Dying Behind Bars: Palliative Care Options in Canadian Prisons

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Background

Incarcerated Population:

- One quarter of all federal inmates in Canada are aged 50 or older[1]
- Inmates are typically 10 years "older" than the general population – a 60-year-old inmate typically has the health status of a 70-year-old in the general population[2]
- Different populations requiring palliative care[1]:
  - People serving long sentences (about ¼ federal inmates)[1]
  - People convicted of a crime for the first time later in life (trending upward)[1]
  - People who have served multiple shorter sentences throughout their life
- Correctional Services Canada (CSC) is responsible for inmates serving federal sentences (≥ 2 years)

Principles of Palliative Care[4]:

- Person- and family-centred
- Scope includes:
  - All people with life-limiting illnesses
  - Pain and symptom management
  - Support for psychological, social, emotional, spiritual, and practical needs
  - Support for caregivers
- Affirms life and sees dying as a normal process
  - Does not either hasten or postpone death

Research Question

Through scanning of grey and academic literature using a rapid review protocol, this research aims to describe the types of palliative care programs available to persons who are incarcerated in Canada along with possible attitudes surrounding these resources.

Methods

Background research
- Literature review of incarcerated people's attitudes toward palliative care in prison - no geographic restrictions – research question developed from this work

Literature search
- PubMED and Google search protocols
- Accepted all PubMED results, first 100 Google results for each search were hand screened

Screening
- All results imported into Covidence – 20 peer-reviewed and 30 grey sources in total
- Inclusion criteria: in English, Canadian, palliative care options in prison discussed – 24 sources

Extraction and quality appraisal
- Data extracted using a customized Covidence matrix
- CEBM tool and DARTS for quality appraisal

Options for Palliative Care

Care in prison

- Prisons rarely have specialized geriatrics units – accessibility and prescription access major barriers
- Peer care programs

Care in the community

- Various options for parole to receive palliation in the community – not widely accessible
- Inmates not always released with care plan in place

MAiD

- CSC has specific regulations around MAiD
- Preferentially provided in community over in prison setting
- Stats on requests and procedures not easily accessible
- Discussion about meaningful consent to MAiD in prison setting

Key Attitudes

1. The goals of incarceration and those of palliative care are fundamentally different
2. Keeping older and terminally ill people in prisons effectively adds unjust punishment to their sentence
3. Older inmates who are terminally ill or are experiencing cognitive decline cannot pose a threat to the public – "what do they think I am going to do if I get out, attack someone with my walker?"[5]
4. MAiD in the incarcerated population is controversial

Conclusions

Conclusions:
Compassionate release was the most favoured option

- Proper discharge planning
- Care in the community – specialized halfway houses

Decarceration

References:

1. Office of the Correctional Investigator & Canadian Human Rights Commission. (2019). *Aging and Dying in Prison: An Investigation into the Experiences of Older Individuals in Federal Custody*. Canadian Human Rights Commission.
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3. Government of Canada, S. C. (2024, March 19). *Correctional services statistics: Interactive dashboard*.
4. Health Canada. (2018, December 4). *Framework on Palliative Care in Canada*.
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