

End-of-life Care in the Prison Environment (Supplement #22)

Contents



Source: DatelineHealthAfrica <https://bit.ly/3GTtwpy>

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[Aging Prison Population](#)

Lack of care leaves elderly and sick inmates dependent on other prisoners



PORTUGAL PLUS | Online – 16 August 2025 – “Inmates who are dependent on assistance have a significant need for help from fellow prisoners,” stated Manuel Almeida dos Santos, secretary-general of the Obra Vicentina de Auxílio aos Reclusos (OVAR) [i.e., St. Vincent de Paul Work to Aid Prisoners], citing the lack of nursing aides and other professionals within prisons. “The shortage of human resources is not limited to prison guards. The deficiencies in prisons are even greater in other areas,” he argued. This concern was echoed by Vítor Ilharco, president of the Associação Portuguesa de Apoio ao Recluso [i.e., Portuguese Association for Prisoner Support], who mentioned cases of sick or elderly inmates who are bedridden, with their families paying “fixed amounts” to other inmates for assistance. The OVAR president highlighted the situation of inmates who use wheelchairs and rely on other prisoners for mobility within the prison (see sidebar). Full text: <https://bit.ly/3JiLZgk>

THE 2024 ACTIVITY REPORT FROM [PORTUGAL'S] OMBUDSMAN ... noted during a visit to the Carregueira Prison (Sintra) that in a five-person dormitory, two inmates used wheelchairs, two were blind, and the fifth was an “informal caregiver inmate.” Direção-Geral de Reinserção de Serviços e Prisionais [The Directorate-General for Reintegration of Services & Prisons] confirmed the existence of dependent inmates assisted by others “under the supervision of services,” without providing exact numbers.

N.B. See ‘Prison hospice: From the inmate hospice volunteers’ perspective – A “snapshot,” End-of-Life Care Behind Bars Website (July 2025) Full text: <https://bit.ly/4kl9X1D> **BRA**



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Prison Healthcare Services

Licensed to pill: The case for integrating pharmacists into carceral health teams



JOURNAL OF CORRECTIONAL HEALTH CARE (U.S.) | Online – 25 August 2025 – Increasingly, people with criminal-legal involvement enter carceral facilities with acute and chronic health needs. In addition to medical intake and chronic illness checks, the current system of prioritizing most patients' healthcare in carceral settings is based around "sick call slips" or healthcare request forms submitted by incarcerated individuals. Even with highly efficient protocols for prioritizing sick call slips, their management can be overwhelming. One way to support the triage of patients' clinical needs is through pharmacist collaboration. Robust literature supports improved health outcomes with pharmacist collaboration, but there is less research on how pharmacist integration into clinical care can support carceral health. There are clearly delineated guidelines for the medical conditions within the scope of pharmacist-led clinician practice including chronic conditions... **Full text:** <https://bit.ly/3UMyNTh>

Related:

'Clinical role of pharmacists in the care of incarcerated people at correctional facilities: A scoping review,' *Pharmacy (Brazil)* | Online – 24 August 2025 – This scoping review identified a substantial number of studies highlighting the pharmacist's clinical role in the care of incarcerated people, particularly in direct patient care and patient education. The results of this study, however, highlight the scarcity of research conducted in low- and middle-income countries, particularly studies focused on women's health ... as well as other prevalent conditions in incarcerated populations... **Full text:** <https://bit.ly/4nlxoQ3>

'Exploring the role of clinical pharmacists in the correctional healthcare setting: A narrative review,' *Canadian Journal of Hospital Pharmacy (Canada)* | Online – 9 July 2025 – Pharmacists have a unique opportunity to enhance access to, and quality of, healthcare for ... incarcerated persons with unmet health needs. The literature supports expanding the role of pharmacists ... to include direct patient care, medication management... Those pioneering practice in this area have an opportunity to add to the small body of evidence by bringing their practice successes into the literature. **Abstract:** <https://bit.ly/3JQprn7>

Addressing healthcare inequalities in prisons: The vital role of nursing



NURSING TIMES (U.K.) | Online – 12 August 2025 – There are clear disparities and inequalities in healthcare and wellbeing provision, both in the prison service and between prisons. These inequalities are compounded by the persistent stigmatisation of prisoners, and influenced by the many shifts of ownership and systematic variations of healthcare provision and delivery in the prison service. Contributing factors include environmental constraints, inconsistent implementation of healthcare models, poor communication, ad-hoc care, as well as education and staffing issues. Although there are promising approaches that support opportunities to ensure excellent healthcare, these are not apparent across the whole of the U.K. prison estate. These differences present barriers to the safety of prisoners and have emphasised the pivotal role of nurses and multidisciplinary teams in delivering high-quality care in this setting. **Full text:** <https://bit.ly/45A8ggZ>

