End-of-life Care in the Prison Environment – #33 (August 2026)

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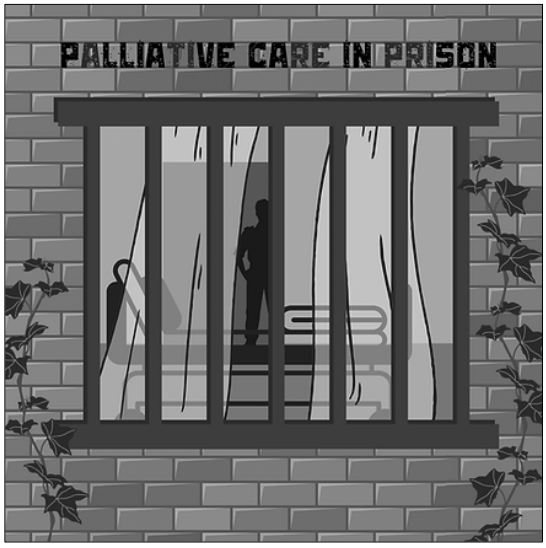

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Source: *Duke Medical Ethics Journal* https://bit.ly/4h04Iff

Aging Prison Population

An opportunity to "be someone else": The perceptions and experiences of male and female peer support workers in two U.S. state prisons

INTERNATIONAL JOURNAL OF PRISON HEALTH | Online – 5 August 2026 – In response to the increasing numbers of older, frail and dying persons in Western prisons and associated healthcare costs, awareness of the need of high-quality peer care in correctional facilities is growing. This paper aims to describe perceptions and experiences of male and female peer caregivers in two U.S. prisons regarding their roles. Three themes were identified: "motivation and benefits," "challenges and costs" and "learning" associated with caregiving. The findings point to differences between male and female caregivers' motivation to perform the roles. While male peer caregivers in the sample appeared to be motivated by issues related to identity, masculinity and religious beliefs, female peer caregivers cited the value of meaningful relationships. Both groups enjoyed intrinsic and extrinsic rewards associated with their roles. **Abstract:** https://bit.ly/4wDOzB8

America's crisis of "death by Incarceration"

THE NATION (**U.S.**) | Online – 31 July 2026 – America's incarcerated population is getting older – and sicker. Unspecialized staff, low budgets, and systematic medical neglect have led to a lack of basic medical care for aging prisoners... In prison, the health conditions that typically define someone as "elderly" begin at 55 … a full decade before most outside of prison begin to meet this definition. People aged 55 and over make up nearly 17% of the incarcerated population nationwide. In 1991, this number was just 3%. Because medical services are so inadequate in prison, by the time that people need care, they need a very high level of care and become a high-cost patient immediately. Incarcerating a young person costs up to $70,000 annually. For an older person, this can soar up to between $100,000

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and $240,000, according to a 2023 elderly parole brief. These costs are funded entirely by the taxpayer, and often, people do not receive the level of healthcare they require. **Full text:** https://bit.ly/4yThfYi

Related:

'**Aging prison population: Demographics, costs, and health,**' Georgia Prisoners' Speak (**U.S.**) | Online – 22 July 2026 – Georgia's prison population is aging rapidly, mirroring a national trend that has produced a quiet crisis in correctional healthcare. Older prisoners carry a heavy burden of chronic illness. Across the entire Georgia Department of Corrections population, 30.4% have some form of chronic medical illness… Older inmates are disproportionately represented among those who die in custody. Despite the clear fiscal and humanitarian imperatives, Georgia lacks a robust compassionate-release mechanism tailored to the aging population. **Full text:** https://bit.ly/4wlfMbO

'**As prison population ages, advocates work for change,**' *The Standard-Journal* (**U.S.**) | Online – 11 July 2026 – As Pennsylvania's prison population ages, advocates are pushing for better conditions and more autonomy for the 11,000 people over the age of 50 – nearly 28% of the state prison population – who are serving sentences in state prisons. The Lewisburg Prison Project … advocates for the civil rights of incarcerated persons in state and federal prisons in Pennsylvania. The Pennsylvania Department of Corrections has taken some steps to address healthcare for elderly prisoners… **Full text:** https://bit.ly/4bnAAqz

