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Palliative care important for prison population, too

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With an increasingly aging prison population, end-of-life care for inmates is becoming a more prominent issue, according to Penn State nursing researchers. End-of-life—EOL—care can be complicated, no matter who the patient is, but can be especially challenging for those behind bars.

"The volume and quality of research about end-of-life care in prisons has increased, but research is still largely exploratory and descriptive," said Susan J. Loeb, associate professor of nursing and medicine. "We need to move toward more intervention research."

In 15 years, from 1995 to 2010, the U.S. prison population experienced a 282 percent increase in the number of inmates 55 and older. During that time, hospice care in prisons has increased, but the systems in place are not consistent across the country.

Loeb and Rachel K. Wion, a nursing Ph.D. student, analyzed 19 peer-reviewed research articles about EOL or palliative care for prisoners published between 2002 and 2014. All but one of these articles were conducted in the U.S. They report their results in today's (Feb. 26, 2016) issue of the *American Journal of Nursing*.

"It was surprising to find that family was clearly absent from these studies," said Loeb, also director of the Ph.D. program in nursing. "There was mention of prisoners receiving family visits, but there was no family perspective on end-of-life care in prison."

The researchers found that the number of designated hospice beds in prisons varied from as low as one bed to a high of "unlimited," although nine available hospice beds was the average.

EOL care for prisoners is provided by a wide variety of people, from fellow inmates to professional healthcare workers, and the care itself ranged from addressing psychosocial and emotional needs to providing healthcare interventions. Attitudes toward hospice care for prisoners varied among prison staff, with corrections officers expressing the most resistance. However, corrections officers who had substantial hospice exposure were more supportive than those with little or no exposure.

The status of inmate caregivers varied across the studies reviewed—some were paid, some were not; some worked one hour per week, while others worked 40 to 48 hours a week; some prisons trained the inmate caregivers for an hour, while others received four weeks of training.

"Hospice coordinators felt that EOL care had a positive impact on the general prison population as well as on dying prisoners because it promoted compassion and presented an alternative to the view of the prison system as entirely punitive—showing it to be more humane and caring, supportive of the dignity of the dying patient, and encouraging trust between prison staff and inmates," wrote Wion and Loeb.

Moving forward, the researchers say more research should be done to look at healthcare providers' approach to EOL care and to how patients, prison administrators and external hospice providers view the quality of EOL care delivered by healthcare professionals in prisons. The researchers also note that looking at end-of-life care in non-American prisons is important, as very little research has been done in prisons elsewhere in the world.