

End-of-life Care in the Prison Environment

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Following is a representative sample of articles, reports, etc., on end-of-life care in the prison environment noted in recent years (2012-2017) in the weekly report Media Watch.¹ Although a universal public health issue, it is in the United States that most interest and attention has been afforded the aging and the terminal ill prison population. This backgrounder begins with a dozen or so articles by way of a broad overview of the issue, followed by additional articles, etc., (in descending order of publication) that offer a national and state-by-state overview. This is followed by a short list of articles, etc., on health care in the U.K. and Polish prison systems. Added is a list of selected resources and additional readings.

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1. Compiled by Barry R. Ashpole, the report (or a link to it) is posted on several websites that serve the hospice and palliative care community-at-large, including the Palliative Care Community Network: <http://goo.gl/t9Hci5>

End of life in prison: Talking across disciplines and across countries

JOURNAL OF CORRECTIONAL HEALTH CARE, 2017;23(1):11-19. What a good end of life (EoL) means is a particularly relevant question in the context of confinement and prison. Most of the questions and issues raised by EoL for those living in liberty also apply to the correctional setting. However, the institutional particularities and logics of the prison create unique barriers and make it difficult in practice to reconcile concerns in regard to EoL – like care and comfort – with the mandate of corrections – confinement and punishment. The literature on EoL in prison is dominated by U.S. contributions. <https://goo.gl/wf5lbu> [Added Since 11.21.2016 Update](#)

N.B. This issue of the *Journal of Correctional Health Care* includes several articles on end-of-life in the prison system. Journal contents page: <https://goo.gl/5iBKZk>

A consensual qualitative research analysis of the experience of inmate hospice caregivers: Posttraumatic growth while incarcerated

DEATH STUDIES [22 November 2016] This study explores the phenomenological perspective of inmate-caregivers participating in an inmate-facilitated hospice program (IFHP) with regard to meaning and purpose in life, attitudes on death and dying, and perceived personal impact of participation. Twenty-two inmate-caregivers were interviewed at a maximum-security state correctional facility in the U.S. Findings suggest that participating in an IFHP may facilitate personal growth and trans-formation that mirrors the tenets of posttraumatic growth. <https://goo.gl/nRcOL4> [Added Since 11.21.2016 Update](#)

Report shows shortcomings in aged prison care

SBS WORLD NEWS RADIO (Sydney, Australia) [2 November 2016] A new report has found Australian prisons are failing to meet the needs of elderly prisoners. And a Salvation Army study – ‘Old behind bars: What is being done for the incarcerated?’ – has found elderly prisoners make up the fastest-growing prison population. At what age is a prisoner classified as aged? The latest research suggests it is just 50-years-old, or, for the Indigenous prison population, even younger, at just 45. <https://goo.gl/J35aRN>

Older prisoners' experiences of death, dying and grief behind bars

THE HOWARD JOURNAL OF CRIME & JUSTICE, 2016;55(3):312-327. Prison populations are experiencing rapid increases and many more offenders are dying in prison. This article draws on research that was conducted by the authors in the U.S., and in England and Wales. The study interrogates the meanings older prisoners give to the prospect of dying in prison. The themes identified during data analysis included general thoughts about death and dying, accounts of other prisoners' deaths, availability of end-of-life services, contact with social relations, and wishes to die outside of prison. <http://goo.gl/3dOdUJ>

Developing a typology for peer education and peer support delivered by prisoners

JOURNAL OF CORRECTIONAL HEALTH CARE [7 June 2016] Peer interventions delivered for prisoners by prisoners offer a means to improve health and reduce risk factors for this population. This paper presents a typology developed as part of a systematic review of peer interventions in prison settings. Peer interventions are grouped into four modes: 1) Peer education; 2) Peer support; 3) Peer mentoring; and, 4) Bridging roles, with the addition of a number of specific interventions identified through the review process. The paper discusses the different modes of peer delivery with reference to a wider health promotion literature on the value of social influence and support. In conclusion, the typology offers a framework for developing the evidence base across a diverse field of practice in correctional health care. Prison hospices were described as being based on a concept of providing a “decent prison,” which entailed maintaining terminally ill prisoners’ humanity and dignity. Prison hospice volunteers worked within a wider multi-disciplinary team to provide companionship, practical assistance, and social and emotional support to terminally ill patients. <http://goo.gl/t7ddro>

The collision of care and punishment: Ageing prisoners’ view on compassionate release

PUNISHMENT & SOCIETY [19 May 2016] Most prisoners wish to spend their last days outside prison. Early release of seriously ill and ageing prisoners, commonly termed compassionate release, can be granted based on legal regulations, but is rarely successful. The aim of this paper is to present the views of ageing prisoners on compassionate release using qualitative interviews. Participants argued for compassionate release on the grounds of illness and old age, citing respect for human dignity. Their hopes of an early release, however, often contradicted their actual experiences. <http://goo.gl/yq9o0t>

Integrating correctional and community health care: An innovative approach for clinical learning in a baccalaureate nursing program

NURSING FORUM [22 April 2016] This article demonstrated how medium/maximum prisons can provide an ideal learning experience for not only technical nursing skills but more importantly for reinforcing key learning goals for community-based care, raising population-based awareness, and promoting cultural awareness and sensitivity. In addition, this college of nursing overcame the challenges of initiating and maintaining clinical placement in a prison facility, collaboratively developed strategies to insure student and faculty safety satisfying legal and administrative concerns for both the college of nursing and the prison, and developed educational post-clinical assignments that solidified clinical course and nursing program objectives. <http://goo.gl/TdfgUI>

Exploring barriers to and enablers of adequate healthcare for indigenous Australian prisoners with cancer: A scoping review drawing on evidence from Australia, Canada and the U.S.

HEALTH & JUSTICE [3 May 2016] Prisoners are a group with complex needs and high levels of social disadvantage and exclusion. Indigenous Australians are overrepresented in the prison system and experience higher rates of cancer mortality. This review found a very small evidence base and no studies from Australia. Therefore a strong conclusion to be drawn from the limited data is that further rigorous, empirical research is needed to better elucidate how the barriers to adequate cancer care for prisoners may be identified and overcome, in Australia and internationally. In particular, the experiences of Indigenous prisoners with cancer are largely invisible in the research literature. The main themes identified here offer potential starting points for future research and policy development to better align access and service use with best practice for cancer care in Australia. <http://goo.gl/UNX2O5>

End-of-life care behind bars: A systematic review

AMERICAN JOURNAL OF NURSING [11 February 2016] Nineteen articles, all published between 2002 and 2014, met the inclusion criteria. Of these, 53% were published between 2009 and 2014, and 58% reported findings from qualitative research. One article reported on research conducted in the U.K.; the remaining 18 reported on research conducted in the U.S. Capacity (that is, the number of prisoners requiring end-of-life care (EOLC) and the ability of the prison to accommodate them) and the site of EOLC delivery varied across studies, as did the criteria for admission to end-of-life or hospice services. Care was provided by prison health care staff, which variously included numerous professional disciplines, corrections officers, and inmate caregivers. The inmate caregivers, in particular, provided a wide array of services and were viewed positively by both end-of-life patients and health care staff. Inmates providing EOLC viewed caregiving as a transformational experience. <http://goo.gl/zgocdi>