N.B. Lewisburg Prison Project: https://bit.ly/3RdYKge

'**Secure Healthcare Quality Alliance launches to advance correctional healthcare standards,**' *HC+O News* (**U.S.**) | Online – 9 July 2026 – Correctional healthcare leaders have launched the Secure Healthcare Quality Alliance, a new coalition focused on quality care, ethical leadership, operational accountability and workforce stability in correctional settings. The organization was formed to address growing industry challenges affecting correctional healthcare providers, government partners and medically complex patient populations. **Full text:** https://bit.ly/4pig4h1

N.B. Secure Healthcare Quality Alliance: https://bit.ly/4ygDzec

5,393 elderly and terminally ill prisoners identified by [the] National Legal Services Authority. Supreme Court says the criminal justice system needs systemic recalibration...

SCC NEWS (**India**) | Online – 18 July 2026 – While considering [a] writ petition bringing forth before the Court systemic concerns regarding continued incarceration of convicted prisoners who are of advanced age (above 70 years) or are terminally ill, the Division Bench of Vikram Nath ... directed the central government, states and union territories to formulate and notify a comprehensive policy for early or premature release of prisoners who are of advanced age and/or are terminally ill. The court further directed that the policy so framed, must clearly define the eligibility criteria and procedural framework for consideration of release. In particular, the policy must expressly provide a clear and uniform definition of "terminal illness" and mandate constitution of independent medical boards at the divisional and state levels for objective medical assessment and certification of terminal illness or advanced medical vulnerability. **Full text:** https://bit.ly/4vKUK5g

Elderly prisoners in Italy: A humanitarian emergency, challenges, and prospects for the penitentiary system

CHRONICLES OF CAMPANIA | Online – 12 July 2026 – The story of the 87-year-old man locked up in the Sollicciano prison cell, with serious health problems … has sparked a significant discussion about the conditions of elderly inmates in the Italian penitentiary system. This is not an isolated case, but a structural situation affecting dozens of elderly people in the country's prisons, highlighting a humanitarian emergency with social, health, and legal implications. In recent years, the percentage of prisoners aged over sixty and over ninety has increased significantly. This phenomenon is due to several factors, including the aging of the general population, the length of sentences, and the rigidity of prison policies that limit alternatives to detention for those of critical age and health conditions. The consequences are clear: prison facilities, designed to house individuals in better general physical condition, are often inadequate to meet the needs of this age group of prisoners. **Full text:** https://bit.ly/3SSxfJT

Geriatric carcerality: The prison and the aging crisis

INCARCERATION (**Canada**) | Online – 9 July 2026 – There exists an aging crisis in Canada's federal correctional system. The number of older persons in custody (OPiC) is rising. As this prison population ages, the care and health services required for them rise as well. Multiple challenges face an aging prison population, such as chronic physical and mental illnesses… There is increasing functional decline, coupled with the need for palliative and end-of-life care services in prison (**see sidebar**). Correctional Services Canada, the federal organization responsible for the care, custody and control of federally sentenced prisoners, has suggested in previous reporting OPiC are now in worse health than their respective community counterparts… Reducing health disparities have become paramount, especially as public and prison health have become so interdigitated the boundaries between the pair blur beyond historical standards. **Full text:** https://bit.ly/4yjldcl

End-of-Life Care Behind Bars:
A Canadian Perspective

eHOSPICE | Online – 30 July 2026 – The aging prison population, the quality of prison healthcare services and, in particular, the quality of end-of-life care, is emerging as a universal public health issue. Geriatric and end-of-life care in correctional facilities are not as equitable as care in the "outside world." The aging of the prison population, with the corresponding increase in chronic illness, cognitive impairment, disability and frailty, is a world-wide phenomenon. For a disturbing number of elderly inmates, prison will be their "final resting place." This interactive presentation offers a Canadian perspective, reflecting on "lessons learned" in other countries. **Access at:** https://bit.ly/4fHm6TJ

