

End-of-life Care in the Prison Environment (Supplement #10)

Source: <https://bit.ly/3TLpEKP>

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[Aging Prison Population](#)

U.S. prisons are becoming nursing homes

WORLD NEWS GROUP (U.S.) | Online – 14 August 2024 – Specialized units designed to accommodate America’s elderly prison population are no longer making headlines. Prisons nationwide are reckoning with the challenges of caring for inmates as they grow old, and in some cases, die behind bars. Facilities already facing staff shortages are further stretched by the additional care older inmates need, and some staff lack the training needed to work with aging prisoners. Some criminal justice advocates are increasing calls for the compassionate release of elderly inmates... Many prisons classify their inmates as elderly once they hit age 50 or 55. Prisoners typically have more chronic health conditions and tend to suffer age-related decline more quickly than those who are not behind bars. **Full text:** <https://bit.ly/3Apz4ol>

Related:

‘The cost of incarcerating the elderly,’ American Bar Association | Online – 8 August 2024 – Life sentences, longer term-of-year sentences, confinement without opportunities for parole, limiting parole eligibility until many years of the sentence are served, parole boards’ reluctance to grant parole, and legislative efforts to limit executive pardons and commutations all coalesce into the graying of this nation’s inmates and the increased costs of confining the elderly. **Full text:** <https://bit.ly/3yU4EKw>

[Prison Health Services](#)

The harsh reality of healthcare in prisons

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UNIVERSITY OF MANCHESTER (U.K.) | Online – 5 September 2024 – Prisoners have significant health needs, often including high levels of long-term physical and mental illness, blood-borne virus infections and substance misuse. Older people, often with more complex health needs, are the fastest-growing group in the prison population in many countries; prisoners are relatively high users of both primary care and inpatient healthcare, and face long waits for assessment and treatment. Generally, research into prison healthcare has tended to focus on specific problems, such as substance misuse, with less attention paid to the quality of “routine” primary care. A study led by epidemiologist Dr. Tracey Farragher examined the quality of primary care in a sample of English prisons.¹ **Full text:** <https://bit.ly/4dTYk4M>

1. ‘The quality of prison primary care: Cross-sectional cluster-level analyses of prison healthcare data in the North of England,’ *eClinicalMedicine*, August 2023. **Full text:** <https://bit.ly/4ecbqdz>

New research links medical copays to reduced healthcare access in prisons

PRISON POLICY INITIATIVE (U.S.) | Online – 29 August 2024 – In most states, people incarcerated in prisons must pay medical copays and fees for physician visits, medications, dental treatment, and other health services. While these copays may be as little as two or five dollars, they still represent massive barriers to healthcare. This is because incarcerated people are disproportionately poor to start with, and those who work typically earn less than a dollar an hour and many don’t work at all. A new report ... builds on our analyses of prison copay and wage policies across all state prison systems and the findings are clear: medical copays in prisons are associated with worse access to healthcare behind bars.¹ **Full text:** <https://bit.ly/4dOwjvD>

Health disparities among incarcerated populations: A crucial laboratory and pathology review

LABORATORY MEDICINE (U.S.) | Online – 19 August 2024 – Incarcerated individuals have an increased risk for the development and exacerbation of communicable and noncommunicable diseases and mental health disorders, which results in exceedingly high morbidity and mortality rates. Policy changes are needed to mitigate disparities and improve health outcomes for incarcerated and released persons. Central to these disparities is decreased access to laboratory and pathology services, impeded by inadequate healthcare funding for these carceral institutions. **Abstract:** <https://bit.ly/3SVDfyp>

1. ‘Health, access to care, and financial barriers to care among people incarcerated in U.S. prisons,’ *JAMA Internal Medicine*, 5 August 2024. **Abstract:** <https://bit.ly/4ck302d>

Related:

‘Calls mount for prison healthcare reform,’ *The Pinnacle Gazette* (U.S.) | Online – 12 August 2024 – Medical care within the prison system is under serious scrutiny across the nation, particularly after investigate reports have brought to light harrowing stories of suffering and neglect among inmates. The alarm was raised following extensive investigations by *CT Insider*, which highlighted the systemic issues plaguing the state’s correctional facilities.¹ **Full text:** <https://bit.ly/3yGSmVF>

1. ‘Connecticut prisoners suffer and sometimes die because of poor healthcare, records show,’ *CT Inside*, 12 August 2024. **Full text:** <https://bit.ly/3yOICbQ>

‘The role of wearable technology in advancing inmate healthcare,’ *Correctional News* (U.S.) | Online – 5 August 2024 – Within correctional healthcare, telemedicine technologies are a valuable tool in meeting inmate populations’ complex needs ranging from routine medical check-ups to emergency interventions. Correctional facilities must balance maintaining security with delivering care to inmate populations in challenging circumstances. **Full text:** <https://bit.ly/3Mt78CI>

Cont.

