The Challenges and Opportunities of Palliative Care Provision in a Prison Setting

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Presentation Objectives

1. Explore the prison setting as part of the palliative care continuum
2. Consider the philosophical, moral and practical questions associated with the provision of palliative care within a prison setting;
3. Discuss bridges and barriers that exist in the provision of end-of-life care for terminally ill offenders.
The continuum of palliative care

- Goals of palliative care are to address physical, psychosocial, and spiritual health needs of individuals and their families with life limiting conditions (WHO, 2002)...regardless of the setting...

- Correctional Services Canada’s goals are for a community-level of care for prisoners
International Palliative Care Guidelines

- **WHO Definition:** Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.
Palliative Care

- Provides relief from pain and other distressing symptoms; affirms life and regards dying as a normal process; intends neither to hasten or postpone death;
- Integrates psychological and spiritual aspects;
- Offers a support system to help patients live as actively as possible until death; offers a support system to help the family cope during the patients illness and in their own bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated
Prison Models of Palliative Care

- Correctional Service Canada (CSC) strives to provide compassionate, innovative, patient- and family-centered hospice palliative care to offenders with life-threatening, non-curable illnesses.
- Achieving this goal in a correctional setting presents some challenges, but CSC seeks to deliver care in a non-judgmental and compassionate manner.
CSC adopts the CHPCA definition:

- **Hospice palliative care** aims to relieve suffering and improve the quality of living and dying, and strives to help patients and families:
  
a) address physical, psychological, social, spiritual and practical issues, and their associated expectations, needs, hopes and fears  
b) prepare for and manage self-determined life closure and the dying process  
c) cope with loss and grief during illness and bereavement
Prisons are among the most extreme and controversial environments known to contemporary society.

The moral climate that exists within prisons shapes the competing demands of custody and caring.
Conflicting Convictions of Custody and Caring

- Two fundamental services – social necessities and social goods
- Health care providers are charged with the dilemma of providing social good (e.g. health care, palliative care) within institutions dedicated to the provision of social necessities (e.g. confinement or incarceration)

(Osborne, 1995; Peternelj-Taylor, 1999; 2008)
Prison Milieu-Challenges

- Prisons not designed to care for an aging, infirm, or palliative population
- Offenders receiving longer sentences, with limited opportunities for Parole by Exception (compassionate release)
- Fear of dying while imprisoned a terse reality

(Beckett, et al., 2003)
Terminal Illness in Prison

- A time of great sorrow, loneliness, suspicion, pain and suffering for prisoners.
- Provision of palliative or end-of-life care in prisons the result of:
  1. Increasing numbers of people who are incarcerated;
  2. Prisoners who receive long sentences – age in prison; and
  3. Increasing middle age and elderly persons at the time of sentencing and incarcerated with chronic and/or life-limiting illnesses

(Knox, 2013)
Realities of Prison Palliative Care

- Not sufficiently resourced to provide for the end-of-life needs of prisoners
- Staff often ill prepared, lack training and experience in providing end-of-life care
- Physical environment not conducive to providing end-of-life care
- Family rarely able to visit or attend to their dying relatives
- Providers fears of being manipulated for medication
Opportunities to Improve Care

- Scoping review currently underway (funded by the Centre for Forensic Behavioral Science and Justice Studies at the University of Saskatchewan):
  a) Very little research in Canada (no studies have yet been found)
  b) USA and UK-inmates as caregivers, increased family involvement, interdisciplinary teams, symptom management, bereavement follow-up
Reflection and Discussion:

1. Should prisoners be released when diagnosed with a life-limiting condition?
2. Who will provide care for them?
3. Do they deserve the same care as any other person?
4. How will it be possible to provide a community level of care? What does this mean?
5. How will we meet the need?
Thank You!

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