N.B. See College of Family Physicians of Canada documents of interest: 'Position Statement on Health Care Delivery' (2022): https://bit.ly/4vOrPOF & 'Working as a Physician in Correctional Facilities in Canada,' (Undated) : https://bit.ly/4wt6Gtg ***BRA***

Walk a mile in my old shoes: An intervention study on age simulation suit training for correctional staff

INNOVATIONS IN AGING (**Belgium**) | Online – 29 June 2026 – Correctional populations are ageing rapidly, yet correctional staff often lack the knowledge and attitudinal competencies required to address ageing-related needs. While simulation technologies, such as simulation suits, have demonstrated improvements in cognitive and affective learning outcomes within educational and clinical healthcare settings, their application in correctional training remains unexplored. This study examined the feasibility and exploratory outcomes of a training program incorporating ageing simulation into correctional staff training. Rather than directly changing attitudes, ageing simulation appeared to function primarily as a catalyst for reflection. [The findings of this study] highlight the importance of contextual and cultural factors in implementing experiential training in correctional settings and provide initial insights to inform the design of future interventions. **Full text (click on pdf icon):** https://bit.ly/4xhiX4r

Compassionate Release

How states use – or don't use – medical parole to release sick and dying people from prison

(**U.S.**) | Online – 22 July 2026 – An updated table of state-by-state data shows that medical parole (also known as compassionate release) is used so sparingly that very few people are actually released this way. In almost every state, there are laws on the books offering a way out of prison for people who are seriously or terminally ill. Medical parole – also known in some states as compassionate release, medical release, or conditional release for medical reasons – is ostensibly an early release mechanism for extremely ill or incapacitated people who pose little or no threat to public safety. In reality, medical parole sets an extremely high bar for applicants, with a lengthy and confusing application and hearing process. As a result, most applicants remain locked up, with many people dying before their cases are resolved. **Full text:** https://bit.ly/4filuUK

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Related:

'Severely ill prisoners granted early release are left stuck behind bars,' CBS News (**U.S.**) | Online – 20 July 2026 – Christian Alameda … has been recovering in the prison's medical infirmary since a January stroke left the right side of his body mostly paralyzed. In February, Hawai'i's parole board granted the now 52-year-old compassionate release, which allows prisoners to receive early probation to seek medical attention for severe conditions. But without a long-term care facility willing to accept him, Alameda has not been able to leave. **Full text:** https://bit.ly/4pzil7B

Prison Healthcare Services

Artificial intelligence in correctional healthcare: Designing for access, inclusion, and trust

JAMA INTERNAL MEDICINE (**U.S.**) | Online – 3 August 2026 – Artificial intelligence, including large language models, predictive analytics, and other clinical support tools, is rapidly reshaping healthcare delivery. These technologies may improve access and extend workforces but without attention to equity they risk reinforcing disparities and mistrust. These tensions are particularly salient within carceral healthcare. The U.S. incarcerates a higher proportion of our population than any other nation, making the criminal legal system a *de facto* health system for the 2 million individuals detained in prison and 7 million individuals cycling through jail yearly. Incarcerated populations experience high rates of chronic disease, psychiatric illness, and substance use disorders while facing restricted autonomy and fragmented healthcare. Digital exclusion compounds vulnerabilities, with incarcerated individuals often unable to access electronic health records or other digital health tools. **Abstract:** https://bit.ly/4hT9OKF

Legal framework for curative healthcare for detainees within penal institutions

ALGERIAN SCIENTIFIC JOURNAL (**Algeria**) | Online – 27 July 2026 – Therapeutic healthcare for prisoners constitutes a legal and moral obligation … based on the principle that the deprivation of liberty does not imply the deprivation of the right to life or physical integrity. This care extends beyond mere first aid to include early diagnosis, treatment of chronic diseases, and surgical interventions when necessary, ensuring a medical quality equivalent to that provided to the general public (the 'Principle of Equivalence'). The importance of this issue lies in its role as a fundamental pillar of the social rehabilitation process; an ill prisoner cannot effectively respond to reform programs. Despite international and national legislative guarantees, logistical and security challenges continue to impose pressure on the efficiency of medical services. This necessitates the activation of judicial oversight and the independence of medical staff to ensure the dignity of inmates and their inherent right to treatment as an integral part of the comprehensive human rights system. **Full Arabic text (w. English language abstract):** https://bit.ly/3RK2t5G