'Perceptions of incarcerated people: Prison conditions, public health, and justice in the United States,' *Journal of Public Health Policy (U.S.)* | Online – 2 July 2024 – The perspectives of incarcerated people can, and should, play a role in understanding and conceptualizing the nature of the prison environment. Policy responses, especially those that impact the health and well-being of currently and formerly incarcerated people, can be informed by these perspectives. **Full text:** <https://bit.ly/4dslaAg>

An overview of human rights issues in Canadian correctional facilities: Healthcare

HUMAN RIGHTS RESEARCH CENTER (**Canada**) | Online – 28 August 2024 – When a person is federally incarcerated, they are no longer covered by the Canada Health Act (CHA) until they are released. Provincial health plans also do not apply to them during their sentence. The CHA is the federal legislation in Canada for publicly-funded health insurance. It asserts the objective of Canadian healthcare policy is “to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers.” By excluding federally incarcerated prisoners from the CHA, Canada is not compliant [with the Nelson Mandela Rules]. Provincial institutions in Nova Scotia, Alberta and British Columbia have ensured that provincial healthcare departments are responsible for prisoner care, instead of the correctional facilities. **Full text:** <https://bit.ly/4cQv91g>



Related:

'A process model of formative work to strengthen a prison health surveillance system,' *International Journal of Public Health (Canada)* | Online – 31 July 2024 – The prison authority is the ultimate decision-maker regarding prison health surveillance, and there are legal, bureaucratic, technical, and resource challenges to implementing changes to prison health surveillance systems. Project activities can contribute specific inputs to address some of these challenges... **Full text:** <https://bit.ly/3YQWjC0>

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

The concept of a “prison hospice” and the new End-of-Life Care Behind Bars website

EUROPEAN ASSOCIATION FOR PALLIATIVE CARE (Blog) | Online – 10 September 2024 – People in prison deserve equivalent access to healthcare as the general population. Any barriers to care delivery can be considered a human rights issue. The health of the incarcerated elderly is considerably poorer than in “the outside world,” life expectancy is shorter, and for many inmates, prison will be their “last resting place.” The challenges of providing quality healthcare in prisons and correctional facilities are formidable, and more so in the case of caring for and supporting inmates living with a chronic, life-threatening or terminal illness. Against this background, the concept of a “prison hospice” is gaining traction. It’s one that’s aligned with the practice and philosophy of palliative and end-of-life care in the ‘outside world’... and with the potential capacity of correctional facilities and prisons to help rebuild – not destroy – souls. **Full text:** <https://bit.ly/3TLpEKP>



TO KEEP ABREAST OF CURRENT THINKING in hospice and palliative care check out 'Literature Search' posted each month on the website of the International Association for Hospice & Palliative Care: <https://bit.ly/3WWxUYC>

Growing old and dying inside: Improving the experiences of older people serving long prison sentence

PRISON REFORM TRUST (U.K.) | Online – 2 September 2024 – The authors' findings underline the need for the prison system and its partner agencies in health and social care to not only better meet current needs ... but to also ensure that systems are fit for the future. This will require a commitment to treating people with dignity (including when sick or dying), ensuring they can access adequate health and social care services; live meaningful lives in the constrained circumstances of prison; and, get the support they need on release. A lack of a national strategic approach has exacerbated inconsistencies and/or poor implementation in relation to older prisoners. **Download at:** <https://bit.ly/3zbqCIT>

Prison Reform Trust Report: Extract

PALLIATIVE CARE FOR PRISONERS is often provided by hospices or other providers on site, yet it has been questioned whether having such provision undermines opportunity for release on compassionate grounds. Whilst release may work for some, to enable people to see out their final days amongst friends and family in a community setting, there will be some that have no family and friends to visit them, but they may have meaningful contacts and relationships within the prison environment.

N.B. The Royal College of General Practitioners recently updated its 'Resources for Secure Environments' (<https://bit.ly/3WbLeKo>); scroll down to 'End-of-Life & Palliative Care.' Although not specifically tailored to the criminal justice system, the resources available are likely to be helpful for staff in secure environments and may act as a starting point for discussion with residents and their families.

