

End-of-life Care in the Prison Environment – #29 (April 2026)



Source: *About Time* <https://bit.ly/4bx4R79>

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On the Inside Looking Out

MUCH OF THE DISCUSSION regarding the adoption of person-centred language, for example, in correctional healthcare has originated, primarily, from academics, clinicians and “policymakers” – “on the outside.” Following is a different, but nonetheless relevant perspective. **BRA**

Language lipstick: What person-centered language in prison hides



(U.S.) | Online – 10 March 2026 – In the last several years, some states have decided the word “inmate” has got to go. In 2022, New York officially swapped out the word for “incarcerated person” in its law books. Washington State did the same for its state statutes, websites and internal communications. More recently, Oregon opted for “adults in custody” instead of inmates, and California is in the process of overhauling its regulatory language to use “incar-

cerated persons.” It appears the same changes might soon come to New Jersey... Assembly Bill 2609 would replace “inmate” with “incarcerated person” across all state statutes.

Calling us “incarcerated people” does not make incarceration more humane

The new terminology has done little, if anything, to reduce the dehumanization we experience. Person-centered language came out of the disability rights movement. It evolved with the understanding that language

shapes action – leading to person-centered care through policy reform and improved treatment. It was never intended to be a stand-alone remedy. In other words, while there may be good intentions behind the desire to change the language around incarceration, lawmakers ... must dig deeper to actually make a difference. If not accompanied by systematic change, using the term “incarcerated people” is nothing more than window dressing. **Full text:** <https://bit.ly/4ltz4qU>



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[Aging Prison Population](#)

Correctional healthcare in India: A narrative review on contemporary penal practices and institutional challenges

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JOURNAL OF CORRECTIONAL HEALTH CARE | Online – 3 April 2026 – India’s prison system has long been challenged for its administrative, rehabilitative, and structural issues. Therefore, it is crucial to understand the status of the prison system and identify the challenges in correctional reform. A total of 18 articles were selected for a narrative review and further analysis. A major challenge has been identified: repressive institutional cultural practices that valued control and order over compassionate treatment and care are sustained by its colonial heritage. Moreover, the humanitarian understanding of progressive and inclusive reformation and social rehabilitation has been underdeveloped. The findings underscore the need to integrate prison health services with the public health system. **Abstract:** <https://bit.ly/4mbacEE>

Mercy or money: How to grapple with a rapidly aging prison population

 **The Marshall Project** (U.S.) | Online – 21 March 2026 – Research shows people often “age out” of crime, and healthcare costs are ballooning. But still, many states oppose releasing elderly prisoners. In California, elder parole began in 2014, when the state was under pressure to reduce its prison population after years of court intervention over unconstitutional conditions. The state is one of 23, plus the District of Columbia, with an elderly parole statute, according to a 2024 analysis by the National Conference of State Legislatures.¹ The laws have emerged partially in recognition that people often “age out” of crime as they get older, and partially as a response to the high medical costs and logistical challenges – like getting wheelchairs through a secure facility – that aging prisoners create. Back in 2014, California’s elder parole thresholds applied to people 60 and older who had served at least 25 years – in line with most other states with similar laws. **Full text:** <https://bit.ly/4lRub5>

1. ‘State medical and geriatric parole laws,’ National Conference of State Legislatures (July 2024). **Download at:** <https://bit.ly/4dCFyBD>

Related:

‘No time to wait: A case for releasing elders from California’s women’s prisons,’ University of California Berkley Law Policy Advocacy Clinic (U.S.) | Online – 17 March 2026 – Incarcerating elders in California’s women’s prisons is unjustified, costly, and inhumane. Incarcerating elders is a costly and ineffective use of public funds. It costs two to three times more to incarcerate an elderly person compared to the general population. California could save \$31 to \$47 million per year by releasing everyone fifty years of age and older from its women’s prisons. **Download report at:** <https://bit.ly/4bOkJSs>

‘Incarcerated geriatric inmates’ experiences of aging and healthcare,’ *Scientific Reports* (U.S.) | Online – 10 March 2026 – The authors sought to explore experiences of older adults incarcerated in a county jail. Two major themes emerged. First, participants reported difficulty navigating the jail environment related to aging and unaddressed disabilities. Second, participants faced numerous challenges when attempting to access healthcare, including lack of clarity around procedures for accessing care and mutual distrust sometimes marking their relationship with medical staff. **Access full text (click on pdf icon) at:** <https://bit.ly/4ulK25L>

