Palliative Care in the COVID-19 Pandemic

Briefing Note

Vulnerable Populations in Covid-19: Palliative Care for Detainees in Custodial Settings

Issue

The Covid-19 pandemic is significantly increasing the demand for palliative care (PC), a service that is still precarious, or non-existent, in custodial settings worldwide. Older detainees with multiple co-morbidities, and those with chronic conditions who lack access to PC are particularly vulnerable to serious health related suffering (SHS). The added pressure of the Covid-19 pandemic on health systems in general, and on custodial settings in particular, further reduces detainees' access to basic health services, in violation of existing international human rights standards.[1]

Background

The revised Standard Minimum Rules For the Treatment of Prisoners, adopted unanimously by the UN General Assembly, also known as the 'Nelson Mandela Rules,' stipulate that "prisoners should enjoy the same standards of health care that are available in the community; and in cases where prisoners are suspected of having contagious diseases [particular attention shall be paid to] providing for the clinical isolation and adequate treatment of those prisoners during the infectious period." However, the quality of health care in custodial settings is frequently below the national average in most countries, and access to PC is even more limited. Lack of systematic research and global mapping of services in these settings challenges appropriate health care responses to pandemic related needs, including PC needs, of this vulnerable population. Correctional health is public health: staff and contractors, any of whom might carry the virus, are vectors for the spread of infection both within and outside custodial settings, potentially overwhelming community healthcare systems, including the few that deliver PC.[2] Incarceration itself, not loss of basic health care, is the intended punishment for criminal acts.

Key Facts

- Palliative care is the active holistic care of individuals across all ages with serious health-related suffering due to severe illness, and especially of those near the end of life;[3]
- On May 19, 2020, the 73rd World Health Assembly adopted Resolution 73/1, directing governments to "provide access to safe testing, treatment, and palliative care for Covid-19, paying particular attention to the protection of those with pre-existing health conditions, older people, and other people at risk (…)"[4]
- The proportion of persons requiring PC and EOL care in custodial settings is higher than that found in the general population;
- Legal availability of essential PC medicines containing controlled substances used to manage severe pain and breathlessness is often extremely restricted in prison settings, and is determined by the prison warden, rather than medical professionals.[5]
- Globally, more than 11 million men, women, and children are held in jails, prisons and detention centers, environments unsuited to Covid-19 infection prevention and control measures;
- Older persons, many of whom suffer from chronic conditions, are the fastest-growing cohort of detainees in high-income countries;
- Incarceration implies many losses: of freedom, work, family, and often of long-term friends who die behind bars. Few custodial settings offer bereavement services to help detainees cope with these losses;
- The most common facilitators of good PC and EOL care for detainees are the fostering of close relationships, particularly with families and other inmates (including inmate hospice volunteers) and compassionate release for those facing EOL.

International Association for Hospice & Palliative Care
whpca worldwide hospice palliative care alliance
icpcn international children's palliative care network
PalCHASE Palliative Care in Humanitarian Aid Situations and Emergencies

Current Status

- In countries that test prisoners, numbers of reported positive Covid-19 cases are spiking; many countries without testing programs are not reporting;
- Although authorities in many countries are releasing detainees into the community to slow transmission of the virus behind bars, many medically vulnerable persons still remain in custody;
- Worldwide, the few clinics, hospitals, and hospices that provide PC to persons in both custodial and community settings, have cut services for all patients, either closing down completely, providing only telemedicine visits, or diverting resources to critical care for Covid-19 patients;
- Since the majority of PC programs in prisons rely on peer caregivers for service delivery, those with advanced conditions and facing EOL are at high risk of contagion.

Recommendations

For governments

- Embed both prison health and PC in all Covid-19 policy responses;
- Ensure adequate availability of PC and PC medicines at community healthcare facilities for all detained persons in need per the 'Nelson Mandela Rules';
- Reduce jail and prison populations, considering non-custodial sentences and prioritising for release detainees who test negative for the virus, including minors, older persons, pregnant women, otherwise medically vulnerable persons with life-limiting conditions requiring PC, and their caregivers;
    - Operationalise and streamline compassionate release regulations and, where these are unavailable, review and revise existing laws as appropriate;
- Ensure that released detainees with chronic conditions are linked to community services for basic healthcare, and socio-economic support.

For custodial authorities:

- Ensure that seriously ill detainees receive PC by providing health facility staff with basic training in PC and use of essential PC medicines and or providing transport to a community health facility where PC is available;
- Ensure adequate availability of essential PC medicines, particularly oral morphine, in all prison health facilities treating seriously ill detainees;
- Regularly test all detainees and staff for the virus, and take appropriate measures to isolate those who are infected to prevent further transmission;
- Distribute and mandate use of adequate Personal Protection Equipment (PPE), soap, and disinfecting agents by detainees and staff.

For civil society organisations and families of incarcerated persons:

- Advocate for increased access to PC in prisons worldwide;
- Petition governments and prison authorities to increase testing, activate broad compassionate release programs, and facilitate communications and telephone calls from detainees to loved ones on the outside.

Further Reading

- "Covid-19 Prisoner Releases Too Few, Too Slow" Human Rights Watch, May 2020 https://www.hrw.org/news/2020/05/27/covid-19-prisoner-releases-too-few-too-slow
- IAHPC Policy Brief, COVID-19 Compassionate Release for Incarcerated Persons, March, 2020
- Penal Reform International: Coronavirus: Healthcare and human rights of people in prison https://cdn.penalreform.org/wp-content/uploads/2020/03/FINAL-Briefing-Coronavirus.pdf March 2020; also https://www.penalreform.org/issues/prison-conditions/key-facts/overcrowding/
- United Nations Resolution A/Res/70/175 Minimum Standards for Treatment of Prisoners (Nelson Mandela Rules) December, 2015

References

1. CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12) Adopted at the Twenty-second Session of the Committee on Economic, Social and Cultural Rights, August 2000 (Contained in Document E/C.12/2000/4) https://www.refworld.org/pdfid/4538838d0.pdf
2. "How COVID-19 in Jails and Prisons Threatens Nearby Communities" July 1, 2020 https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2020/07/01/how-covid-19-in-jails-and-prisons-threatens-nearby-communities
3. https://hospicecare.com/what-we-do/projects/consensus-based-definition-of-palliative-care/definition/
4. "COVID-19 Response" https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R1-en.pdf
5. Handtke, V., Wolff, H., & Williams, B. A. (2016). The pains of imprisonment: challenging aspects of pain management in correctional settings.

Authors

Pettus, K (IAHPC); De Lima, L (IAHPC); Chambaere, K (Research Foundation - Flanders (FWO)); Chassagne, A (Centre Hospitalier Régional et Universitaire de Besançon); Mutch, M (Humane Prison Hospice Project); Riegler, E (United Nations Office of Drugs and Crime); Turner M (University of Huddersfield); Rajagopal, MR (Pallium India)