A tale of two experiences: Navigating end-of-life care with a history of incarceration

THE JOURNALS OF GERONTOLOGY (U.S.) | Online – 13 August 2024 – The adverse health effects of incarceration are well-documented, impacting individuals throughout their life course. However, the influence of a history of incarceration on end-of-life (EoL) experiences remains unexplored. This study reveals that a history of incarceration significantly impacts EoL experiences, with formerly incarcerated individuals facing higher levels of pain and a greater symptom burden compared to non-incarcerated individuals. This underscores the need for tailored palliative care to address the unique needs of this vulnerable population. This research highlights a critical area for intervention and calls for healthcare systems to adapt their practices to better serve those with incarceration histories. **Abstract:** <https://bit.ly/46Ln8Jw>

Help shape the future of high quality, culturally safe, people-centred healthcare and services in federal correctional facilities

HEALTH STANDARDS ORGANIZATION (Canada) | Online – 9 August 2024 – The updated national Correctional Service Canada (CSC) Health Services standard outlines the requirements for federal correctional facilities to deliver high-quality and safe health services to those they serve. Notably, the updated standard now includes content aiming to advance cultural safety and humility and address Indigenous-specific racism, with a specific section on respecting First Nations, Inuit, and Métis rights. The standard will be used in 67 CSC facilities, including CSC-operated healing lodges, across the country. The need for this new CSC Health Services standard is underscored by the over-representation of Indigenous people in the criminal justice system and correctional facilities... **Download draft of standards for public review at:** <https://bit.ly/3yqYjpO>

CSC Health Services Standard: Extract

A PALLIATIVE APPROACH ... aims to improve the client's quality of life over a continuum that includes end-of-life care (EoLC). EoLC care requires ongoing assessment and adjustments in the client's individualized care plan to address symptoms management; physical, psychological, social, spiritual, and practical needs; loss and grief; pain management and palliative sedation; and ongoing emotional and psychosocial support to the client, substitute decision maker, and designated support person(s).

N.B. See p.26.

[Grief & Bereavement](#)

The strange twist in coping with my father's death from behind bars

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PRISON JOURNALISM PROJECT | Online – 28 August 2024 – For those of us with long sentences, mourning a loved one often begins years earlier. For people with lengthy sentences, it is inevitable that we will face the loss of a family member or friend on the outside. Many of us already feel as though we have had everyone taken away. When we are notified of a death, it is like we are finally receiving closure for what we have been preemptively mourning our entire sentence. When I learned of his passing, years of hurt, blame and confusion melted away. The trauma and dysfunction of those years barely even mattered. There was only sorrow left in me, sorrow for the disconnect created and deepened by pride and anger. What a waste resentment is. **Full text:** <https://bit.ly/3MpW1uq>

[Care Planning & Serious Illness Conversations](#)

Advance care plans for vulnerable and disadvantaged adults: Systematic review and narrative synthesis

BMJ SUPPORTIVE & PALLIATIVE CARE (Australia) | Online – 30 April 2024 – Evidence suggests that there is a gap in advance care planning (ACP) completion between vulnerable and disadvantaged populations compared with the general population. This review sought to identify tools, guidelines or frameworks that have been used to support ACP interventions with vulnerable and disadvantaged adult populations as well as their experiences and outcomes with them. A variety of ACP tools, guidelines or frameworks were identified; however, the facilitator's skills and approach in delivering the intervention appeared to be as important as the intervention itself. Participants indicated mixed experiences ... and four themes emerged: uncertainty, trust, culture and decision-making behaviour. **Abstract:** <https://bit.ly/3X4pfnh>

BMJ Supportive & Palliative Care Article

THE AUTHORS NOTE ONLY ONE STUDY identifying prison inmates as a “vulnerable and disadvantaged” population. In 2024, however, there have been several studies focussed on in this very issue, for example:

- › ‘Medical decision-making in correctional facilities...,’ *Community Mental Health Journal*: <https://bit.ly/4c79H83>
- › ‘End-of-life care planning: Perspectives of returning citizens,’ *Journal of Hospice & Palliative Nursing*: <https://bit.ly/3KQk7xn>
- › ‘Advance care planning: Perspectives of people living in prison,’ *Journal of Hospice & Palliative Nursing*: <https://bit.ly/3UF5liM>
- › ‘A survey of state correctional healthcare providers on advance care planning...,’ *American Journal of Hospice & Palliative Medicine*: <https://bit.ly/3Xh97QE>



HOW TO ESTABLISH A
PRISON HOSPICE

Humane Prison Hospice Project Infographic: <https://bit.ly/3LjxVRq>

[Compassionate Release](#)

Alabama prisons let out “old, sick and dying” inmates denied parole

ALABAMA.COM (U.S.) | Online – 2 September 2024 – Tucked away in the infirmary of Julia Tutwiler Prison, Leola Harris watched and listened as women around her fell deeper into sickness, getting worse by the week. Her health was failing, too, and she knew it. Her diabetes care and cancer treatments were a reminder that the state was paying to keep her alive, providing the wheelchair-bound 72-year-old with dialysis for end-stage renal disease. But none of that mattered when she came up for parole in January 2023. She was denied. A year later, the Alabama Department of Corrections let her out anyway, working around the three-member parole board, which has spent the last two years denying nearly all releases from an overcrowded prison system. **Full text:** <https://bit.ly/4e7kBMe>