‘Hope’ and growing old in prison



(U.K.) | Online – 9 March 2026 – Parole and the possibility of release during a prisoner’s lifespan becomes somewhat of a myth for those serving life sentences at an advanced age. Usually, life-sentenced prisoners are given a minimum tariff, which is a period when they are not eligible for parole, not taking into account age. One in five lifers are now beyond their tariff, often by several years, with age-related barriers to parole contributing to prolonged incarceration. Older prisoners often struggle to access or complete accredited programmes because of mobility issues and cognitive impairment, but also due to managerial prioritisation of

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younger prisoners or those convicted of shorter sentences. Rising deaths in England and Wales among older prisoners further underscore the illusory prospect of release. Nearly nine in 10 of the 192 deaths from natural causes in 2025 involved older prisoners, and the number of people in prison requiring palliative care continues to grow. **Full text:** <https://bit.ly/4sGzuwy>

N.B. The tariff is the minimum time that must be served in custody to reflect punishment and deterrence. This article is an edited version of 'Elderly men sentenced to life in prison reflect on the reality of 'hope' and growing old behind bars,' The Conversation (January 2026). **Full text:** <https://bit.ly/4rnY2sX> **BRA**

[Prison Healthcare Services](#)

National Health Service care isn't equal



(U.K.) | Online – 2 April 2026 – Government officials have admitted that prisoners do not receive the same level of healthcare as patients in the community – despite a National Health Service (NHS) pledge that they should. The admission comes in a Whitehall document, obtained by Inside Time, which lists problems with the prison healthcare system.¹ It describes how prisoners who need to go to hospital often find their appointments cancelled due to a lack of officers to escort them. The document says: “Limitations on the number of daily prison escorts that can be undertaken places additional burden on healthcare services to reschedule hospital appointments, creates inequality of access for prisoners, and disproportionately increases their waiting time to access services.” It comes despite a claim by the NHS to operate a “principle of equivalence” – which, it says, means prisoners should “receive an equal level of service as that offered to the rest of the population.” **Full text:** <https://bit.ly/3Oq55nu>

1. 'Terms of Reference,' HM Prison & Probation Service (July 2024): <https://bit.ly/4vIK3Hw>

Inside Connecticut prisons, people wait years for medical care, records show

CT INSIDER (U.S.) | Online – 1 April 2026 – Thirty-four months. That's how long records show a Connecticut prisoner diagnosed with colon cancer has been waiting for a colonoscopy ordered by his doctor. Six months. That's how long a prisoner whose mammogram showed dense breast tissue and needed an ultrasound to rule out breast cancer, has waited. These are not isolated delays. They are part of a wide breakdown in Connecticut's prison healthcare system, where incarcerated people are left waiting extended periods of time for specialist care already deemed medically necessary. On January 20, the state Department of Correction had over 2,600 speciality care appointments yet to be scheduled, according to records obtained by CT Insider. The backlog includes referrals for radiologists, oral surgeons, gastroenterologists and orthopedists. Of those, 44 had been waiting for scheduling for over two years, 190 more than a year, and 397 over six months. **Full text:** <https://bit.ly/4bM9aLO>

In federal prisons, the grievance system is designed to reject nearly all complaints about medical care

PRISON POLICY INITIATIVE (U.S.) | Online – 24 March 2026 – Grievance systems are supposed to provide incarcerated people with a way to challenge issues they face behind bars ... and (hopefully) receive some kind of relief. In practice, however, incarcerated people who turn to grievance systems are forced to run a gauntlet of rules and regulations just to be heard, and very rarely succeed. This is especially true when it comes to medical complaints: analysis of a decade of data ... finds that, between 2014 and 2024, a startling 98% of medical grievances were rejected for reasons ranging from the bureaucratic ... to the substantive ... Less than 1% of medical cases ended in a grant of relief. A functioning grievance system is an important lifeline for incarcerated people, who have very little leverage to affect their circumstances. **Full text:** <https://bit.ly/4d8d6Yk>

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Related:


'North Carolina prison system strained by growing need for long-term care,' North Carolina Health News (U.S.) | Online – 24 March 2026 – A 60-bed acute long-term care unit in the Central Prison Healthcare Complex houses some of the most medically fragile – and staff-intensive – men in state custody. All require help with many activities of daily living... Prison officials expect demand for these long-term care beds to continue to swell as North Carolina's prison population of more than 32,000 people grows older, bringing greater healthcare needs – and ballooning costs. **Full text:** <https://bit.ly/4sv4NdV>