Incarceration, inclusion, and health equity: A global challenge

SOCIAL SCIENCE & MEDICINE | Online – 21 July 2026 – Although criminal justice systems and their underpinning legislation vary considerably across the globe, incarceration is a global phenomenon and the ways in which incarceration and health equity intersect are remarkably consistent across geographies. The twelve papers in this special issue are the work of 77 authors from 11 countries spanning four world regions: **Australia**, **Canada**, **China**, **Denmark**, **Germany**, **Ireland**, **Lebanon**, **New Zealand**, **Norway**, the **U.K.**, and the **U.S.** This special issue includes a mix of evidence reviews and empirical papers considering the health needs, healthcare experiences, and health outcomes for people who have experienced incarceration. The issue draws long-overdue attention to the particular needs of priority groups exposed to incarceration including women, older people, racial and ethnic minorities, and gender-diverse people. Included articles consider a range of health and health-related issues, including identifying how social and structural determinants of health intersect with the criminal justice system to produce and compound social exclusion. **Full text:** https://bit.ly/4wkqvDf

N.B. Contents page of the special issue of *Social Science & Medicine*: https://bit.ly/4wap0qo

Research in progress

Facilitators and barriers of correctional healthcare staff recruitment and retention

(**U.S.**) | Online – 21 July 2026 – The experiences of correctional healthcare staff are understudied. Yet those who choose this profession are among the most dedicated and compassionate individuals in today's workforce. Their voices deserve to be heard, recognized, and acted upon. Staffing shortages among healthcare workers and custody staff also negatively affect the well-being of both patients and staff. Change is sorely needed, but first we need to better understand the correctional healthcare workforce. To accomplish this goal, the National Commission on Correctional Health Care Foundation funded a mixed-methods research project that began in 2025. This research presents a unique opportunity to contribute individual experiences and perspectives to the field. The findings will be analyzed to develop actionable recommendations for correctional and correctional healthcare leaders. **Full text:** https://bit.ly/44OtMP9

Campaign to change healthcare in custody

ABOUT TIME (**Australia**) | Online – 10 July 2026 – People in prisons continue to face preventable harm due to poor healthcare. Despite decades of evidence, prison healthcare continues to be outsourced to private companies with a profit-driven model that does not meet people's needs (**see sidebar**). This hits Aboriginal and Torres Strait Islander people especially hard, because the wider justice system is shaped by racism, Aboriginal people are imprisoned at much higher rates and their needs are often misunderstood and deprioritised. The result is patchy care, poor continuity between prison staff and community health services, lack of cultural support and inadequate responses to mental health and social and emotional wellbeing. That is why the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) is campaigning to 'Transform Care in Custody.' VACCHO is advocating for reform in Victoria's prisons that will benefit not just Aboriginal and Torres Strait Islanders but all people in prison. **Full text:** https://bit.ly/44XWAom

N.B. 'Strengthening Aboriginal Health Care in Custodial Settings,' Victorian Aboriginal Community Controlled Health Organisation (2025): https://bit.ly/4vI7lX3

A past posting you might have missed

Investment and wide-ranging efforts are needed to improve healthcare for First Nations people in prisons

CROAKEY HEALTH MEDIA (**Australia**) | Online – 30 May 2024 – Funding Aboriginal and Torres Strait Islander health services to play a much bigger role in prison healthcare, and the provision of healing programs, are critical for First Nations people in prisons, who too often receive sub-standard, poorly coordinated and culturally unsafe healthcare from mainstream services... Indigenous prison health experts also highlighted the need to challenge and rewrite harmful public and policy narratives that contribute to shocking levels of overincarceration for Aboriginal and Torres Strait Islander people and the need to transform services that inflict harm and punishment rather than delivering therapeutic care to those who have experienced racism, violence and trauma. **Full text:** https://bit.ly/3XaJ122