Ethical issues in caring for prison inmates with advanced cancer

JOURNAL OF HOSPICE & PALLIATIVE NURSING [5 January 2016] This article includes a discussion of the ethical issues ... encountered in provision of care for prisoners that should, but often does not, approximate that of non-prisoner care. The history of the prison hospice movement is described. The case of a prisoner with extensive cancer and multiple symptoms is presented to highlight the ethical, existential, and practical issues encountered especially by the nurses, as well as other team members providing care for prisoners with advanced cancer. Then follows a discussion of the collaborative, compassionate approach to his care that maintained public and personal safety while optimizing symptom management and respect for his goals of care. Suggestions for improving care of inmates with serious illness are provided. <http://goo.gl/qVAOzt>

A “good death” for all? Examining issues for palliative care in correctional settings

MORTALITY [5 November 2015] The authors examine the attributes of a “good death” relative to correctional settings to illustrate the tension between the objectives of palliative care (PC) and incarceration. Through this critical narrative review of the literature, they identify personal, social and political concerns that influence prisoners’ ability to access a “good death” and health care providers’ potential to contribute to such an outcome. In doing so, the authors highlight divergence between PC theory and practice, and the complex issues faced by dying prisoners and their families, prison officials, health care providers and other members of PC teams. They conclude, while dying well is potentially achievable within the contentious realm of corrections, further efforts are needed to improve access to PC and ensure the incarcerated are not denied their right to a “good death.” <http://goo.gl/DrZcKz>

From the warehouse to the deathbed: Challenging the conditions of mass death in prison

THEMIS: RESEARCH JOURNAL OF JUSTICE STUDIES & FORENSIC SCIENCE [Accessed 7 July 2015] The purpose of this project is to analyze the crisis of mass incarceration by placing the conditions faced by elderly, terminally ill, and dying prisoners, as its main point of focus. Much of this crisis was built through post-1970s American penal policies, which set in place tough sentencing laws, increased prosecutorial power, and ultimately, led to a significant growth in the prisoner population. Today, elderly and terminally ill prisoners make up the fastest growing population inside of prisons. Few of these prisoners are approved for early release, instead die while incarcerated. This has resulted in a condition of mass death within a system of mass incarceration. <http://goo.gl/Gdqv9S>

Characteristics of prison hospice patients medical history, hospice care, and end-of-life symptom prevalence

JOURNAL OF CORRECTIONAL HEALTH CARE, 2015;21(3):298-308. Increasing numbers of prisoners in the U.S. are dying from age-related and chronic illnesses while incarcerated. This study is among the first to document characteristics of a population of prison hospice patients. Retrospective review of medical records for all patients admitted to the Louisiana State Penitentiary prison hospice program between 1 January 2004, and 31 May 2012 examined: 1) Demographics; 2) Medical history; 3) Hospice diagnosis; 4) Length of stay; and, 5) End-of-life symptom prevalence on admission and during final 72 hours before death. <http://goo.gl/7hcvcj>

Essential elements of an effective prison hospice program

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE [2 March 2015] More prisons across the U.S. must address the need for end-of-life care. This case study presents one long-running model of care, the Louisiana State Penitentiary Prison Hospice Program. The authors identify five essential elements that have contributed to the long-term operation of this program: 1) Patient-centered care; 2) An inmate volunteer model; 3) Safety and security; 4) Shared values; and, 5) Teamwork. The authors describe key characteristics of each of these elements, discuss how they align with earlier recommendations and research, and show how their integration supports a sustained model of prison end-of-life care. <http://goo.gl/24C7Ji>

Barriers associated with the implementation of an advance care planning program in a prison setting

JOURNAL OF SOCIAL WORK IN END-OF-LIFE & PALLIATIVE CARE, 2014;10(4):322-337. The extent to which planning occurs within prison settings is unknown. Through the course of implementing an advance care planning program for aging and dying offenders at a medical classification center, multiple barriers were identified that need to be addressed systemically to ensure the medical wishes of offenders were known and honored. This article outlines the barriers and the steps that were taken to create systems change to promote and sustain advance care planning. <http://goo.gl/UKwomd>

Palliative and end-of-life care in prisons: A content analysis of the literature

INTERNATIONAL JOURNAL OF PRISONER HEALTH, 2014;10(3). The purpose of this review is to fill a gap in the literature by reviewing and critically appraising the methods and major findings of the international peer-reviewed literature on palliative and end-of-life care in prison, identify the common elements of promising palliative and end-of-life services in prison, and what factors facilitated or create barrier to implementation. It provides a foundation on which to build on about what is known thus far about the human right to health, especially parole policy reform and infusing palliative and end-of-life care for the terminally ill and dying in prisons. <http://goo.gl/08dNZr>

Ageing prisoners' views on death and dying: Contemplating end of life in prison

JOURNAL OF BIOETHICAL INQUIRY [27 June 2014] The paucity of research on this topic in Europe means that the needs of older prisoners contemplating death in prison have not been established. About half of the prisoners [i.e., study participants] reported having thought about dying in prison, with some mentioning it in relation with suicidal thoughts and others to disease and old age. Themes identified during data analysis: 1) General thoughts about death and dying; 2) Accounts of other prisoners' deaths; 3) Availability of end-of-life services; 4) Contact with social relations; and, 5) Wishes to die outside of prison. <http://goo.gl/9m1yQP>

The pressing need for quality, cost, and outcomes data to improve correctional health care for older prisoners

JOURNAL OF THE AMERICAN GERIATRICS SOCIETY, 2013;61(11):2013-2019. U.S. prisons are constitutionally required to provide health care to prisoners. As the population ages, healthcare costs rise, states are forced to cut spending, and many correctional agencies struggle to meet this legal standard of care. Failure to meet the healthcare needs of older prisoners ... can cause avoidable suffering in a medically vulnerable population and violation of the constitutional mandate for timely access to an appropriate level of care while incarcerated. A lack of uniform quality and cost data significantly hampers innovations in policy and practice to improve value in correctional health care. <http://goo.gl/MUpNPV>

Care and companionship in an isolating environment: Inmates attending to dying peers

JOURNAL OF FORENSIC NURSING, 2013;9(1):35-44. The purpose of this study was to examine the values, beliefs, and perceptions of end-of-life care held by inmates caring for peers approaching the end of their lives. Key themes that were identified: 1) Getting involved; 2) Living the role; and, 3) Transforming self through caring for others. The provision of enhanced end-of-life care by inmate peers shows promise for improving prison community relations and morale, reducing suffering, and demonstrating care and compassion within the harsh prison environment. <http://goo.gl/ZI7f3M>

Establishing hospice care for prison populations: An integrative review assessing the U.K. and U.S. perspective

PALLIATIVE MEDICINE, 2012;26(8):969-978. Results of this study highlight a number of issues surrounding the implementation of palliative care (PC) services within the prison setting and emphasize the disparity between the U.S. model (emphasizing the in-prison hospice) and the U.K. model (emphasizing PC in-reach) for dying prisoners. <http://goo.gl/IVWdel>

[Barry R. Ashpole](#)



My involvement in hospice and palliative care dates from 1985. As a communications consultant, I've been involved in or responsible for a broad range of initiatives at the community, regional, provincial and national level. My current work focuses primarily on advocacy and policy development in addressing issues specific to those living with a terminal illness – both patients and families.¹ In recent years, I've applied my experience and knowledge to education, developing and teaching on-line and in-class college courses on different aspects of end-of-life care, and facilitating issue specific workshops, primarily for frontline care providers. Biosketch on the International Palliative Care Resource Center website at: <http://goo.gl/zfyTd1>

End-of-Life Care in the Prison Environment in the U.S.