'The greater risk: Failing to modernize jail health operations,' Correctional News (U.S.) | Online – 9 March 2026 – Correctional leaders today are navigating an increasingly complex landscape – one where medical, behavioral, and operational challenges intersect daily. As expectations rise and resources tighten, correctional leaders are increasingly asking a critical question: how can technology help us operate safer, smarter, and more defensibly? Thoughtfully implemented technology can help jails reduce risk, strengthen documentation, and support both custody and healthcare staff. **Full text:** <https://bit.ly/4ddq1rQ>

Ghana Prisons Service launches Medicine & Equipment Bank to boost inmate healthcare

THE MULTIMEDIA GROUP | Online – 27 March 2026 – The Ghana Prisons Service has launched a Prisons Medicine & Equipment Bank Initiative aimed at strengthening healthcare delivery across correctional facilities nationwide. The initiative ... is designed to ensure a steady supply of essential medicines and medical equipment for inmates, while improving the management of both acute and chronic health conditions. The programme forms part of the Service's broader *Think Prisons 360°* agenda. The Director-General of Prisons ... described the initiative as a bold step towards safeguarding the health and dignity of both inmates and officers. The platform would serve as a coordinated system for mobilising, managing, and distributing medical supplies across prison facilities. The intervention goes beyond routine healthcare delivery, framing access to quality medical care as a fundamental human rights issue that must not be overlooked within the prison system. **Full text:** <https://bit.ly/4dOqXdf>

Healthcare crisis deepens in prisons

 **DAILY OBSERVER (Bangladesh)** | Online – 15 March 2026 – Bangladesh's prison healthcare system is under mounting strain as a severe shortage of doctors and ambulances leaves tens of thousands of inmates without timely medical care (**see side bar**). Across the country, nearly 80,000 prisoners are currently held in 75 prisons designed to accommodate just 44,473 inmates, yet only two full-time doctors are available to provide medical services nationwide. With just 17 ambulances serving all prisons, emergency treatment for critically ill inmates is often delayed, sometimes with fatal consequences. Recent deaths of several inmates ... have once again drawn attention to the fragile healthcare system inside the country's correctional facilities. According to prison officials, 907 inmates have died in prisons over the past five years, including 496 who died while being transported to hospitals. A large number of prisoners are elderly and suffer from complex health conditions, yet adequate medical services remain scarce. **Full text:** <https://bit.ly/3Nzf1e1>



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

“Emerging from the shadows”: Motivations of prison end-of-life peer volunteers from advocates’ perspectives

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INTERNATIONAL JOURNAL OF CARE & CARING (U.S.) | Online – 6 April 2026

– This article examines how advocates construct narratives about incarcerated volunteers’ participation in end-of-life (EoL) programs, including themes of compassion, atonement, inclusion, and humanity. Findings suggest that while peer volunteers provide unique forms of care that professional staff often cannot, such as fostering trust, sitting vigil, and reducing suffering, the data reflect advocates’ perspectives rather than direct accounts from volunteers themselves. The article acknowledges this limitation and situates the findings as interpretations of volunteers’ presumed motivations and the broader dynamics of care in correctional settings. Recommendations for policy, practice, and research are discussed, emphasizing the importance of peer-caregiving programs in enhancing humane and dignified EoL care in prisons.

Abstract: <https://bit.ly/47FBIEf>

Related:

‘Illinois plan could create Illinois Department of Corrections’ end-of-life peer support program,’ WAND TV News (U.S.) | Online – 27 March 2026 – A new bill ... could create an end-of-life care peer support program within the Illinois Department of Corrections. Peer-to-peer hospice programs can provide an opportunity for penance for past offenses through service to others and healthy coping mechanisms for feelings of loss and grief. A limited number of Illinois prisons have already started peer-to-peer programs, but the services are not available for incarcerated women. **Full text:** <https://bit.ly/41xvgLQ>

Co-designing a national framework for the provision of palliative care in Australian prisons



FUTURE JUSTICE & CORRECTIONS SUMMIT | Online – 26 March 2026 – Delivering palliative care (PC) in Australian prisons is complex due to intersecting health, justice, and human rights issues, and the growing number of older prisoners with chronic illnesses. A six-year national co-design project engaged correctional staff, health providers, policymakers, First Nations representatives, and people with lived experience to create an equitable, culturally safe PC framework. The resulting national framework emphasizes trauma-informed and culturally responsive care, continuity of services, and compassionate release, aiming to make PC a core part of prison health across Australia. **Abstract:** <https://bit.ly/3NYifld>