"A prison sentence is a deprivation of someone's liberty... not a sentence to poorer health or poorer health and care services"



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>

Systemic failures in Canada's prisons are causing alarming, but predictable, health outcomes



| Online – 11 August 2025 – In Canada, only six of fourteen prison jurisdictions

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require healthcare in prison to be delivered by the same ministry of health that provides healthcare to the broader population. In the remaining jurisdictions, healthcare is provided by the ministry responsible for corrections. This is but one of many systemic failures. Incarcerated people have a right to health and are entitled to healthcare that is at least equivalent to that which is available in the community. However, when prison healthcare is treated as its own “island,” siloed off from the rest of Canada’s healthcare system, this standard is rarely realized in practice. What happens to the health of people in prison when ministries of corrections — not health — are delivering healthcare? We know *why* people are dying in Canada’s prisons. Why, then, do these harmful policies and prac-

tices persist? Part of this can be attributed to another systemic failure: the veil of secrecy that surrounds prison health indicators. **Full text:** <https://bit.ly/45cyJ5m>

Interest-holder priorities for health surveillance of people incarcerated in Canada: A qualitative study

PUBLIC HEALTH | Online – 16 August 2025 – People who experience incarceration have worse health status overall compared to the general population... However, there is a lack of systematically-collected data on their health status which contributes to challenges in planning and providing health services and programming. This study sets the groundwork to begin to fill the gap in healthcare and population health data for people who are incarcerated, which is critical for improving healthcare and health outcomes for this population. This work can also have relevance for correctional authorities in other jurisdictions. **Full text:** <https://bit.ly/45uqe4k>

What’s needed to improve the prison health system



LEONARD DAVIES INSTITUTE (U.S.) | Online – 5 August 2025 – Without clear protocols for providing surgeries to patients in custody, care is often delayed, disrupted, or incomplete before and after surgery, placing major limitations on individuals’ health and recovery. A team of lawyers and surgeons spelled out the need for better protocols in a recent review article...¹ There is a lack of comprehensive information on how many patients in custody need or undergo surgery in the U.S. Available data suggest while the need for surgical care is common, access is incomplete. A team of surgeons and lawyers ... reviewed the data and policy involving the care of surgical patients. They recommended several measures (**see sidebar**). Research on surgical care and health in general for incarcerated patients is limited. While ethical restrictions in place to prevent coercion in research are essential, these can limit our ability to hear the voices of incarcerated people. **Full text:** <https://bit.ly/3UzLW29>

1. ‘Providing equitable surgical care to patients in law enforcement custody,’ *JAMA Surgery*, 2025;160;(7):814-821. <https://bit.ly/4me2dFE>

FOR INDIVIDUAL SURGEONS AND OTHER CLINICIANS: Understand the various categories of law enforcement custody and the risks they pose to patient care, and advocate for maximum continuity of care and patient privacy, mobility, and protection.

FOR HEALTH SYSTEMS AND MEDICAL ORGANIZATIONS: Establish partnerships and clear pathways for care between prison health and external providers. Advocate for enhanced mobility after surgery and for continuity of care.

FOR PUBLIC HEALTH: Data collection on health in jails and prisons should include surgical needs, and surgical databases should include information on custody status.

FOR POLICYMAKERS: Mass incarceration poses numerous health hazards that affect not only incarcerated persons but their families, communities and the health system. While enhancing prison healthcare can ease some of these ills, ultimately prison is not a healthy environment and reducing our tragically high incarceration rates is essential.

Cont.

