

End-of-life care strategies examined in Pennsylvania prisons

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Improved delivery of end-of-life care in prison is the focus of a \$1.27-million grant from the National Institute of Nursing Research that has Penn State researchers working with employees from six Pennsylvania prisons and the Pennsylvania Department of Corrections.

The project will develop an intervention toolkit for use by staff at any prison in the country. End-of-life care -- an attempt to optimize the quality of life for dying patients -- includes hospice and palliative care, and aims to alleviate symptoms and suffering during advanced [chronic illness](#).

Prison workers, including health care professionals, chaplains, prison society volunteers and corrections officers, will provide information on current limitations, strengths, existing perceptions of end-of-life care among prison stakeholders and areas of care that bear improvement. Using the data collected, researchers will create a set of educational strategies for use by prison staff that they can tailor to fit individual prison's needs.

Researchers selected Pennsylvania prisons that represent the diversity of those nationwide. They include varying levels of racial/ethnic concentrations and range from minimum- to maximum-security facilities. Included are prisons for male and female inmates. The study also includes a prison with an oncology unit, a prison that holds a primarily geriatric population, two prisons that house inmates facing death penalties and a prison that has a mental health unit.

"The older population of inmates is increasing by leaps and bounds," said Susan Loeb, assistant professor of nursing and principal investigator on the study. "In addition, with three strikes laws, we are seeing more inmates 'aging in place' (spending much of their lives aging in prison). We're also seeing more chronic illnesses that are outcomes of insufficient health care, substance abuse and environmental stressors prior to incarceration. Studying the delivery of end-of-life care in prisons will provide great insights into not only the delivery of health care in a large, complex organization, but to end-of-life care in general."

"In the past few decades we've seen major advances in understanding EOL care, but the application of that knowledge has been fragmented," said Janice Penrod, associate professor of nursing, also a principal investigator on the study.

Health care in prisons operates on a fixed budget. Prisons pay for care through internal funds rather than insurance plans, a major contrast to the reimbursement system used by most health care users in the United States. One goal of the study is to examine the feasibility of various end-of-life care measures on that fixed budget.

"The biggest challenge in terms of health care costs in prisons is that they are rising. Since most prison health care is contracted to outside parties, costs to prisons have risen along with the rest of society," says Dr. Christopher Hollenbeak, associate professor of surgery and health evaluation sciences, the third principal investigator on the study. "Prison medical costs are increasing at a rate of around 21 percent each year. This has put tremendous strain on prison [health care](#) budgets. With fixed budgets this forces prisons to have to make hard choices about what sort of care to provide, and, perhaps more importantly, not to provide."

Provided by Pennsylvania State University

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