N.B. Palliative Care in Prisons Project website: <https://bit.ly/47XCZxf>

Risking love: Hospice, palliative care, and humanity behind bars

HOSPICE & PALLIATIVE NURSES ASSOCIATION (U.S.) | Online – 2 March 2026 – The Humane Prison Hospice Project is developing a humanitarian, cost-effective, and transformative solution to ensure those aging and dying in prison receive compassionate care. Since 2017, the project has worked to ensure incarcerated individuals receive compassionate end-of-life care from trained peers. It implements a comprehensive 80-hour, 15-module curriculum to train incarcerated individuals as peer caregivers, equipping them with the skills to provide hands-on care and emotional support to their aging and terminally ill peers. The project has trained over 150 peer caregivers across California prisons, and are bringing its programming to three states – Michigan, Washington, and Oregon – marking the first step toward national replication. **Summary:** <https://bit.ly/4lyhx0C>



Highlights of End-of-Life Care in the Prison Environment – #28 (March 2026): <https://bit.ly/4szEflf>

How many prisoners were moved into a hospice in each of the past five years?



UK Parliament

| Online – 11 March 2026 – In response to the question in

the House of Lords from the Bishop of Gloucester, the Parliamentary Under-Secretary of Health & Social Care responded: *“As the majority of hospices are independent charitable organisations, neither the Government nor National Health Service (NHS) England collect or hold their data, including information on how many prisoners have been moved into a hospice (see sidebar). Whilst the majority of palliative care and end-of-life care is provided by National Health Service staff and services, we recognise the vital part that voluntary sector organisations, including hospices, also play in providing support to people at the end of life and their loved ones. Hospices operate as autonomous bodies, managing their own funding structures and the provision of their services. This autonomy allows them to maintain their independence and offer services beyond the statutory NHS offer.”*
<https://bit.ly/40MDpvQ>

Supporting Prisoners at the End-of-Life

Survey findings:

Of the respondents (84%) working with prisons:



Results from a 2020 survey of Hospice UK’s membership show that 24 hospices work with 21 prisons across England. From providing on-demand advice to prison clinicians, to directly caring for patients on the prison estate and in hospice inpatient units, the breadth of work conducted is far-reaching. **Download survey at:** <https://bit.ly/3PEwuT1>

N.B. See ‘Engaging the Hospice Community in End-of-Life Care in Prisons’ (Parts 1 & 2). Download from the ‘Spotlight’ page of the End-of-Life Care Behind Bars website at: <https://bit.ly/40Quav1>

Care Planning

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



JOURNAL OF PALLIATIVE MEDICINE (U.S.) | Online – 11 March 2026 – The authors present two cases of hospitalized incarcerated persons (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 (EoL) 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. The author’s findings highlight the need for improved institutional policies and training to ensure IPs receive adequate EoL care. Enhanced awareness of legal frameworks, clearer surrogate identification protocols, and collaboration between healthcare and correctional systems are essential to upholding the rights and dignity of IPs... **Full text:** <https://bit.ly/4b7fVaD>



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>

[Grief & Bereavement](#)

Supporting grief behind bars

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(U.K.) | Online – 19 March 2026 – Prison Fellowship has been working in partnership with AtaLoss to pilot *The Bereavement Journey* in prisons across England – and the results are encouraging.¹ AtaLoss has published findings from the 2025 pilot, which was delivered across seven prisons in England and Scotland. In England, the programme was delivered in partnership with Prison Fellowship; in Scotland, with prison chaplaincy teams. The findings indicate that the programme can offer people in prison a safe and constructive way to process loss, potentially supporting relational stability, custodial progression and factors associated with desistance from crime. Bereavement is a significant yet often hidden challenge in prisons. Those who enter custody are disproportionately likely to have experienced parental loss, traumatic bereavements and disrupted family networks – and many are bereaved again while serving their sentence, with limited privacy and separation from support. **Full text:** <https://bit.ly/4uLtW5K>

1. 'The Bereavement Journey,' AtaLoss (March 2026): <https://bit.ly/46WeA3T>

[Compassionate Release](#)

Aging prison population and compassionate release: Georgia data, national research, fiscal analysis, and legislative landscape



(U.S.) | Online – 5 April 2026 – This comprehensive research compilation documents the rapid aging of Georgia's prison population – from 5% over age 50 in 1992 to 27% in 2026 – and the severe fiscal, medical, and humanitarian consequences. Despite elderly inmates costing up to 9 times more in healthcare and recidivating at dramatically lower rates (as low as 2-3%), Georgia's compassionate release mechanisms remain among the nation's most restrictive, with medical reprieve requiring near-total incapacitation and geriatric parole authority functionally dormant. The Department of Justice's October 2024 investigation found Georgia prisons exhibit "among the most severe violations of constitutional rights in the nation," with a death rate 70% above the national average, while the state spends an estimated \$831.6 million annually incarcerating people over 50 – roughly 46% of the corrections budget for 24% of the population.¹ **Full text:** <https://bit.ly/47KrLp0>