Agency behind bars: Advance care planning with aging and dying offenders

DEATH STUDIES [8 March 2017] Aging and terminally ill individuals in U.S. prisons are increasing, making critical the need for appropriate end-of-life care and advance care planning. Findings [of this study] included six themes: 1) Decisions in the shadow of the past; 2) What works best for me; 3) Feeling blessed; 4) What is really going on; 5) Can anyone be trusted; and, 6) Turning agency over to someone else. This study provides critical information that will assist professionals who work with dying offenders, as it presents a vivid illustration of their dying process. <https://goo.gl/y7Y2iF> **Added Since 11.21.2016 Update**

More prisoners die of old age behind bars

KAISER HEALTH NEWS [15 December 2016] As the number of older prisoners soars, more inmates are dying in prison of diseases that afflict the elderly, new data from the Department of Justice show.¹ A total of 3,483 inmates died in state prisons and 444 in federal prisons in 2014, the highest numbers on record since the bureau started counting in 2001... In addition, 1,053 inmates died in local jails, where suicide is on the rise. The U.S. has the world's largest prison population, with over 2 million people behind bars. While that population has been shrinking in recent years, deaths in custody have climbed steadily. The deaths reflect a dramatic shift in the prison population: The number of federal and state prisoners age 55 or older reached over 151,000 in 2014, a growth of 250% since 1999. As this population grows, prisons have begun to serve as nursing homes and hospice wards caring for the sickest patients. The majority of state prisoners who died in 2014 were 55 years or older, and 87% of state prisoners died of illnesses, according to the report. The most common illnesses were cancer, heart disease and liver failure. These deaths point to how dramatically prisoners' health care needs are changing. <https://goo.gl/b3aUMk>

1. 'Mortality in State Prisons, 2001-2014: Statistical Tables,' Bureau of Justice Statistics, U.S. Department of Justice, December 2016. <https://goo.gl/DxZiV5>

Analysis of U.S. compassionate and geriatric release laws: Applying a human rights framework to global prison health

JOURNAL OF HUMAN RIGHTS & SOCIAL WORK [Accessed 8 November 2016] A content analysis of 47 identified federal and state laws was conducted using inductive and deductive analysis strategies. Of the possible 52 federal and state corrections systems (50 states, Washington DC, and Federal Corrections), 47 laws for incarcerated people, or their families, to petition for early release based on advanced age or health were found. Six major categories of these laws were identified: 1) Physical/mental health; 2) Age; 3) Pathway to release decision; 4) Post-release support; 5) Nature of the crime (personal and criminal justice history); and, 6) Stage of review. Eighteen of the laws noted that the medical hospital or hospice, or family home with healthcare professionals, must be vetted prior to release to ensure both safety and proper healthcare. In addition, 11 of the laws mentioned that the incarcerated person must have financial resources to cover healthcare, such as Medicaid, in place prior to early release. Five of the laws mentioned a holistic style of care, including emotional support for the incarcerated person and family, as well as reintegration support. Recommendations are offered, for increasing social work policy and practice expertise, and advancing the rights and needs of this population in the context of promoting human rights, aging, health, and criminal justice reform. <https://goo.gl/4wqwc3>

Psychiatry and the dying prisoner

INTERNATIONAL REVIEW OF PSYCHIATRY [26 September 2016] Due to the growing number of ageing prisoners in the American correctional system, penal institutions are increasingly caring for patients with chronic and potentially terminal medical conditions. To address this problem states have attempted sentencing reform initiatives and adopted compassionate release programmes; however, these efforts have failed to significantly reduce the number of elderly or seriously ill inmates. Correctional mental health services are now called upon to aid in the care of prisoners at the end of life. This article presents the common elements of prison hospice programmes and the role psychiatry plays in this multidisciplinary effort. The right-to-die movement holds future implications for correctional mental health professionals. The historical and legal background of this international movement is presented with attention given to landmark cases and statutes protecting institutionalized patients. <https://goo.gl/JC7OIO>

National survey of prison health care: Selected findings

NATIONAL HEALTH STATISTICS REPORTS (No. 96, p.6) [28 July 2016] Hospice care followed a pattern similar to that of long-term or nursing home care, with 35 participating states providing hospice care exclusively on-site. Of these, 12 had either a specific hospice program or reserved beds for hospice care in at least one facility, and 6 of the 12 states jointly provided hospice care and long-term care in shared units or beds. The other 23 states providing hospice care on-site did not provide any qualifying information with their response. Respondents from 9 states reported hospice care was provided both on-site and off-site, though most stated that off-site care was rarely used. Two of the 9 states sent all or most female prisoners off-site for long-term or hospice care to ensure the safety of female prisoners who would otherwise be cared for in areas with mostly male prisoners. <https://goo.gl/CwPYbv>

What dying looks like in America's prisons

THE ATLANTIC [16 February 2016] Mohawk had once been a residential home for the developmentally disabled. It occupied the southernmost corner of the 150-acre Mohawk-Oneida campus and was converted to a medium-security prison in 1988. Today, it houses about 1,400 inmates, 112 of whom are inside the "skilled nursing facility," Walsh Regional Medical Unit, which takes in prisoners from the central and western parts of New York State. What the hospice program at Mohawk did was prevent patients from dying alone. Terminal patients, particularly those dying inside prison, need human contact, companionship, and a chance to talk about their lives, the nurses told me. The program also provided healthy prisoners who had good behavior records the chance to train as volunteers, to give back to their fellow inmates. The program provided a real "sense of satisfaction to our guys," according to the daytime hospice nurse. <http://goo.gl/1uCEUC>

When prisons need to be more like nursing homes

KAISER HEALTH NEWS [27 August 2015] Between 1995 and 2010 the number of inmates age 55 and up almost quadrupled, owing in part to the tough-on-crime sentencing laws of the 1980s and 1990s, according to a 2012 ACLU report. In 2013, about 10% of the nation's prison inmates – or 145,000 people – were 55 or older. By 2030, the report said, one-third of all inmates will be over 55. At the same time, it is widely accepted that prisoners age faster than the general population because they tend to arrive at prison with more health problems or develop them during incarceration. Caring for elderly inmates can often cost up to twice as much as caring for younger ones. In North Carolina, however, it costs an estimated four times as much. During the fiscal year 2006-2007 – its most recent figures – the state's corrections department spent \$33,824,060 on health care for inmates over 50, a 35% increase from just two years earlier. <http://goo.gl/amb1R1>

Don't get cancer if you're in prison

NEWSWEEK [22 July 2015] There is little hard data on the quality of medical treatment behind bars, says Dr. Marc Stern, a correctional health care consultant and former health services director for the Washington State Department of Corrections. Nor is there much regulation of correctional facility health care. No one disputes that prison care saves lives and often treats people who might not otherwise be treated. <http://goo.gl/YpSLVD>

State prison health care spending

THE PEW CHARITABLE TRUSTS [8 July 2014] State spending on prisoner health care increased from 2007 to 2011, but began trending downward from its peak in 2009. Nationwide, prison health care spending totaled \$7.7 billion in fiscal 2011, down from a peak of \$8.2 billion in 2009. In a majority of states, correctional health care spending and per-inmate health care spending peaked before 2011. A steadily aging prison population threatens to drive costs back up. <http://goo.gl/iC8tKj>

The grief experience of prison inmate hospice volunteer caregivers

JOURNAL OF SOCIAL WORK IN END-OF-LIFE & PALLIATIVE CARE [14 March 2014] Correctional institutions are obligated to provide end-of-life care to a population with complex medical needs. Prison hospices are increasingly being formed to address this demand. Few studies, however, have examined the impact of caring for dying inmates on the hospice inmate volunteers, who, in several prison health care systems, provide direct care. Understanding the bereavement needs of hospice volunteers and how they navigate grief and remain committed to providing excellent hospice care can help to inform the grief processes and practices of hospice care professionals. <http://goo.gl/O3lkMi>

