Dying Behind Bars

Despite the push in nursing research to devote attention to the process of healthy aging, and to better understand the needs faced by the aging population, injustice has occurred for a marginalized group of aging Americans: prisoners. The prison population is aging rapidly. In 2008, more than 74,000 men and 4,000 women older than 55 were in prisons nationwide (Fazel & Baillargeon, 2011). In upcoming decades, that number is likely to skyrocket because approximately 162,000 individuals are currently serving life sentences (Nellis, 2017).

For the subset of the population destined to age and die in prison, current research on healthy aging is inadequate. As a community of nurse scientists, we have neglected the prison population while focusing our attention on the benefits of hospice care and our human right to choose how we die. We must ask ourselves: What message are we sending to the most vulnerable among us, by placing our attention on providing a “good death” for some, but not all of humanity? What value system allows us to neglect the most underserved of our population, as if their past mistakes have some bearing on their right to a good death?

We live in a country of punishment and retribution. The phrase “an eye for an eye” does not accurately describe the heinous punishment we sometimes inflict on others. In fact, many individuals would fare better if we followed such an archaic pedagogy. If we inflicted punishment under the principle of an eye for an eye, the punishment for those found in possession of drugs would be disposal of their drugs, rather than life in prison. However, our current system limits our mental health care institutions and turns to incarceration to keep individuals and society safe. The removal of positive stimuli, such as relationships and the comfort of home, paired with the infliction of negative stimuli through discomfort, punishment, and control, is used as a method to motivate behavior change and punish incarcerated individuals who have committed illegal acts. Rather than treating those with mental illness, we imprison them, making the penal system the largest institution to house individuals with mental illness in the United States (Dumont, Allen, Brockmann, Alexander, & Rich, 2013). This punishment system, however, is not intolerable. What is intolerable is the system’s role of “God” in prisoners’ lives, in that the system dictates how prisoners die. This rebuke of the system’s Godly role does not reference the death penalty, but rather people who commit a crime, are given a sentence, and by default are sentenced to die in prison.

More than 44,000 individuals in the United States are serving prison sentences ≥50 years, meaning they virtually are serving life sentences, as it is unlikely that they will outlive their sentence length (Nellis, 2017). Of the 206,200 individuals
in the United States serving a true or virtual life sentence, approxi-
mately 12,000 committed crimes as juveniles and more than 17,000
were convicted of nonviolent crimes (Nellis, 2017). These numbers mean
that thousands of individuals are destined to die in prison, without
family or friends nearby, because of a crime they committed before
reaching adulthood or without causing harm to another human
being. Sentencing people to death in prison for these reasons is unjust.
Furthermore, prisons were never designed to be hospitals or hospice
centers. They are not equipped for end-of-life care, nor do they have
the resources to provide the sort of holistic care that we, as nursing
professionals, believe in. The only hope for inmates as they age is that they
may experience a medical emergency and be taken to a local hospital.
Only then might it be possible for them to see their loved ones or die
somewhere other than a prison cell.

Unfortunately, the desire to die in
somewhere other than a prison cell.
and dying in prison, despite spend-
ing physiological needs, and (f) facing
the unique needs of and barriers to
facing death (Loeb et al., 2014). Results of the study identi-
fied six key themes that encompass
the perceptions of state prisoners
currently or likely to interact with
EOL care: (a) seeking human interac-
tion, (b) accessing material resources,
(c) obtaining compassionate care,
(d) seeking equitable care, (e) address-
ing physiological needs, and (f) facing
dying in prison is not equivalent to a
sentence of death in prison.

Despite the enormity of the
problem, there are nurse researchers
around the country trying to address
the needs of this vulnerable popula-
tion. One such study used qualita-
tive methods to examine the values,
beliefs, and perceptions regarding
end-of-life (EOL) care of participants
from four state prisons (Loeb, Penrod,
McGhan, Kitt-Lewis, & Hollenbeak,
2014). Results of the study identi-
of community within their restricted
setting (Penrod et al., 2016). Re-
searchers also found that barriers exist
within a prison when EOL care is nec-
essary, including uncaring attitudes of
staff and concerns about manipulative
behavior by inmates. Penrod et al.’s
(2016) attempt to understand barriers
faced by prisoners trying to access
EOL care will allow future research-
ers to design interventions that will
address the unique challenges of dying
inside a prison.

Our only hope of offering a bet-
ter death to those destined to die in
prison is to continue studies that work
to understand the lived experience
of those dying, the barriers faced by
institutions, and the philosophy of
care that underlies the entire criminal
justice system.

REFERENCES

Dumont, D.M., Allen, S.A., Brockmann, B.W.,
Alexander, N.E., & Rich, J.D. (2013). In-
carceration, community health, and racial
disparities. Journal of Health Care for the Poor
and Underserved, 24, 78-88. doi:10.1353/
hpu.2013.0000

Fazel, S., & Baillargeon, J. (2011). The
doi:10.1016/S0140-6736(10)61053-7

Loeb, S.J., Penrod, J., McGhan, G., Kitt-Lewis,
to die in here? Perspectives of prisoners with
chronic conditions. Journal of Hospice & Pal-
rative Nursing, 16, 173-181. doi:10.1097/
NJH.0000000000000044

use of life and long-term sentences. Wash-
ington, DC: The Sentencing Project.

Penrod, J., Loeb, S.J., Ladonne, R.A., & Martin,
L.M. (2016). Empowering change agents in
hierarchical organizations: Participatory ac-
tion research in prisons. Research in Nurs-
ing & Health, 39, 142-153. doi:10.1002/
nur.21716

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