapid bursts of tiredness, sickness and feeling weak – all signs of the end. Last week, the prison nurse told me that she had never seen cancer progress so quickly and that I would be lucky to survive another six months. A month ago the hospital via video link said I had no more than 11 months to live. **Full text: (scroll down to p.2):** https://bit.ly/4qnaN7A

1. 'End-of-life care in prisons: A call for compassion,' *About Time*, August 2025. **Full text (scroll down to p.10):** https://bit.ly/47DFSgu

The health of people in prison, on probation and in the secure National Health Service estate in England

Palliative care and end of life in prisons (extract)

(**U.K.**) | Online – 10 January 2026 – Palliative and end-of-life care (P&EoLC) is a relatively small but increasing need for prisons. Despite multiple recent reports on P&EoLC and individual examples of good practice, to date action is voluntary and not necessarily supported by commissioning by health and social care. In 2018 the unique challenges of providing equality in end-of life-care (EoLC) in prisons was recognised and the dying well in custody charter and self assessment tool produced...[1] However, the charter remained for local implementation in individual prisons, which has varied. The ageing prison estate can lack essential resource for EoLC such as hospital beds. There are also barriers to accessing medication which is part of normal care for end of life in prison... There is a need to ensure prison officers, who may have no prior experience of death and dying, know where to call for help overnight and that there are policies in place for additional support for prison officers and fellow people in prison. Release planning when there are complex health and social care needs in the last months of life can be complicated. **Download report (scroll down to p.10) at:** https://bit.ly/3NcSROd

This chapter uses case studies to describe challenges. These include:

- Systematic identification of end of life and care planning in prison, especially in individuals with advanced chronic disease compared to those with malignancy
- Rare approval for compassionate early release on the grounds of health or social care needs
- Complexity of the multi-organisational process, with the prison service and probation needs in addition to patients, family and friends, primary care, hospital teams, physiotherapy, occupational health, social care and specialist palliative care.

Cont.

1. ‘Dying well in custody charter: A national framework for local action,’ National Health Service England (2024): https://bit.ly/4evqeEQ

N.B. Commissioning is the National Health Service process through which health and care services are monitored, purchased, and planned. ***BRA***

Natural death in Canadian federal corrections

MORTALITY | Online – 7 January 2026 – As prison populations stay longer in Canadian federal custody, they are equally getting older. As ages increase, older persons in custody (OPiC) require greater health services. At the same time, the challenge of reducing natural death of OPiC persists, yet natural death remains understudied in the Canadian correctional context. This article engages in a thematic analysis of Office of Correctional Investigator (OCI) reports and other pertinent documents to understand natural death in Canadian federal corrections. The authors outline four issues: 1) Access to healthcare for OPiC; 2) Prison palliative care; 3) Compassionate release; and, 4) Dying with dignity. These four issues nuance the natural death conversation, especially the ongoing dialogue between OCI and Correctional Service Canada. The authors conclude with recommendations and future considerations... **Abstract:** https://bit.ly/3NlSLUp

N.B. See ‘Correctional Investigator’s 2024-25 Annual Report calls for significant reform of mental healthcare services in federal corrections,’ Office of the Correctional Investigator, November 2025: https://bit.ly/3Z251fn

Resurrecting a prison doula program

INTERNATIONAL END OF LIFE DOULA ASSOCIATION | Online – Undated (Accessed 7 January 2026) – The men have just finished an exercise in pairs discussing the legacies of their lives as they take turns being the doula and then the dying patient. It is the evening of a second, long day of working together, nearing 8:00 pm. In the exercise, the men had spread out across the chapel in pairs. I could see the emotion: both pain and tenderness – the occasional, tentative hand on a shoulder, as a partner struggled with what they were saying and feeling. Touching openly like this between men is not part of the prison culture, and it’s frowned on by the correction officers that oversee their lives. Breaking through this unwritten code of behavior is risky, it makes them vulnerable. It’s much more usual for men here to be aggressive and predatory toward each other. That’s why what has been happening in this chapel over the first two of three days of learning to be doulas is that much more special. **Full text:** https://bit.ly/4jsiyWV

Care Planning

Improving electronic health record access for people incarcerated in the U.S.

