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End of Life Care in Imprisoned Persons

Zachary Klock, MD, Resident, John Liantonio, MD, Assistant Professor of Medicine, Director, Fellowship Director

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End of Life Care in Imprisoned Persons

To the Editor,

In 2014, there were 2,224,400 incarcerated people in the United States (1). In 2013, 4,446 inmates died while in custody of local or state prisons. Suicide and heart disease were the top two causes of death, at 34% and 27% respectively (2). While the age distribution of imprisoned persons has not changed over time, the age of prison populations has increased by 80% between 2000 and 2009 (2, 3). Additionally, deaths of incarcerated people have been demonstrated to occur at a younger chronological age when compared to the general population (4).

As offenders age behind bars, the population of elderly patients and the number of deaths in prison increase, and correctional facilities must develop ways to provide end-of-life care (3). We describe a case to highlight some of the challenges to providing care to this population.

Case Description

A 53-year-old man with HIV/AIDS and cirrhosis presented to another hospital with persistent fevers and was found to have pancytopenia. Through multiple hospitalizations, hematology and infectious disease consultations revealed a diagnosis of HIV/AIDS, hepatitis C and presumptive acquired Hemophagocytic Lymphohistiocytosis (HLH). During his last hospitalization, he became hypoxic and required ICU admission. As his mental status deteriorated and his kidneys and liver began to fail, Palliative Care was consulted to help discuss goals.

At the time of the palliative care consultation, the patient had been incarcerated for seven months for a nonviolent crime. He was eligible for bail, but was unable to afford the bond. He had remained in police custody during that time.

The Palliative Care consultant determined that the patient's prognosis was very poor. He was comatose, had irregular breathing and his urine output was less than 100 mL/day. A family meeting was held, and with the family's agreement, he was to be offered comfort care at the end of life. Symptom management at this point was provided with morphine, haloperidol and glycopyrrolate. Social work supported the family.

Throughout his hospitalization, he was handcuffed at both wrists to the bed and had two guards stationed at the bedside at all times. His family was only allowed to be at the bedside for 15-minute increments, one person at a time, for a maximum of one hour a day. The prison warden and patient's attorney were contacted to advocate for leniency in these rules, and after much discussion, we were able to transition to soft one wrist restraint. The family was unable to spend more than one hour at the bedside. The patient died restrained and under supervision of two armed guards.

Comment

As populations behind bars age, the need for expert end-of-life care in prisons increases. In 2011, there were 69 prison-based hospice programs in the United States, many based on the system at Louisiana State Penitentiary (LSP) (5). The hospice program at LSP has been in operation since 1998, caring for 227 patients between 1998 and 2014. The program is a "peer-care model", whereby trained inmate volunteers provide much of the care, including assistance with activities of daily living, monitoring of symptoms and providing social and spiritual support.

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