N.B. See 'Culturally Sensitive End-of-Life Care for Indigenous Peoples Who Are Incarcerated,' End-of-Life Care Behind Bars.com (2025): https://bit.ly/4iSVmRk

Related:

'Beyond the Barriers: The Queensland Prisoner Health & Wellbeing Action Plan,' Queensland Health (**Australia**) | Online – July 2026 – Improving the health and wellbeing of adults in custody requires a shared commitment to work together across our health system, corrective services system, with other government agencies and non-government organisations. [The plan] will guide the system to improve the health and wellbeing of people in correctional centres which ultimately improves the health of the wider community and contributes to reducing reliance on crime and victims of crime. **Access at:** https://bit.ly/4wtPjbZ

"I hope I don't see you again"

An inside look at the unsung caretakers of corrections

GUARDIAN RFID (**U.S.**) | Online – 7 July 2026 – Prisons have quietly become some of the country's largest healthcare providers. While they operate largely out of the public eye, the nurses holding this system together navigate one of the toughest jobs in medicine. Medical teams shoulder one of the most demanding roles in healthcare, both emotionally and physically. In a single shift, they may serve as first responders, mental health advocates, chronic care managers, and comforting presences at the end of life. They might remove a bullet fragment at 3 a.m., intervene in a psychiatric crisis by dawn, manage insulin for dozens of patients before lunch ... before the day is done. Correctional nurses frequently work under nurse-to-patient ratios that would be unthinkable in a hospital: one nurse to 500, sometimes 800 inmates during a single shift... They work with fewer resources, longer waits for results, less equipment, and a thinner safety net than nearly any other nursing setting in the country. **Full text:** https://bit.ly/3Tos5Fr

> **N.B.** A Royal College of Nursing exhibition, 'Prison Nursing Unlocked,' shows how prison nurses have propelled reform of patient care in prisons: https://bit.ly/4fBN40e ***BRA***

Spanish Society of Prison Health: Letter to the editor

State of neglect and stagnation in prison healthcare

REVISTA ESPAÑOLA DE SANIDAD PENITENCIARIA (**Spain**), 2026;28(2):37-38. The complete integration of prison healthcare into the corresponding regional health services should have been made fully effective in October 2004. Twenty-five years and six months have gone by since then, and in the meantime only three autonomous communities have complied with the law... This means that in the three regional health services, about 18% of the prison population in Spain has a health provider that operates solely for this purpose, while the provider for the other 82% is an institution whose main purpose is the imprisonment, custody, re-education and rehabilitation of inmates, with little or no concern for healthcare. In these 21 years, the inaction of the Central Government and Prison Institution has been outrageous. They have hidden behind the excuse of "the enormous amount of work we do every day" and blame heaped on autonomous communities... **Full text:** https://bit.ly/4pR7zti

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

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

Dying behind bars: A Capability Approach to end-of-life care in U.K. prisons

SOCIAL SCIENCES | Online – 3 August 2026 –A sample of 487 independent investigation reports into deaths from natural causes in U.K. prisons (2017-2020) was examined to explore palliative care (PC) referrals, appropriateness of restraints, applications for early release on compassionate grounds, and equitable access to healthcare. Most of the reports were based on male prisoners aged 60+, and the leading cause of death was cancer. While care was regarded as "equivalent" in 83.7% of cases, several reports indicated delayed diagnosis, poor care coordination, and limited access to PC, particularly for people with non-malignant diseases. Restraints were regularly criticised as inappropriate or inhumane, and early release was not considered in 42% of cases, often due to delays or procedural issues. When viewed through Nussbaum's 'Capability Approach' (**see sidebar**), being unable to access healthcare "when needed" represents a failure to secure the basic capability of bodily health, and reflects a profound restriction on practical agency. **Full text:** https://bit.ly/4w6jXY5

The Capability Approach

...provides a framework for evaluating justice and well-being by focusing on what people are genuinely able to "be" and "do," rather than focusing on available resources. Central to the approach is the idea that all individuals should have the capability to live with dignity. For people living with advanced illness in prison, institutional rules, stigma, limited family contact and reduced autonomy create compounding layers of restriction that strip away fundamental capabilities. Other relevant capabilities include whether the person has adequate access to symptom management, PC, or respectful treatment (bodily health and bodily integrity); can maintain family relations, say goodbye, sustain emotional bonds or receive visits (emotions and relationships); and if they can participate in decisions about treatment, resuscitation, hospice transfer or place of death (control over their environment).