JOURNAL OF CORRECTIONAL HEALTH CARE | Online – 20 January 2026 – Carceral medical records are often sequestered from incarcerated patients and their external physicians, hampering the provision of both acute and transitional care. Despite laws meant to ensure better ownership and portability of electronic health records (EHRs), many carceral institutions have not implemented interoperable systems, nor do incarcerated patients have easy access to their medical information. These issues can compromise care for a patient population that experiences higher rates of many diseases, hospitalization, and death compared with the general public. This article provides a review of health information legislation by a multidisciplinary group of attorneys and physicians with a targeted literature review discussing the current state of medical record access for patients behind bars, the health dangers associated with this lack of access, and solutions to improve the equity of EHR access. **Full text:** https://bit.ly/3NVa4fa

Cont.

Related:

'Left behind in electronic access: Control over personal health information while incarcerated,' *Journal of General Internal Medicine* (**U.S.**) | Online – 12 January 2026 – When receiving care in community medical centers, non-incarcerated patients are routinely provided detailed information about future treatment plans, follow-up appointments, and directed to resources on how to access their electronic health record. For patients in custody, however, providers adhere to carceral security policies, which often prohibit such counseling. **Full text:** https://bit.ly/45EWiDy

Grief & Bereavement

HMP Edinburgh recognised for commitment to bereavement support

SCOTTISH PRISON SERVICE (**U.K.**) | Online – 2 February 2026 – HMP Edinburgh has become the first prison in the U.K. to receive special recognition for the support it provides to people struggling with bereavement. The prison has been awarded a Bereavement Charter Mark for the compassionate way in which it helps individuals to process grief. A prison sentence is challenging for individuals and their families in many ways but being separated makes it particularly hard to work through bereavement and loss. But the support available is not solely for individuals in custody, it encompasses the whole prison community, including staff. Working collaboratively with National Health Service Psychology and specialist organisations 'At a loss,' 'Good Life, Good Death, Good Grief,' 'Care for the Family' and 'CRUSE Scotland,' the establishment's chaplaincy team have led efforts to develop existing practice to ensure people receive the space, time and support they need. **Full text**: https://bit.ly/46evHgU

Compassionate Release

Quality indicators for penitentiary medical reports supporting the adoption of alternative measures to imprisonment on health grounds

REVISTA ESPAÑOLA DE MEDICINA LEGAL (**Spain**) | Online – 5 February 2026 – Humanitarian release from prison on health grounds is a measure to preserve human dignity, recommended by international human rights bodies and enshrined in the legislation of many countries. A medical report is required for such a judicial decision. The objective of this study was to analyse the quality, content and variability of medical reports used for early release from prison on health grounds. Limited access to medical reports and the absence of standardised protocols are significant barriers to rigorous research and the development of best practices in medical assessment for humanitarian release. The reports evaluated show low overall quality and are overly reliant on life expectancy, which may restrict a comprehensive assessment. The implementation of uniform criteria and standardisation of report formats could contribute to better application of early release and the humanisation of prison sentences. **Full text:** https://bit.ly/4aiyTcA

Reimagining compassionate release: A lexicon for change

AKRON LAW REVIEW (**U.S.**) | Online – 2 February 2026 – The U.S. continues to operate an overburdened criminal justice system, with an incarcerated population that is steadily growing older and sicker, generating substantial medical and custodial costs. Compassionate release (CR) can help alleviate this problem and exists in nearly every U.S. state. These provisions allow for the early release of individuals who are terminally or seriously ill, elderly, or otherwise facing extraordinary and compelling circumstances. Yet, despite providing a targeted mechanism for releasing individuals who are both expensive to incarcerate and who likely pose minimal risk to public safety, CR remains widely regarded as significantly underutilized. CR has historically served more as an administrative safety valve than as a policy grounded in compassion, and that its current underutilization is driven not just by statutory limits, but also institutional design and procedural bottlenecks. **Abstract:** https://bit.ly/3Zj4u98

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

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