Related:

‘Do prisoners receive proper cancer care? It’s “complicated,”” Healio (U.S.) | Online – 14 August 2024 – Cancer has become the leading cause of death for individuals incarcerated in U.S. prisons... There are a lot of reasons to worry about what cancer outcomes would look like for someone who’s incarcerated. The process of delivering cancer care, which is everything from getting a diagnosis and delivering screening to providing cancer treatment, follow-up and even end-of-life care, is very complicated in the community setting, but it’s much more complicated when people are incarcerated. **Full text:** <https://bit.ly/3VbOfll>

‘Out of sight and out of mind: Carceral health in the medical education curriculum,’ in-Training (U.S.) | Online – 23 July 2025 – Incarcerated individuals ... are often conspicuously underrepresented in the medical school curriculum, research, and discourse. This community is disappointingly large in the U.S. and despite a downtrend in recent years, the prison population is aging, which means increased comorbidities and complexity (and cost) of care. One does not have to choose to work in a carceral facility to be involved in carceral health. **Full text:** <https://bit.ly/44JEZ4i>

End-of-Life Care in Prisons**Hospice was meant to offer dignity in death – but it fails the most marginalized**

STAT NEWS (U.S.) | Online – 26 August 2025 – Incarcerated people have virtually no control over their medical care – let alone their death. I’ve advocated for terminally ill patients to be granted compassionate release, only to see requests delayed or denied for bureaucratic reasons or lack of public sympathy. Even when incarcerated individuals are transferred to outside medical facilities, they are often shackled to the bed, denied family visits, and discharged back to prison just before death. It’s not unusual for someone to die alone in a prison infirmary, having never received a single hospice visit. The truth is, hospice care cannot achieve its mission unless it actively addresses the inequities built into the structures around it. We need hospice programs that go to the streets, into shelters, behind bars. We need training rooted in cultural humility, in anti-racism, in trauma-informed care. We need to reimagine what it means to offer dignity to someone whose life has been defined by abandonment. **Full text:** <https://bit.ly/3JrZFpo>

Related:

‘An exchange of wards: Opportunities and challenges caring for incarcerated patients in inpatient palliative care,’ *Journal of Palliative Medicine* (U.S.) | Online – 15 August 2025 – Rates of chronic and life-limiting illness among incarcerated people are expected to increase, leading to a concurrent rise in the need for palliative care (PC) services within this population. This case illustrates the individual, interpersonal, and healthcare and carceral systems-level obstacles that may arise when providing PC services to someone currently experiencing incarceration. **Abstract:** <https://bit.ly/41cJmmk>

‘Illinois law calls for annual report on prison hospice, palliative care,’ WAND TV News (U.S.) | Online – 15 August 2025 – Governor JB Pritzker [has] signed a bill into law ... to require the Illinois Department of Corrections report data on hospice care available for prisoners. More than 1,000 Illinois prisoners are 65 or older, and a growing number of those people are in need of end-of-life care (EoLC) and support services. The Department of Corrections does not have a formal hospice program, as EoLC is provided on a prison by prison basis. **Full text:** <https://bit.ly/4oFJlk4>



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>

Terminal justice: Where compassionate care meets capital punishment



JOURNAL OF SOCIAL WORK IN END-OF-LIFE & PALLIATIVE CARE (Canada) | Online – 22 August 2025 – Providers deliver collaborative care which permits patients to comprehend a holistic understanding of not only their diagnosis and prognosis, but their rights and needs as they approach the end of life. This is, after all, humane care. How are we able to justify the ongoing absence of this support for those condemned to death row in 53 countries across the globe. Is it so implausible to encourage practical guidance, such as communication and supportiveness, amongst correctional healthcare teams and judicial agencies to treat incarcerated individuals condemned to death as patients (**see sidebar**). With tens of thousands human beings currently on death row worldwide, this reflection offers vital insights to effectively support those on death row, in a manner which promotes holistic well-being and self-determination. **First page view:** <https://bit.ly/3JvJreU>

WITH APPEALS TAKING UP TO TEN YEARS to process, an individual lifespan on death row is greatly unknown. With those on death row left with an uncertain prognosis, patient-centred education is thus essential, as it aims to assist individuals to understand the meaning of their life-limiting diagnosis, or sentence.

End-of-life care in prisons: A call for compassion



ABOUT TIME (Australia) | Online – Issue No. 13, August 2025 – Imagine growing old in a prison cell. The walls close in, not just physically but emotionally. You're surrounded by concrete and steel, far from family and familiar comforts. Now imagine facing a serious illness on top of that. It's a stark picture, isn't it? But it's the reality for a growing number of incarcerated people. We're seeing more older prisoners because of longer sentences, stricter laws... These individuals often have complex health needs: heart disease, bad arthritis, cancer, emphysema, dementia – all the things that become more common as we get older. Providing good end-of-life care (EoLC) isn't just a medical necessity; it's a moral one. It's about recognising the humanity in everyone, regardless of their past. We all deserve compassion, especially when we're most vulnerable. Providing compassionate EoLC in prisons isn't just about ticking boxes or following procedures (**see sidebar**); it's about recognising the shared humanity that connects us all. <https://bit.ly/47DFSgu>

PRISONS OFTEN STRUGGLE WITH LIMITED RESOURCES. There are often not enough doctors and nurses, nor any specialised staff trained in palliative care.