Administrators' perspectives on changing practice in end-of-life care in a state prison system

PUBLIC HEALTH NURSING, 2014;31(2):99-108. Sentencing trends have created a demographic shift in prison populations. Greater numbers of inmates are aging and dying in prison, creating a demand for enhanced end-of-life care. Changing practice to meet care demands is complicated by economic constraints, attitudinal barriers and organizational features. This study explores perspectives of end-of-life care held by administrators in a state prison to reveal challenges to changing practice to meet the needs of inmates suffering advanced illness and dying in prison. Influences impacting end-of-life services: 1) Local prison culture; 2) Treatment versus security focus; 3) Case-by-case consideration; 4) Public sentiment; 5) Budget neutral approaches; and, 6) Conflicting views of service targets. <http://goo.gl/taa6uQ>

State initiatives to address aging prisoners

OFFICE OF LEGISLATIVE RESEARCH OF THE CONNECTICUT GENERAL ASSEMBLY [9 December 2013] This report provides examples of how other States have addressed the problem of dealing with aging and medically infirm prisoners. The report provides examples from California, Florida, Louisiana, Nevada, New York, Pennsylvania, Virginia, and Washington State. California contracts with private providers to establish and operate skilled nursing facilities to incarcerate and care for aging and ill prisoners. The State of Florida operates several facilities specifically designed for elderly as well as palliative care inmates. Louisiana has established a partnership between Louisiana State Penitentiary and University Hospital Community Hospice in New Orleans to provide care for sick and infirm inmates. The State of Nevada has established the Senior Structured Living Program to serve aging offenders, while New York's Unit for the Cognitively Impaired primarily serves prisoners with dementia. In Pennsylvania, sick and elderly inmates are housed at Laurel Highlands, a minimum security facility. In the State of Virginia, most older prisoners are housed at the Deerfield Correctional Center, a one-story, handicap-accessible facility able to address inmates' mobility needs. In Washington State, an assisted-living unit was established at the Coyote Ridge Correctional facility to address the needs of the State's elderly inmates. <http://goo.gl/qDYc9Y>

To be truly alive: Motivation among prison inmate hospice volunteers and the transformative process of end-of-life-peer-care service

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE [26 September 2013] Participants expressed complex motivations. Inter-related themes on personal growth, social responsibility and ethical service to vulnerable peers suggested inmate caregivers experience an underlying process of personal and social transformation, from hospice as a source of positive self-identity to peer-caregiving as a foundation for community. Better understanding of inmate caregiver motivations and processes will help prisons devise effective and sustainable end-of-life-peer-care programs. <http://goo.gl/j3XuK7>

Aging prisoners' costs put systems nationwide in a bind

KSDK TV NEWS (St. Louis, Missouri) [11 July 2013] The fiscal, legal, social and political challenges of housing this country's graying inmates have arrived with full force at precisely the time when states – and also the federal government – are looking to rein in spending. A problem swelling for decades has become “a national epidemic.”¹ <http://goo.gl/mkv65l>

1. 'At America's Expense: The Mass Incarceration of the Elderly, American Civil Liberties Union,' June 2012. <http://goo.gl/wUxSaU>

Compassionate release program mismanagement has let federal prisoners die waiting, report finds

THE HUFFINGTON POST [1 May 2013] Mismanagement of the Bureau of Prisons' compassionate release program resulted in terminally ill inmates dying before their requests for release could be approved.¹ Between 2006-2011, 28 terminally ill inmates died before the Bureau director had decided on requests that had already been approved... <http://goo.gl/XUOPnD>

1. 'The Federal Bureau of Prisons' Compassionate Release Program,' U.S. Department of Justice Office of the Inspector General, April 2013. <http://goo.gl/ZS26vl>

Addressing the aging crisis in U.S. criminal justice health care

JOURNAL OF THE AMERICAN GERIATRICS SOCIETY, 2012;60(6):1150-1156. This article provides an overview of aging in the criminal justice system. It then describes how geriatric models of care could be adapted to address the mounting older prisoner healthcare crisis and identifies areas where additional research is needed to explore prison-specific models of care for older adults. <http://goo.gl/eF1u7O>

The hospitalized prisoner with a life-threatening illness: Criminal first and patient second?

HEALTHCARE LAW, ETHICS & REGULATION, 2012;14(2):43-47. The Patient's Bill of Rights applies to all patients including prisoners. Yet, a prisoners' status generally prohibits inmates from making any decision that may shorten his/her life and the *de facto* medical decision maker becomes the medical director of the state correctional facility. <http://goo.gl/C1ISCM>

End-of-Life Care in the Prison Environment in the U.S. (State-by-State)

California

THE JEWISH JOURNAL [10 February 2016] '**Teaching *taharah* in prison.**' After we arrived at California State Prison and started speaking with the men who attended the class, we learned they were all people (mostly, if not all, inmates) who work in the [prison] medical facility's hospice. One of the things they do is sit vigil with those inmates who are near death, so there is someone there with them to witness their last breath. Also, although coffins are not allowed inside the prison, they are responsible for preparing the bodies of the dead to be sent to the funeral home. The medical staff will remove all IVs, devices, etc., from the body, and then turn the body over to the inmates for preparation. <http://goo.gl/r88OvU>

THE WALL STREET JOURNAL [5 May 2014] '**An intimate look at aging prisoners in California.**' The California Department of Corrections is taking steps to alleviate the aches and pains of prison life for the elderly, who make up the fastest-growing segment of the incarcerated population in the U.S. The percentage of prisoners 55 or older in increased by more than 500% between 1990-2009.¹ <http://goo.gl/LgQxe7>

1. 'The Aging Prison Population in the U.S.,' Human Rights Watch, January 2012. <http://goo.gl/tbxE4F>

THE NEW TIMES (San Luis Obispo) [13 March 2014] '**As they lay dying: Prison inmates find redemption through a hospice program.**' Roger Brown vividly remembers the first man he helped through death. Brown held vigil over Vernon Burnett, a 42-year-old California Men's Colony (CMC) inmate whom doctors had determined would soon succumb to his pancreatic and liver cancer. Burnett's passing wasn't an easy one. Brown sat up with Burnett the night before he passed away. Brown, himself an inmate at the time, was a member of Supportive Care Services, a program that teaches inmates to provide hospice care to dying inmates in CMC's hospital. Brown cared for 34 men during his time with the program. <http://goo.gl/7crGE6>

THE HUFFINGTON POST [13 June 2012] '**Can compassionate release of California's terminally ill prison inmates work?**' The short answer to this question is yes, but that yes depends greatly on one factor that I haven't found mentioned in discussions concerning California's Senate Bill 1462, which would allow early release for inmates with a prognosis of 6 months or less. <http://goo.gl/KynjHN>

Colorado

THE DENVER POST [17 February 2013] '**Colorado prison hospice program helps inmates die with dignity.**' Colorado's prison population is aging quickly and more inmates than ever are sick with illnesses that will kill them long before their sentences are up. In the first state prison hospice program in the nation, inmates of the Colorado Territorial Correctional Facility in Cañon City are trained to care for fellow prisoners as they follow the course of diseases such as cancer, HIV/AIDS and hepatitis C toward the inevitable. Colorado's total prison population more than doubled from 1991 to 2009, but the number of inmates age 50 or older increased 720%.¹ <http://goo.gl/16rE7X>

1. 'Old Behind Bars: The Aging Prison Population in the U.S.,' Human Rights Watch, Washington DC, January 2012. <http://goo.gl/F01FMf>