Educational Opportunities

Certified Specialist Programme in Palliative Care for Prison Populations

LONDON COLLEGE OF FEDERAL TRADE (**U.K.**) | Online – 26 July 2026 – This comprehensive training program is designed to equip healthcare professionals with the necessary skills and knowledge to provide quality palliative care (PC) to incarcerated individuals. The learning outcomes of this programme include mastering the principles of PC, understanding the unique needs of prison populations, and developing effective communication strategies for working with this vulnerable group. This programme is highly relevant in today's healthcare landscape, as the demand for PC services in prisons continues to grow. By addressing the unique needs of incarcerated individuals, healthcare professionals can make a significant impact on the quality of life and end-of-life care for this underserved population. Through a blend of online modules, case studies, and interactive discussions, participants will gain hands-on experience in managing complex medical and ethical issues in a prison setting. **Program information:** https://bit.ly/44QksKB

The ethical and psychosocial dimensions of palliative care in prison

JOURNAL OF BIOETHICAL INQUIRY (**Portugal**) | Online – 15 July 2026 – This scoping review identified six ethical and five psychosocial domains relevant to the provision of palliative care (PC) in prison settings. Together, these domains demonstrate that ethical tensions and psychosocial suffering are deeply intertwined, reflecting the unique challenges of delivering end of life (EoL) care in correctional environments. Improving PC in prisons requires tailored frameworks that extend beyond symptom control to include ethical sensitivity, relational care, and responsiveness to lived experience. Developing prison-specific PC policies, investing in inclusive staff training, and partnering with community-based services are essential. People in prison and frontline professionals must be central to reform efforts. For stakeholders and policymakers, these findings highlight the need to address both institutional barriers and human suffering at the EoL in prisons. **Full text:** https://bit.ly/4yu39N9

Exploring end-of-life care during reintegration from the perspectives of correctional social workers and caregivers providing after-care services to elderly parolees released on medical parole in eThekwini Metropolitan Municipality

UNIVERSITY OF KWAZULU-NATA (**South Africa**) | Online – 6 July 2026 – Legislation that governs the medical release of offenders in South Africa remains a contentious issue, particularly concerning the reintegration and end-of-life care (EoLC) of elderly parolees. Despite the growing discourse on EoLC, there is a critical gap in understanding the lived experiences of elderly parolees and the challenges faced by their caregivers. This study underscores significant deficiencies in training, policy, and resource allocation within the correctional system, emphasizing the urgent need for policy reform and targeted advocacy. The findings call for a comprehensive approach that includes specialised training for caregivers and social workers, improved interdepartmental collaboration, and enhanced institutional support for elderly parolees in EoLC. Recommendations are directed at policymakers, programme coordinators, correctional social workers, and managers within the Department of Correctional Services to ensure effective reintegration and dignified EoLC for elderly parolees. **Abstract:** https://bit.ly/4vWsAVU

Care Planning

An earlier posting you might have missed

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

JOURNAL OF PALLIATIVE MEDICINE (**U.S.**) | Online – 3 September 2025 – Incarcerated persons (IPs) retain the constitutional right to healthcare, yet they face unique challenges in accessing palliative care (PC) and designating surrogates... The authors present two cases of hospitalized 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 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. Enhanced awareness of legal frameworks, clearer surrogate identification protocols, and collaboration between healthcare and correctional systems are essential... **Full text:** https://bit.ly/4n7BTNO