COMPREHENSIVE EDUCATION FOR PRISON STAFF on palliative care, communication and cultural sensitivity is essential.

DEDICATED PALLIATIVE CARE TEAMS, with specialized training, are crucial, as are linkages to local hospitals and general practitioners.

COLLABORATING WITH OUTSIDE PALLIATIVE CARE PROVIDERS, community organisations and Aboriginal and Torres Strait Islander communities can bring in much-needed expertise and resources.



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Care Planning

Care planning in correctional healthcare: In defence of prison inmates' autonomy – current thinking

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END-OF-LIFE CARE BEHIND BARS.COM | Online – 1 September 2025 – The literature on advance care planning in correctional services is sparse, focussed for the most part on the U.S. experience, for example, prison inmates in the U.S. have little say over the care they receive at the end of their lives.¹ That's despite a broad consensus among standards boards, policymakers, and healthcare providers that terminally ill people in prisons should receive treatment that minimizes suffering and allows them to be actively involved in care planning. State policies on end-of-life care (EoLC) vary widely, and they generally give much leeway to correctional officers.² Incarcerated people lose many of their rights, and international law does not necessarily protect a person's right to choose a particular medical treatment. According to standards set by the U.S. National Commission on Correctional Health Care, however, incarcerated people have the right to EoLC decisions...³ **Full text:** <https://bit.ly/4IK0Td1>

1. Rayasam, R. 'Prisons routinely ignore guidelines on dying inmates' end-of-life choices,' KFF Health News (May 2025). <https://bit.ly/4jnlN0t>
2. Helmly, V., Garica, M., Williams BA., *et al.* 'A review and content analysis of U.S. Department of Corrections end-of-life decision making policies,' *International Journal of Prison Health*, 2021;18(2):165-175. <https://bit.ly/3R7qkPD>
3. 'Care for Aging Patients in the Correctional Setting,' National Commission on Correctional Health Care (2024) <https://bit.ly/3VF9DpN>

Care Planning: Related Ethical Issues

Morbid matters: Medical assistance in dying in federal corrections



MANITOBA LAW JOURNAL, 2025;47(4):143-180 (Canada). | Online – 5 August 2025 – While prison suicides (i.e., dying by unnatural causes) and aging in prison (i.e., dying by natural causes) remain significant challenges, the legalization and introduction of medical assistance in dying (MAiD) raises policy and operational challenges for federally sentenced and/or terminally ill prisoners. Correctional Service of Canada policy now allows for an external provider to end the life of a prisoner, contingent upon exceptional circumstances (**see sidebar**). Beyond the optics of enabling or facilitating inmate deaths via state agency, there are greater moral, ethical and practical considerations that must be discussed. This article explores the state and challenges of carrying out MAiD in relation to penitentiary settings. The arrival of MAiD has prompted an expansion of ideas of what constitutes fostering life or marking for death, and the relationship between the pair. **Full text (click on pdf icon):** <https://bit.ly/4fnDNr7>

IN CORRECTIONS, THE GUIDING PRINCIPLE FOR HEALTHCARE is the principle of equivalence of care, meaning healthcare offered to prisoners should be equivalent to that received by individuals in the community. Following this principle would entail making end-of-life services such as hospice, palliative care, and MAiD available to prisoners. Yet, the problem remains whether these services should be provided outside the prison or inside.

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



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Grief & Bereavement

The eulogy I couldn't deliver

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ABOUT TIME (Australia) | Online – Issue No. 13, August 2025 – The only bloke on God's green earth I knew to be in prison just so happened to be holding out his hand in support when I landed in the hospital at Port Phillip Prison almost two years ago. Paris was in a cell awaiting transport for eye surgery. I was crippled and confused, fresh off a traumatic incident from hell. Paris was calm, kind and compassionate – exactly what I needed in a place full of... well, criminals. What are the chances – not only was he in the prison hospital at the same time but he was in the cell right next door? Due to my disability, I was stuck there longer, while Paris slipped in and out for treatments. Then this year, they found cancer. It hit him hard – and fast. Despite the pain, he stayed a gentleman. Kept his vibe high. When he didn't return from St Vincent's, the nurses told us the truth: it was much worse than he'd let on. He was in for the fight of his life. **Full text:** <https://bit.ly/4oMmS5C>