Finding compassion within compassionate release

JOURNAL OF PAIN & SYMPTOM MANAGEMENT, 2024;67(5):e573-e574 (U.S.) Navigating patient care for incarcerated patients with terminal disease requires awareness and understanding of the compassionate release process as well as the regulations surrounding communication with patient and next of kin. **Abstract:** <https://bit.ly/3yJb3ll>

Compassionate Release Data Reports

UNITED STATES SENTENCING COMMISSION | Online – 15 August 2024 – When considering any motion (to what is commonly referred to as “compassionate release”), courts must find “extraordinary and compelling reasons” warrant such a reduction. **Download 3rd quarter report at:** <https://bit.ly/3Qfxiel>

Terminally ill prisoner died in custody after delays processing request for compassionate release

IRISH MIRROR (Ireland) | Online – 22 August 2024 – A terminally ill prisoner died in custody instead of spending his last days at home following delays in processing an application for compassionate temporary release... A doctor at the Midlands Prison wrote to the governor three times ... requesting the inmate be released on medical grounds so “he could spend his remaining life in a dignified manner.” This request was not processed and forwarded to the Department of Justice in time, and the 56-year-old remained in the prison until admitted to Midlands Regional Hospital, where he died a day later. The Irish Prison Service has introduced an End of Life Ethical Framework since the man’s death, which provides for personalised care with a “core focus” on dignity. **Full text:** <https://bit.ly/3YUucBS>

N.B. The End of Life Ethical Framework was not posted on the Irish Prison Service website at the time this issue of ‘End-of-Life Care in the Prison Environment’ was posted on the ‘End-of-Life Behind Bars’ website..



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Caring for people in prison with palliative and end-of-life care needs

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CURRENT OPINION IN SUPPORTIVE & PALLIATIVE CARE (U.K.) | Online – 3 July 2023 – Few countries have integrated prison hospices. Palliative care needs may go unrecognised in prison. Older offenders may not trust the prison to care for them and may benefit from segregation. Peer carers can provide reliable symptom assessment. Family members are often absent when someone dies in prison. Palliative and end-of-life care in prisons requires a joined-up approach, and staff must understand the challenges of both this and custodial care in general. The relational network both inside and outside of the prison should be involved and when possible and appropriate, we should consider alternatives to dying whilst incarcerated, such as compassionate release. **Full text:** <https://bit.ly/44gQ6PG>

Key Points

- › Palliative care needs are common in prison, yet the prison population remains poorly served by current approaches.
- › Confidence and competence in the ability to provide palliative care are variable, and training must meet the needs of healthcare staff, custodial officers and peer carers.
- › COVID-19 has had a profound effect on custodial care, but we must ensure that it does not reverse the progress made prior to the pandemic.
- › Family is often absent when someone dies in prison – more must be done to facilitate visitation.
- › Compassionate release is rarely accessed and seldom granted.

Prison inmates deserve access to high-quality palliative care: A call to action to support terminally ill incarcerated people

CANADIAN NURSE (Canada) | Online – 18 July 2022 – Currently, palliative care for inmates in Canada is largely left to Correctional Service Canada, which was never designed or equipped to provide such care. Within prison walls, inmates' end of life is fraught with fears for personal safety, increased suffering due to unmanaged pain, and feelings of isolation. Just as the number of aging and dying individuals in correctional settings is on the rise ... so is the need to address their health concerns and protect the sanctity of dignifying death. At the same time, a lack of qualified personnel who are trained to provide specialized care within the correctional setting acts as a compounding barrier to the delivery of palliative services and the recognition of holistic needs of terminally ill inmates. **Full text:** <http://bit.ly/3G4LUYU>

The importance of developing palliative care quality indicators for the prison setting: Why now, and next steps

BMC PALLIATIVE CARE (Australia) | Online – 8 June 2023 – Differences between community and prison palliative populations demographics and diagnoses, and the lack of evidence-based clinical guidelines for the prison setting mean that future development of prison palliative care (PC) indicator sets will likely require a combination of adoption of community indicators and consensus-based adaptation or development of prison-specific PC indicators. Greater national and international collaboration would minimise duplication of effort in developing prison PC indicator sets, as is recommended in the community. However, there are no clear parameters describing how to determine which existing community-based indicators are suitable for the prison environment... **Full text:** <https://bit.ly/43sOmCg>



N.B. Commentary on *BMC Palliative Care* article on University of Technology Palliative Care in Prisons Project website: <https://bit.ly/44yccgi>

Barry R. Ashpole, Ontario, CANADA

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