N.B. Photographs of the prison hospice program at Colorado Territorial Correctional Facility in Cañon City: <http://goo.gl/JhWLy>

Connecticut

THE HARTFORD COURANT [12 October 2012] '**Prison hospice teaches a life lesson.**' In recent years, the Connecticut Department of Corrections has adopted a number of innovative programs that have proved successful. These hands-on activities teach participants how to develop empathy, compassion and pride while practicing honesty, integrity, patience and caring – values not commonly associated with prisoners. At Osborn prison in Somers, where I was serving a 25-year sentence for armed robbery, the programs include Alternatives to Violence, Certified Nurse's Aide and hospice, among others. I became involved with hospice because I wanted to change who I was and give something back to society... <http://goo.gl/Td26Gc>

ASSOCIATED PRESS [30 June 2012] '**Connecticut allows some inmates to go to nursing home.**' Connecticut's sickest state prison inmates will be released and moved to a nursing home early next year in an effort that state officials say will save millions of dollars in health care costs. As part of its wide-ranging state budget legislation signed into law in June, state lawmakers gave Correction Commissioner Leo Arnone the discretion to release severely incapacitated inmates from custody for palliative and end-of-life care. <http://goo.gl/1c1Vly>

Georgia

GEORGIA | *The Atlanta Journal-Constitution* [19 December 2016] – [Added Since 11.21.2016 Update](#)
'**Nursing home for prison inmates...**' A former prison doctor has opened a nursing home that will take up to 280 elderly and infirm inmates who otherwise might not have a place to go when they're paroled. "Even for a person who has no health issues, finding appropriate housing when on parole can be very, very complicated," said Sara Totonchi, executive director of the Southern Center for Human Rights. "When you add in health issues or mobility issues or other challenges it can be nearly impossible to find." The Bostick Nursing Center in Milledgeville, on the site of a demolished prison, is the first in Georgia that was conceived specifically for parolees. It will begin accepting parolee-residents early next year. There were already three nursing homes in South Georgia that accepted parolees, but catered to the general public... With no spaces specifically set aside for one-time prisoners, parolees are accepted only if there is room; each has between 10 and 20 parolees in residence... <https://goo.gl/WAw8iT>

Idaho

THE SPOKESMAN-REVIEW (Spokane, Washington) [20 March 2012] '**Idaho prison's health care called "inhumane."**' Medical care is so poor at an Idaho state prison that it amounts to neglect and cruel and unusual punishment... Correctional health care expert Dr. Marc Stern said there have been some improvements at the Idaho State Correctional Institution south of Boise. But terminal and long-term inmates sometimes went unfed, nursing mistakes or failure likely resulted in some deaths, and one inmate wasn't told for seven months that he likely had cancer. <http://goo.gl/nVkcUG>

Illinois

WIFR NEWS (Rockford) [20 May 2015] '**Findings of report on medical care in Illinois prisons.**' A new report by a court-approved medical panel sharply criticizes health care at Illinois prisons, though the state Department of Corrections disputes many of its conclusions. Some terminally ill inmates sign do-not-resuscitate orders but suffer needlessly from the inattention of staff. The report says, "do not resuscitate" does not mean, "do not treat." <http://goo.gl/oGuKl9>

THE CHICAGO SUN-TIMES [23 October 2014] '**Illinois needs better way to deal with terminally ill inmates.**' When America's prisons start looking like hospice care facilities for old and dying inmates, we're wasting a lot of money. Treating growing numbers of terminally ill inmates is so expensive that the federal government and some states are considering releasing many of these inmates in their final weeks of life if their families want to take them in. <http://goo.gl/KuwbQj>

THE HUFFINGTON POST [22 September 2012] '**Do elderly inmates belong in Illinois' Prisons?**' A recent report¹ focuses a keen and insightful eye on the current state of Illinois' prison healthcare system. The first sentence of the report sets the tone: "The Illinois Department of Corrections is not just an agency of 27 prisons. It is also a healthcare system for nearly 50,000 inmates." <http://goo.gl/17EQwb>

1. 'Unasked Questions, Unintended Consequences: Fifteen Findings and Recommendations on Illinois' Prison Healthcare System,' The John Howard Association. <http://goo.gl/OYogMo>

Indiana

THE DAILY WORLD (Greene County) [30 September 2014] **'Nine volunteers at Wabash Valley Correctional Facility provide hospice care for terminally ill offenders.'** The Wabash Valley Correctional Facility (WVCF) is one of only 74 prisons across the U.S. participating in a hospice program for prisoners. The WVCF in Carlisle currently has a Compassionate Care Unit that is driven by volunteer offenders being housed at the facility. In order to participate in the program, the inmates are required to pass various screenings and background checks. Once admitted into the program, these volunteers participate in ongoing training that teaches them how to take care of terminally ill patients. <http://goo.gl/L8JOWw>

THE INDIANAPOLIS STAR [8 September 2013] **'Indiana's aging prison population presents health-care challenges.'** Bryon Bradley, a diminutive, bespectacled, 43-year-old with a mild disposition ... shuffled from bed-to-bed, checking on his patients before stopping in front of Jerald Jessup, a frail 74-year-old wearing an orange knit cap. The tall, rangy septuagenarian, who suffers from chronic obstructive pulmonary disease and uses a wheelchair, was undecided about recreation. So Bradley ... made idle chat with Jessup, serving two life sentences and considered one of the most dangerous inmates in Indiana history. <http://goo.gl/oUgCMW>

Iowa

THE DES MOINES REGISTER [22 February 2014] **'Roses and thistles: These graduates earned a degree in compassion.'** Eleven inmates recently graduated from a training program by Lee County Hospice to work in the prison's hospice unit. The penitentiary pays outside care providers in addition to relying on volunteers, which is unique among the state's prison system. This is becoming an increasingly important service within the penitentiary, which houses some inmates who will never leave the prison alive. For many of them, their last days will be spent in hospice care with support provided by fellow convicts. <http://goo.gl/4kqVUg>

THE WASHINGTON POST [3 December 2013] **'Terminally ill Iowa inmate gets parole for hospice.'** A dying Iowa inmate who was 15 when she entered prison will spend her final days in a hospice facility, a state board ruled in granting her unprecedented parole. The Iowa Parole Board's decision for Kristina Fetters, 33, means she is the first inmate in the state sentenced to life in prison as a juvenile to be released after a landmark U.S. Supreme Court ruling last year. <http://goo.gl/w3Ubm>

Louisiana

PSYCHOLOGY TODAY [Accessed 8 March 2017] **'Prisoners working with the dying.'** Angola State Prison in Louisiana is home to approximately 5,000 men. Their crimes range from murder, rape, armed robbery to drug offenses. It is described as the largest and most notorious prison in the country. It has the highest percentage of prisoners in the U.S. serving life sentences and it is estimated that 85% of these prisoners will die there. In the past, dying at the prison meant that you were left alone in a room, without medication, just waiting for death to come. After death, the body was put in a cardboard box for burial. In 1998, Warden Burl Cain changed the face of death in the prison by introducing hospice. The entire death and burial experience was transformed. <https://goo.gl/i3jAHD> Added Since 11.21.2016 Update

Maine

THE CHARLOTTE OBSERVER (Charlotte, North Carolina) [16 February 2014] **'Maine inmates find redemption through hospice care.'** Steve Carpentier ... has served 28 years in prison for murder, but he and other violent offenders volunteering for hospice duty at the state's maximum security prison are finding an untapped reservoir of empathy caring for their fellow inmates in their final hours. There are now more than 60 hospice or end-of-life programs in prisons across the country, but this is the only one in Maine. <http://goo.gl/IKDKGw>