A Strategic Approach to Grief Literacy and Grief Support in Canada

CANADIAN GRIEF ALLIANCE | Online – May 2025 – Canada is currently facing a significant challenge in its approach to grief... Grief in the justice and correctional system [for example] is often completely ignored. People in prisons or detention experience many losses – of family, friends or other inmates, of freedom, of identity – yet have severely limited opportunities to grieve. A Scottish study on the experiences of 33 young men in custody found that almost all had been bereaved, two thirds had suffered substantial bereavement (four or more deaths), and more than three-quarters experienced traumatic bereavement.¹ Inmates are often not permitted to attend funerals or may not be informed of family deaths in a timely way nor are they allowed to access online supports. Grief must often be kept brief and hidden due to prison culture. Unresolved grief can complicate rehabilitation and contribute to mental health crises or re-offending behaviors upon release. **Download report (scroll down to p.15) at:** <https://bit.ly/3HsksZ9>

1. 'The ripples of death: Exploring the bereavement experiences and mental health of young men in custody,' *Howard Journal of Crime & Justice*, 2014;53(4):341-359. **Download at:** <https://bit.ly/41zuiPD>

Compassionate Release

Compassionate release reform – moving medical parole to medical professionals



JAMA INTERNAL MEDICINE (U.S.) | Online – 2 September 2025 – One medical parole petitioner was in his 80s when his legal team applied for compassionate release due to an advanced cancer diagnosis no longer responsive to treatment. According to state law, he could qualify if his life expectancy was presumed to be less than 18 months. Although his prison medical team and two outside oncologists agreed that it was, the petition was denied based on the severity of his initial crime. He died, still in prison, a few months after the denial. Almost every state, as well as the federal prison system, has policies overseeing the release of individuals who are medically vulnerable. The policies are similar in that they detail the need for a terminal diagnosis or "permanent incapacitation," often accompanied by a prognosis of less than 6 to 18 months. These laws are offered as a form of compassion as well as to lessen the burden on carceral systems ... although in practice they rarely work as promised. **Abstract:** <https://bit.ly/3JGEbVP>

Related:

'Dying and disabled Illinois prisoners kept behind bars, despite new medical release law,' Injustice Watch (U.S.) | Online – 30 August 2025 – The Joe Coleman Medical Release Act was expected to have freed hundreds of terminally ill and medically incapacitated prisoners in Illinois by now. But only a few dozen have been released... The Act, a pivotal criminal justice reform bill [was] touted ... as an effective way to alleviate the state's decrepit prison healthcare system, reduce the "staggering" costs of caring for ailing people in prison, and reunite families with frail loved ones. **Full text:** <https://bit.ly/3VtaV7m>

Cont.

'Few released under North Carolina law that allows seriously ill incarcerated people to spend their final days at home,' North Carolina Health News (U.S.) | Online – 14 August 2025 – North Carolina lawmakers expanded the eligibility criteria of prison medical release in 2023. The 2023 changes rolled back the eligibility age for “geriatric” medical release to age 55, expanded the timeframe for risk of death from a terminal illness to nine months, and decreased the risk standard guiding all releases. However, since the eligibility changes nearly two years ago, medical release is infrequently granted. **Full text:** <https://bit.ly/3V6RVvf>

'Bill would expand compassionate release for prison population,' Keystone State News (U.S.) | Online – 12 August 2025 – A bipartisan push in Pennsylvania would reform what's known as “compassionate release” for older or seriously ill people who are incarcerated. House Bill 150 would repeal restrictive rules on transferring prisoners for medical care and allow sentence modifications due to illness. 27% of people behind bars are over age 50 and treating their chronic health conditions costs Pennsylvania \$34 million a year. The bill would also reduce strain on the prison health system... **Full text:** <https://bit.ly/4oyqMyX>

'Minimal savings achieved from New Jersey law allowing sick inmates to die at home,' *New Jersey Monitor* (U.S.) | Online – 25 August 2025 – When lawmakers passed a law in 2020 meant to free more gravely ill people from prison so they could die at home, they also ordered state corrections officials to reinvest any savings into programs that aid reentry and reduce recidivism. Seven seriously ill people have been freed from state prisons since 2021 under the compassionate release law ... saving the system, by the Department of Corrections' own estimate, \$71,585. **Full text:** <https://bit.ly/41JqATZ>