Grief & Bereavement

An earlier posting you might have missed

Bereavement shouldn't be a second punishment

CRUSE SCOTLAND | Online – 16 November 2025 – For those who are in prison at the time a loved one dies, they will be grieving the loss of so many things we all take for granted – family support, shared remembering opportunities, involvement in funeral planning, and attendance at services. High quality, compassionate bereavement care is vital and must be resourced. HMP Edinburgh is one of 12 U.K. prisons to pilot a group course specifically adapted for use in a custodial setting. The 'Bereavement Journey' programme provides … a series of films and facilitates group discussions which give gentle guided support to those who have been bereaved at any time. For so many in our care, the lack of growing around grief and ability to have meaningful continuing bonds prolongs the process with it almost feeling like losing someone is a second punishment to their loss of liberty. And when they are liberated can become overwhelming. **Full text:** https://bit.ly/3XCuVWh

> **N.B.** See 'In Prison There's no Space to Grieve,' End-of-Life Care Behind Bars.com (2025). **Full text:** https://bit.ly/3X1Aqq3 ***BRA***

Special Feature

The complexity of palliative care for those in prison (Updated)

(**Australia**) | Online – 25 May 2026 – The increasing number of deaths in prison custody from natural causes is linked to the rise in deaths of older sentenced prisoners and the ageing prisoner population who have more chronic and serious illnesses. Much of the literature on prisoners and palliative care (PC) comes from the U.S., and acknowledgement is needed of the differences in population and healthcare systems. However, many issues identified in the U.S. are likely to become an increasing challenge in Australia. Common issues:

● A growing number of prisoners will live out a large portion of their lives and eventually die in prison. Many of these prisoners are aging and are more likely to have existing co-morbidities.

● Women often have greater healthcare needs with 57% of women prisoners in one study with a history of sexual or physical abuse or both, with resulting higher rates of HIV, Hepatitis C. These women were also 16 times more likely to have a psychiatric disorder.

● Poverty, homelessness, cognitive defects, learning disabilities, low health literacy and prior limited access to healthcare are also factors to consider.

● Prisoners have little or no choices regarding decision making. Advocacy by healthcare professionals may be difficult, and conflict with prison regulations.

● Security is seen as a priority and may restrict or delay timely access to external healthcare, as hospital transfers are costly and pose security risks.

● Issues of litigation and liability (inferring neglect) may mean prisoners are sent to hospital to die (in custody), unless they agree to a 'Do Not Resuscitate' order.

● Inmates who die in prison potentially do so alone as family visits may be limited or families may be estranged. In prison, family may also mean other prisoners.

● Access to compassionate leave (medical parole) varies, and is likely to be in the last few days of life.

● There can be restrictions on care delivery in prison, with limited access to urgent facilities, restriction on drugs (due to concerns about addiction) and problems with dispensing drugs (such as breakthrough medication).

● Prisoners may also be assaulted by other inmates to obtain the drugs they have been prescribed.

● Prison medical staff need to work in collaboration with social workers, clinical psychologists.

● Aboriginal Health Workers and Aboriginal liaison officers and collaboration is also needed between prison staff and community PC staff to support continuity of care for those prisoners who are terminally ill.

If a prisoner dies while in a hospital or hospice, they are still considered to be in custody. The room the patient is in at the time of death is considered to be a crime scene and nothing must be touched including the patient, until the investigating officers have finished. The death then requires investigation by the State Coroner, who will look at the patient's treatment during the course of their illness to ensure they have received fair and equitable treatment. Prison has a certain culture of toughness. Issues such as masculine and/or cultural responses to grief, as well as prison restrictions (such as limited options for attending funerals) can have a strong impact on the ability of prisoners to resolve issues of loss and grief. **Full text:** https://bit.ly/3BGjohe

N.B. Palliative Care in Prison Project aims to improve access to best evidence-based, culturally-safe, high-quality palliative and end-of-life care for people in prisons, through the collaborative co-design of a new National Framework for the Provision of Palliative Care in Australian Prisons: https://bit.ly/44CjxNM

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Barry R. Ashpole, Ontario, CANADA **Biosketch:** https://bit.ly/3XMTRs4