MAINE PUBLIC BROADCASTING NETWORK [24 June 2013] **'Brothers' keepers: End-of-life care in the Maine State Prison [Part 1].'** Kandyce Powell of Maine Hospice Council has been coming into the prison about once a week for the past 13 years as part of the council's mission of bringing hospice care training into underserved populations. Powell is fond of saying a prisoner should not be solely defined by his worst crimes. <http://goo.gl/GyPvmH>

Part 2: <http://goo.gl/48cd2m>

Part 3: <http://goo.gl/DyZD9k>

THE FREE PRESS (Rockland) [24 January 2013] **'Living and dying in prison.'** Steve, 59, is one of 14 trained hospice volunteers, inmates at Maine State Prison. He administers to other inmates who are sick and dying. The right to die with some kind of dignity, even behind barbed wire, is recognized as an international human right. All of the inmates are carefully screened before being accepted into the prison hospice program. <http://goo.gl/ubdR5d>

THE BANGOR DAILY NEWS [19 September 2012] **'Hospice program provides care, comfort for Maine's aging prison population.'** Santanu Basu has been a resident of Maine State Prison for a long time already, and has a lot more time to go before he's released. If he's ever released, that is. So Basu, a convicted murderer, has resolved to do good during the remaining decades of his 62-year sentence by acting as a hospice volunteer. He will provide end-of-life care to some of the prison's oldest, sickest and most vulnerable inmates. <http://goo.gl/bYuvzI>

Maryland

THE WASHINGTON POST [20 December 2013] **'One final hurdle to a true prison hospice in Maryland.'** On 17 March, I advocated for the creation of a program to allow inmates at Jessup Correctional Institution to provide end-of-life care to their dying peers.¹ Such a program would benefit both the patients, many of whom now face death scared and alone, and the caregivers, who would have a way to serve others at a time of profound need. The initial response to my piece was encouraging, and we have made significant progress to a true hospice program. Two days after my commentary appeared, Jessup Warden John Wolfe told me his superiors at the Maryland correctional department agreed on the need for a hospice. By week's end, Wolfe's administration had created a palliative care group, made up of medical, mental health, faith and social work personnel at the prison. <http://goo.gl/NejLJD>

1. 'Why Maryland needs hospice behind bars,' *The Washington Post*, 17 March 2013. <http://goo.gl/Tbasoj>

Massachusetts

THE BOSTON GLOBE [26 October 2015] **'Dying inmates don't need to be in jail.'** It's no wonder state legislators aren't anxious to establish a way to release prison inmates who are dying or severely incapacitated. What politician wants to be on record expressing sympathy for criminals, even grievously ill ones? But that's how legislation under consideration ... has been framed in public discussion – as a "compassionate release" law. It's a key reason why the bill ... has languished. Take compassion out of the equation, however, and the proposal appears practical and fiscally smart. The state already spends about \$100 million annually on inmate health care. With prisons overcrowded and their populations aging, that figure is increasing every month. A small percentage of those inmates have a terminal disease, are so disabled they can barely function, or require regular treatment ... outside of jail. If they were released to a hospital, hospice, nursing home, or family member, spending on inmates' health care could be reduced. <https://goo.gl/CvoM35>

THE BOSTON GLOBE [21 May 2015] **'Caring for the dying, behind bars.'** As America "grays," there is a parallel aging of the prison population, with a 234% increase in prisoners over age 55 in the past 14 years – from 43,300 in 1999 to 144,500 in 2013. According to recent data from the federal Bureau of Justice Statistics, the death rate in jails jumped 8% between 2011 and 2012, the first uptick since 2009. Deaths – mostly from heart disease and cancer – are highest among prisoners and jail detainees over age 50. As increasing numbers of prisoners require end-of-life care, states bear an inordinate financial burden – it costs at least twice as much to care for inmates over age 55 than younger ones. <http://goo.gl/Fcqpvr>

New Jersey

THE DAILY JOURNAL (Vineland) [31 March 2013] **'Inmates comfort other dying prisoners at South Woods.'** [Andrew] Woodrow is not a typical hospice volunteer. He's an confessed murderer, a man who strangled his wife and mother-in-law following an argument in their Sewell trailer in 1989. Woodrow is serving a 30-year sentence in South Woods State Prison, where he works each day with Thomas as part of a unique program that trains inmates as caregivers and then matches them with other prisoners who are terminally ill. The palliative care program at South Woods now has 25 prisoners who serve as caregivers, according to Joann Anderson, a social worker at the prison who is in charge of the program. To be chosen for training as a caregiver for terminally ill patients, an inmate must not have violated any prison rules for at least a year. <http://goo.gl/a04MUF>

New York

THE NEW YORK TIMES [28 December 2015] **'When dying alone in prison is too harsh a sentence.'** In our prison system, there are various programs called "compassionate release" or sometimes "medical parole," whereby elderly or seriously ill prisoners may be released to the community before the end of their sentence. Since 1992, 371 people have been released through the medical parole program in New York State. Only 30 inmates filed applications for medical release in 2014, of whom 17 were released and six died before their review. In the federal prison system the numbers are even more dismal; 101 federal inmates were approved for compassionate release in 2014 out of a total federal prison population of 214,000 people. <http://goo.gl/yNh1VY>

CITY LIMITS [6 August 2013] **'Prisons get grayer, but efforts to release the dying lag.'** From 2007 to 2012 the elderly prisoner population increased by 27.7%... Due to long sentences handed out in the 70s and 80s, American prisons now serve as quasi-nursing homes, albeit lacking the long-term care we associate with geriatric facilities. The state's Compassionate Release Program aims to reduce the number of elderly and sick in prison. But the process is cumbersome and lengthy, with the majority of eligible inmates dying before release. <http://goo.gl/17JXzF>

Ohio

THE BLADE (Toledo) [17 April 2016] **'Hospice program gives prisoners a chance to die, and live, with dignity.'** Roughly 120 people a year die in Ohio prisons. Dozens or even hundreds more are medically incapacitated, including paraplegics, quadriplegics, and those suffering from Alzheimer's disease and dementia. They pose no risk to society, but cost the state millions of dollars a year in medical expenses that Medicare, Medicaid, or private insurance would cover if they were released. Still, nearly all of them will remain in prison. Ohio has no timely and expedient way to release dying and medically incapacitated inmates. For [Gary] Ferrell, time is running out. Five months ago ... Ferrell learned he had about six months to live. An alcoholic, he was diagnosed with terminal liver cancer. Ferrell was transferred to Franklin Medical Center. Prisoners Ferrell and [Scott] Abram, a volunteer lay counselor, are part of a new prison hospice program that uses about a dozen inmate volunteers ... to help other prisoners die with dignity. Prisoner lay counselors are joined by community volunteers... in singing to prisoners, reading their letters, playing cards with them, helping them make out commissary requests, and making the lives of dying inmates better. In doing so, they make their own lives better. Nationwide, there are an estimated 70 prison hospice programs, but only a few, including programs in Louisiana, Ohio, and California, use other inmates as volunteers trained in end-of-life care. By helping dying prisoners, inmate volunteers have an opportunity to give back. <http://goo.gl/h10Df7>

ASSOCIATED PRESS [6 October 2015] **'Inmates help other prisoners face death in hospice program.'** As late-morning sun streams through narrow prison windows, convicted killer Scott Abram stands beside a fellow inmate, speaks quietly to him... The prisoner appears to smile, but it's difficult to gauge his response. He is dying. He passes away two days later. Abram is a counselor trained in a national ministry program who sees his volunteer work as part of his own growth. Behind bars since the early 1990s for murder, he has gotten used to spending time with male prison friends as they die in rooms 205 or 206 on the second floor of the state's prison for chronically ill inmates. In Ohio and nationally, the inmate population is graying. Ohio had 8,558 inmates over 50 this year, nearly double the number in 2001. <http://goo.gl/Y0cugR>

