Palliative care for prisoners: a partnership approach

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Introduction

Prison populations are ageing\(^1\).\(^2\). Prisoners diagnosed with terminal illnesses require palliative care but the infrastructure, resource and networks between prison and palliative care services are in their infancy. To address this inequality requires commitment at both national and local level\(^2\).

Supporting our Hospice Widening Access agenda, Marie Curie Hospice Edinburgh have developed a partnership with their local prison, HMP Edinburgh. This prison population has one of the highest populations of older, long term prisoners in Scotland, which in part is due to the increase in convictions for historical offences. There are specific challenges to ensure high quality palliative and end of life care for this group\(^3\).

Challenges include:

- Effective and timely identification of prisoners with palliative care needs
- Lack of 24/7 health and social care available in the prison setting, especially overnight
- Safe and timely access to medication
- Prison environment not built for those with significant health needs or disability
- Fixed regime of prison life compromises ability to deliver flexible care eg prisoners locked in cells overnight
- Staff confidence and competence both in the hospice and prison setting
- Stigma surrounding all offenders
- Not all prisoners are eligible for compassionate release but end of life care in the prison setting is not currently possible

A triumvirate partnership between Scottish Prison Service, NHS Lothian and Marie Curie is endeavouring to transform the experience of palliative care for prisoners.

Training and support for staff:

- 47 hospice staff visited HMP Edinburgh in Spring 2018 and demonstrated significant learning and a shift in attitude towards the care of prisoners.
- Hospice staff delivered “Introduction to Palliative Care” sessions for multi-disciplinary prison staff.
- Link staff at each site.
- DNACPR training sessions for prison officers and healthcare staff.
- Reflective sessions in hospice around care of prisoner in the hospice.
- Bereavement support for prison staff following a traumatic death.

Surprising Successes

- Prisoner satisfaction and improved wellbeing as a result of their contribution to the community e.g. fundraising through their beautiful woodwork.
- Hospice staff volunteering to deliver care in the prison.
- Deep commitment shown by all involved, strengthening relationships and ensuring succession planning.
- The delivery of a national initiative: “To Absent Friends” in HMP Edinburgh. Prison and hospice staff and volunteers enabled 20 prisoners to remember and share stories about loved ones who have died.

Next steps

- Supporting hospice staff to prepare for the next potential admission.
- A commitment to addressing barriers to providing end of life care in the prison.
- Access to medication within the prison hall
- Use of subcutaneous infusion pumps when required
- Models being explored to provide out of hours health and social care support.
- Involving prisoners as palliative care champions – recognising their support needs too.

Clinical:

- Hospice clinical nurse specialist attends monthly prison healthcare meetings where a palliative care register allows individualised review and planning.
- When required, joint assessments by hospice team with prison team and prisoner’s personal SPS officer.
- Prisoner case conferences are held to discuss preferences and possibilities for end of life and ensure appropriate planning in place (e.g. consideration of compassionate release, possible transfer to hospice or alternative place of care, security arrangements and risk assessments).

Progress so far

Hospice staff said...

- ‘I was shocked that there are elderly people in prison and that they see it as home and want to die there’.
- ‘I will feel much more compassionate, open and understanding of the need for prisoners to come to the hospice’.
- ‘I was surprised that for a lot of prisoners, the wardens and co-prisoners are their “family”’.
- ‘I would now feel much less nervous if I needed to visit a prisoner for a review and more confident in knowing what is and isn’t possible to manage in the prison’.
- ‘Having cared for prisoners in the hospice on more than one occasion I will certainly feel less anxious about this now, having seen how the officers/staff in the prison interact with the prisoners’.

Regardless of who they are and what they’ve done, people have a right to palliative care services. It’s not our job to judge, it’s our job to care’. Hospice staff nurse.

REFERENCES


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