1. 'Investigation of Georgia's Prisons,' Human Rights Division, U.S. Department of Justice (October 2924): <https://bit.ly/47KsW7U>

Related:

'Older inmates dying in Nebraska prisons unnecessarily,' Nebraska Public Media (U.S.) | Online – 26 March 2026 – A report from the Inspector General for Nebraska's prison system says many older inmates are dying in prison who don't have to.¹ Approximately half of the 30 people who died in custody from October 2023 through early 2025 were eligible for medical parole (MP). MP allows offenders who are terminally ill or permanently incapacitated to serve the remainder of their sentences in the community, as long as they are not serving a life sentence or facing the death penalty. **Full text:** <https://bit.ly/4bXpE2C>

1. 'Medical parole, geriatric parole, and recent deaths in Nebraska Department of Correctional Services custody': <https://bit.ly/4sEh286>

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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>


'Terminally ill inmates in Louisiana could get released earlier,' *Louisiana Illuminator (U.S.)* | Online 3 April 2026 – The Louisiana Legislature has forwarded a proposal that would allow terminally ill inmates to be released up to 120 days before their expected death... Under current law, considerations for early release apply only in situations where death is expected within 60 days of diagnosis or if a person is incapacitated. Extending the early release threshold to 120 days would allow the Department of Public Safety and Corrections to adequately assess and place the individuals in appropriate care upon release... **Full text:** <https://bit.ly/4vhi4IX>

'Compassionate release for Iowa's growing older adult prison population,' *Iowa Law Review (U.S.)* | Online – 15 March 2026 – The population of older adults in Iowa's prisons is growing at a rapid rate and threatens to overwhelm the system unless there is a solution. Unless action is taken to release these older incarcerated individuals, already poor prison conditions will continue to worsen. The costs to the State to treat those older inmates who require specialty healthcare services, like hospice, are on the rise, too. Iowa needs compassionate release. **Access full text (click on pdf icon) at:** <https://bit.ly/3NG03D1>

'Let them go home: Georgia spends its most expensive dollars on the people least likely to reoffend,' *Georgia Prisoners' Speak (U.S.)* | Online – 14 March 2026 – Georgia is spending \$70,000 a year to incarcerate a 65-year-old man who, according to every credible study on aging and crime, has less than a 4% chance of committing another offense. That same \$70,000 could fund a teacher's salary in a Title I school. It could pay for a year of community mental health services for dozens of at-risk youth. It could house a returning citizen in transitional housing for three years. **Full text:** <https://bit.ly/3P19mCW>

'Nursing homes are discriminating against people based on their decades-old convictions,' *New York Civil Liberties Union (U.S.)* | Online – 11 March 2026 – Many older or disabled incarcerated New Yorkers are now approaching their release dates and should be returning to their communities. The best places for many of these individuals to live in the community are skilled nursing homes. However, when nursing homes receive requests for admission from incarcerated people ... they almost always deny them admission without individual assessment because of their criminal legal system involvement. **Full text:** <https://bit.ly/40o5NnN>

'Release elderly and infirm prisoners,' says major report

 **(U.K.)** | Online – 9 March 2026 – Elderly prisoners who need help with daily tasks like washing or getting dressed, or who suffer from general ill health associated with old age, should be released from jail early...¹ They would be released on “compassionate grounds,” a rarely-used option which is currently only available to terminally-ill prisoners who have just a few months left to live. The recommendation came from the Scottish Sentencing & Penal Policy Commission, which published its final report in February after it was tasked by the Scottish Government with finding ways to reduce the country's record prison population. The report said: “We recommend that those who are elderly, dying or suffering dementia (as well as potential additional illnesses) should be considered for removal from prison on compassionate grounds” (**see sidebar**). The Scottish Prison Service offered tentative support for the recommendation. **Full text:** <https://bit.ly/4b1GApp>

Extract

The Commission considered the Scottish Ministers' power to release a prisoner on compassionate grounds. This power predates devolution and, although there is no legal definition of “compassionate grounds,” the Bill's passage at Westminster included discussion of “a prisoner who becomes terminally ill or permanently disabled.” The Scottish Government website states that reasons can include terminal illness, severe incapacitation and where continued imprisonment would endanger a prisoner or shorten their life expectancy, but most prisoners released on compassionate grounds in Scotland have been terminally ill and very close to dying.

1. 'Justice That Works: Report of the Scottish Sentencing & Penal Policy Commission' (February 2026). **Download report at:** <https://bit.ly/40SONpP>

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