Pennsylvania

DAILY LOCAL NEWS (West Chester) [14 June 2015] **'Prison release rarely an option for dying state inmates.'** Leon Jesse James was supposed to die in prison. As a convicted murderer, Pennsylvania gave him no possibility of parole, meaning he'd spend nearly his entire adult life incarcerated for a 1971 fatal shooting... Barely 18 at the time, he was angry and immature. Over four decades, his family watched him grow up and then grow old in prisons... The anger faded, but its consequences remained, leaving little hope that he'd ever return home. Strangely, that changed when he could no longer walk. "He couldn't even tie his own shoes," said his sister Anna Garrity, describing his rapid deterioration last year from pancreatic cancer. Cancer meant his mandatory life term was nearly over. But losing his mobility made him a potential candidate to live his final days outside prison, and, with a judge's blessing, he became one of only nine inmates since 2010 to be granted a compassionate release from the ... state prison system. Reform advocates say Pennsylvania's law is so strict that compassionate releases almost never happen, even when inmates qualify. The burden almost always rests on families to petition for release, not prison staff who see daily evidence of an inmate's decline. <http://goo.gl/sh5WAZ>

NBC NEWS [21 October 2014] '**Life means death for thousands of Pennsylvania prisoners.**' Because state law gives them no possibility of parole, nearly all of more than 5,300 inmates serving life terms will eventually die inside prison walls. "They have no choice but to age and die in place," said Julia Hall, a criminal justice professor and gerontologist at Drexel University. In the Laurel Highlands prison, seven rooms are the final stop for some of the state's sickest and oldest inmates. With breathing tubes and IVs, the ... inmates wait for their bodies to fail. When their vital signs slip and they struggle for breath, other inmates hold vigil so they won't die alone. Sometimes death is sudden. Other times, volunteers like Christian, a 32-year-old inmate from Philadelphia, watch as life slowly slips away. <http://goo.gl/q2ntBj>

Wyoming

THE STAR-HERALD (Scottsbluff, Nebraska) [24 March 2013] '**Hospice offered behind prison walls.**' The end-of-life journey is being made easier for inmates at the Wyoming Medium Correctional Institution, thanks to a new program that involves staff, other inmates and patient family members. <http://goo.gl/ZPmhgf>

End-of-life Care in the Prison Environment in the U.K.

Prison healthcare "falling short" under National Health Service, as report warns of plummeting staff morale

U.K. (Scotland) | *The Herald* (Glasgow) [24 November 2016 Scotland's top nurse [Added Since 11.21.2016 Update](#) has warned that there is "little evidence" that health gap between prisoners and the general population has narrowed since the National Health Service (NHS) took over responsibility for inmates five years ago. Theresa Fyffe described the findings of the first major review into the transfer of prisoner care from the Scottish Prison Service to the NHS as "uncomfortable reading," adding that the ambitions behind the shake-up "have not been achieved." In a wide-ranging report ... the Royal College of Nursing Scotland highlights "significant concerns" over plummeting morale among prison nurses and failings in mental health and the management of long-term conditions such as dementia and cancer, which are becoming increasingly common with one in 10 prisoners now aged over 50. The number of prisoners aged over-50 have increased 50% in five years due to a trend towards longer sentences, people living longer and convictions for historic sex offences. Nearly half of these inmates have a long-term condition, such as cancer or dementia, but the report found that prison care is "falling short." Palliative and end-of-life care is also "increasingly a reality" in Scottish prisons. <https://goo.gl/dqolTw>

1. 'Five Years On: Royal College of Nursing Scotland Review of the Transfer of Prison Health Care from the Scottish Prison Service to National Health Service Scotland,' Royal College of Nursing Scotland, November 2016. <https://goo.gl/92pQXP>

Improving palliative care for prisoners: The 'both sides of the fence' study

GOLLNOW, ANGELIKAPRISON SERVICE JOURNAL, 2016;224:42-47. The study began in June 2013 and will be completed by the end of May 2016. It is taking place in Her Majesty's Prison Wymott, a Category C prison with a high number of older prisoners, and is funded by the charity Marie Curie. The overall aim is to develop a model of palliative and end-of-life care for prisoners that can be shared with other prisons to improve practice. The study uses action research methodology, in which the research participants (in this case, prison staff and prisoners) and the research team work together to make changes to practice. The research is designed in two main phases, with a short third phase for consolidating the findings and sharing them with other prisons. Analysis of data is ongoing and the final results will be published at the end of the study. However, it is already clear that the number of prisoners requiring palliative and end-of-life care is likely to continue to increase in the foreseeable future. This is in part because the prison population, like the wider population, is ageing, and with increasing age comes increasing ill health and frailty. This change in the prison population presents significant practical, ethical and emotional challenges for prison staff and prisoners, but the prison service needs to respond to these challenges in order to ensure high quality palliative care for the growing numbers of prisoners who need it. <http://goo.gl/lnu6xa>

Current and emerging practice of end-of-life care in British prisons: Findings from an online survey of prison nurses

BMJ SUPPORTIVE & PALLIATIVE CARE [3 November 2015] There are concerns about prisoners and detainees not having equal access to end-of-life care (EOLC) while in prison. There is a lack of existing literature about the standards of EOLC in U.K. prisons. The reported barriers included some prison regimes, lack of appropriate care and visiting facilities, lack of privacy and inadequate visiting hours. Respondents also reported examples of good practice, including having access to specialist palliative care and specialist equipment, and being able to receive visits from family and friends. <http://goo.gl/ePO8bN>

Four opportunities missed to diagnose prisoner with inoperable brain tumour, prisoner ombudsman finds

THE BELFAST TELEGRAPH [29 September 2015] Mr. H. had been released from Maghaberry Prison due to an inoperable brain tumour. The clinical reviewer recognised that some of Mr. H's care was "very good." However, four opportunities to diagnose his tumour were missed and care plans were not initiated when he became dehydrated and malnourished. Although "earlier diagnosis would not have changed the final outcome, opportunities for an extended life expectancy and a reduction in his distress through earlier palliative care could have been provided." <http://goo.gl/gA22IH>

Prisons "must adjust to older inmates" says ombudsman

BBC NEWS [10 September 2015] Prisons will have to adjust to a rapidly ageing prison population, the Prisons & Probation ombudsman says in his annual report.¹ The number of prisoners whose deaths were caused by natural causes increased by 15% to 155 in the year 2014-2015. Ombudsman Nigel Newcomen says prisons will have to take on "care home and even hospice" roles in future. Mr. Newcomen attributes some of the increase in the ageing population to longer sentences and more "late life" prosecutions for historical sex offences. <http://goo.gl/An8PG9>

1. 'Prisons & Probation: Ombudsman Independent Investigations,' 2014-2015 Report, September 2015. <http://goo.gl/Z7pNiW>

Planning for the end of life in prison

EARLY CAREER ACADEMIC NETWORK BULLETIN [January 2015] Research underway at Lancaster University is investigating how palliative and end-of-life care is provided for prisoners who are likely to die from natural causes whilst still in custody. This article explores some of the complexities inherent in providing palliative care in a prison setting and consider some early findings from the research which suggest ways to improve end-of-life care for this group of prisoners. End-of-life care in prisons raises a wide range of ethical, political, policy and practical questions, not least of which is whether prison can even be an appropriate setting for dying. Political decisions about about sentencing policies have resulted in more people being imprisoned for longer, at a time when crime rates are falling; these changes have directly led to a rapid increase in the numbers of people dying in prison. <https://goo.gl/Ac2UWn>