'Few prisoners benefit from New Jersey's compassionate release law,' NJ Spotlight (U.S.) | Online – 7 August 2025 – It's been almost five years since the state enacted a law to facilitate the compassionate release from prison of the terminally ill and permanently incapacitated. But fewer than 10 inmates have been allowed out of prison to receive care or to die at home or near loved ones since the law took effect. That is little more than the medical parole system it replaced. The compassionate release act was touted as a way to discharge more “gravely ill” inmates than the prior medical parole system. **Full text:** <https://bit.ly/4opCXy3>

N.B. The Sentencing Project's August 2025 report, 'The Second Look Movement: An Assessment of the Nation's Sentence Review Laws,' shows how courts and legislatures are embracing second chances, including compassionate release and medical parole, and rejecting outdated punitive models. **Download report at:** <https://bit.ly/47OMg4z> **BRA**

Medical parole system is failing dying prisoners

GROUNDUP (South Africa) | Online – 25 August 2025 – Terminally ill inmates have died behind bars because the parole process is cumbersome, expensive and inconsistent between prisons. Prisoners with terminal illnesses or severe incapacitation due to injury or disease may be released early under South African law. But the process is not evenly implemented, leaving some prisoners, who had hoped to spend their last days with their loved ones, to die in prison. An official at the prison oversight body, the Judicial Inspectorate for Correctional Services ... told GroundUp the prison “environment significantly contributes to deteriorating health among inmates, particularly those who enter the system with terminal or chronic illnesses, which tend to worsen during incarceration. For those with legitimate needs, being denied parole can lead to frustration, hopelessness, and behavioural issues within the facility, which also affects staff morale and operations.” **Full text:** <https://bit.ly/45M5XaF>



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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>

Nurse Hadley shares emotional journey of caring for a convicted killer in hospice care



SNE9 (Cambodia) | Online – 18 August 2025 – Hospice care is about providing comfort and peace to patients as they approach the end of their lives. But what happens when your patient is someone whose actions caused harm to others? For Nurse Hadley Vlahos this question became all too real when she was tasked with caring for a convicted killer in his final days. Hadley was part of a “compassionate release patient” program, which allows terminally ill inmates to be released from prison so they can spend their final days surrounded by their families. Her patient was one such individual. On the surface, Hadley’s job was to make sure he had a peaceful and dignified passing. The man she was caring for had caused someone else’s last moments to be full of terror and pain. In that moment, she found herself struggling with the contradiction between her professional duty and the knowledge of her patient’s past... (see sidebar). Full text: <https://bit.ly/47kWoSK>

Hadley’s journey from guilt to pride highlights the complex emotions healthcare professionals often face when tasked with caring for individuals who have committed terrible acts. While her patient’s past remained unchangeable, Hadley’s actions demonstrated the profound impact of compassion, even in the most difficult circumstances.

Related:

‘Development of the nurses’ attitudes toward incarcerated patients scale: A psychometric study,’ *International Nursing Review (Türkiye)* | Online – 28 August 2025 – This study highlights the need for policies that address nurses’ attitudes toward incarcerated patients. The developed scale can help identify biases and emotional discomfort, guiding targeted training and institutional interventions. Integrating this tool into nursing education and practice may promote equitable, ethical, and unbiased healthcare delivery for incarcerated individuals. Full text: <https://bit.ly/4oYXJ7O>

HMP Rye Hill continues to empower staff and prisoners to work together to achieve a safe community



(U.K.) | Online – 8 August 2025 – HM Prisons & Probation Service balance essential public protection concerns with the needs of prisoners who may be reaching the end of life or have serious and complex health or social care needs... Policy allows for prison governors to make applications [for compassionate release] at any stage of a prisoner’s sentence when a terminal or complex diagnosis is given. One terminally ill prisoner was given compassionate release during the reporting period. However, the Board is still concerned that the process remains unnecessarily difficult, particularly as it requires a GP’s diagnosis of terminal illness to be confirmed by a hospital consultant. The long waiting times to see a consultant add unnecessary delays, which can be the difference between a prisoner dying while still in prison or in a setting of their choice. Three out of four applications this year were not completed before the prisoner died – raising concerns about delays in decision-making and the requirement for a narrow medical prognosis window. Access report (scroll down to p.22) at: <https://bit.ly/41Ayrmn>

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