A confined encounter: The lived experience of bereavement in prison

BEREAVEMENT CARE, 2014;33(2):56-62. This paper explores the experience of bereavement in prison drawing on counselling work with bereaved male inmates of a Scottish prison... The paper portrays how the powerful socio-cultural prescriptions of the prison environment can cause the grief of prison inmates to be profoundly disenfranchised and demonstrates how this can impact hugely negatively on their coping ability. The paper calls for development of support systems to ensure bereavement care more attuned to the needs of imprisoned persons. <http://goo.gl/pmW85x>

Both sides of the fence: Methodological challenges in undertaking research into end-of-life care for prisoners

BMJ SUPPORTIVE & PALLIATIVE CARE, 2014;4(1):105. Longer sentences and more stringent release criteria mean that increasing numbers of anticipated deaths in prison are predicted. Prison staff experience tensions between care and custody and demands for considerable emotional labour in delivering palliative care to such prisoners. A prison with a large population of older and disabled prisoners was identified as the research site, and access was granted following ethical and governance approvals. Engagement of diverse groups of staff in the research required multiple meetings, extensive networking and the visible on-site presence of the researcher; this engagement led to an important protocol amendment to include focus groups with prisoners who provide informal care to fellow prisoners. <http://goo.gl/deFDem>

Dying in chains: Why do we treat sick prisoners like this?

THE GUARDIAN [9 November 2013] When Michael Tyrrell's oldest daughter visited her dying father in hospital and saw him handcuffed and chained to a prison guard, she was so shocked that she took photographs. Tyrrell, who was almost halfway through a 29-year sentence for drug smuggling, had throat cancer and pneumonia. He had not been a troublesome prisoner: after 13 years of good behaviour, he was due to be released in 2015. The handcuffs were taken off a few hours before he died the following day. <http://goo.gl/oE9oEd>

Older prisoners are fastest-growing part of jail population, says chief inspector

THE GUARDIAN [23 April 2013] Prisoners aged over 60 are now the fastest-growing part of the jail population in England and Wales, the chief inspector of prisons has told MPs. Nick Hardwick told the Commons justice select committee that the prison service had become a significant carer of elderly people but was struggling to meet their social and healthcare needs. The chief inspector revealed that some prisons, such as Leyhill open prison in Gloucestershire, had developed day-centre-type activities and "quieter wings" where older prisoners could escape the "hurly burly" of general prison life. <http://goo.gl/IH2ce1>

Prisons ombudsman: Dying inmates "inappropriately" handcuffed or chained

THE GUARDIAN [5 February 2013] More than 50 dying prisoners have been wrongly chained or handcuffed during their final days in hospital in the past five years, the prisons ombudsman has revealed. Nigel Newcomen, the prisons and probation ombudsman, said restraints such as escort chains and handcuffs were used on the majority of dying prisoners who were admitted to a hospital or hospice in the last six months of their lives since 2007. <http://goo.gl/xvGzAE>

They're patients not prisoners

THE COUNTY PRESS (Newport) [26 October 2012] As one of the few prisons in the country with its own hospital, Her Majesty's Prisons Isle of Wight is leading the way in providing good quality healthcare. An inspection earlier this year by health watchdog, the Care Quality Commission, found services were meeting all essential standards of quality and safety, and prisoners were treated with respect. Many prisoners had nothing but praise for the healthcare on offer, provided by the Isle of Wight National Health Trust and that meets 28 of 31 performance targets, and they told inspectors the services were the best they had experienced. All good news, right? In reality it's not that simple, partly because prison healthcare is such a controversial issue. As head of prison healthcare Richard Knowles explained: "The truth is some people think prisoners don't deserve good quality healthcare. But prisoners are punished by being deprived of their liberty, not by removing everything else that makes them a human being. Everyone deserves access to good healthcare." It is also better for society in the long term – healthy prisoners are less likely to re-offend on release, and less likely to burden the National Health Service. <http://goo.gl/JQMsR3>

Hospice Beyond Prison Walls in Poland

Prisoners as hospice volunteers in Poland

MEDYCYNĄ PALIATYWNĄ W PRAKTYCE [26 December 2013] Creating programmes combining penitentiary area with hospice-palliative care and voluntary work in different countries is an interesting direction of implementing the ideals of hospice. The first part of this article refers to the description of major initiatives for the reintegration of prisoners through hospice voluntary work. In 2009 Poland was awarded 'The Crystal Scales of Justice' thanks to a programme called WHAT (hospice voluntary work as a tool of acceptance and tolerance for people leaving penal institutions).¹ The project was aimed at social reintegration of prisoners through volunteering for a hospice located outside prison. The results of several years of satisfactory cooperation between the hospice and prison in Gdańsk were passed over to penitentiary counsellors and hospice teams in ten cities in Poland. The results of the initial research show that involving prisoners in a hospice team, where they face suffering and dying, improves their psychosocial functioning and the quality of team care. Thanks to the correctional programmes, prisoners are currently working in twenty-nine hospices and more than seventy nursing homes, helping patients in need of instant care. <http://goo.gl/rknT3O>

1. The Crystal Scales of Justice' Award, Council of Europe. <http://goo.gl/5nnTmo>

Selected Resources

1. 'Angola Prison Hospice: Opening the Door.' Filmmaker Edgar Barens examines one of the nation's first prison hospice programs. <https://goo.gl/yTywk9>
2. California Medical Facility Hospice Program. Images of the hospice program at the Vacaville prison. <http://goo.gl/H2Qdep>
3. 'Comforting Death in Prison.' Images of the hospice program at the State's Coxsackie Correctional Facility: <http://goo.gl/Xn9djS>
4. 'Grace Before Dying.' An award-winning photographic documentary by Lori Waselchuk that chronicles the prisoner-run hospice program at Angola State Penitentiary. Through a grant from the Documentary Photography Project of the Open Society Institute, 'Grace Before Dying' is now a traveling exhibition that is touring correctional facilities, museums and conferences.

 'Grace Before Dying' website: <http://goo.gl/1WTk9c>

 'Grace Before Dying' stills: <http://goo.gl/RiU0Z4>
5. 'Life In Prison: A Project Envision Documentary.' The KPBS-TV documentary gives an inside look into three California state prisons, including the California Medical Facility which houses the oldest and sickest inmates in the state. <http://goo.gl/Vpi2Zz>
6. National Prison Hospice (U.S.): <http://goo.gl/h6kGL6>
7. 'Prison Terminal: The Last Days of Private Jack Hall,' which tells the story of the final months of Jack Hall's life and the hospice volunteers who cared for him. Filmmaker Edgar Barens demonstrates the holistic benefits a prison-based hospice program has on those involved on both sides of the wall and reveals the complexities of end-of-life care in the correctional environment.

 Prison Terminal website: <http://goo.gl/ll1rDH>

 Documentary trailer: <https://goo.gl/ir5imu>
8. 'Serving Life.' The documentary on the hospice program at the Angola State Penitentiary, narrated by actor Forrest Whitaker, follows four new hospice care workers and the dying inmates they care for. <http://goo.gl/Jdkbyp>
9. 'Turning a lens on aging and sick in California prisons.' The California Medical Facility in Vacaville is the primary location for providing health care services to California's incarcerated men. It houses the state's oldest and sickest inmates. As the elderly inmate population continues to grow, so too will the health care needs and cost of providing care to this prison population. <http://goo.gl/hunE4C>

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