



Talk Living to Me: Experiencing Life-Limiting Illness Behind Bars

Presenter: **Mar'vana Fisher, RN, PhD (c)** School of Nursing University of Victoria

Palliative Nurse Clinician, Fraser Health

Nov 13, 2024: 12pm-1pm

AGENDA ITEM	DISCUSSION
Presentation Key Points	<p>Learning Objectives:</p> <ol style="list-style-type: none"> 1) Expand understanding of how justice-involved people in BC access care when diagnosed with life-limiting illnesses 2) Discuss how palliative care for justice-involved people is relevant to our own practice 3) Reflect on personal barriers and facilitators in supporting justice-involved people with life-limiting illnesses
Discussion Key Points	<p>Background:</p> <ul style="list-style-type: none"> • Almost 40,000 individuals are in Canadian federal and provincial correctional facilities. This doesn't account for the many more in community on parole. • We have a number of older adults in custody due to: longer sentences, life/underdetermined sentences, those serving sentences for historical crimes • Individuals in prison age 10 years faster than those in the community and experience chronic diseases at a higher rate than those in community: untreated chronic pain is top. • Overrepresentation of marginalized populations in justice system means many individuals suffer from multiple comorbidities and chronic illnesses <p>Research:</p> <ul style="list-style-type: none"> • Main question: how do adult justice-involved individuals in Canada access and receive cancer screening, treatment and care • Environmental scan of literature: nothing done in Canada on this so far • Participants: Oncology leaders, community-based clinicians (including those who had previously been employed by corrections and now working for BC Cancer) <p>Preliminary Results:</p> <ul style="list-style-type: none"> • Uphill battle for individuals to get doctor to take them seriously and get screening • How treatment delivered very different than community: wearing orange jumpsuit, corrections officer always present (no privacy), depending on level of security • cuffs may be always on during treatment • Post-treatment care appears to have the biggest barriers. Most jails don't have health-care staff on overnight. Not allowed to have pen/paper in jail for temp checks, struggling with incontinence (issues with bunkmates). <ul style="list-style-type: none"> ○ Lack of communication. BC Cancer would communicate post-treatment to correctional facilities but correctional HCPs can only take directions from Corrections and there may be a time delay and some medication not permitted in facilities • Stigma underpins everything in the process of receiving care. Ex. health care team gatekeeping medication <p>Barriers to overcome: attitudes that say those in corrections are undeserving</p>
Breakout Room Discussion and Q&A	<p>Participants discussed how palliative care for justice-involved people is relevant to their own practice</p> <ul style="list-style-type: none"> ○ Experience in federal prison individuals had difficulty accessing certain controlled substances for pain. Large ethical concern for those needing pain control but couldn't get them because of the location they were in

	<p>Q: what does palliative care within correction facilities look like? Are goals of care for client able to be address, things like symptom management, etc</p> <ul style="list-style-type: none"> ○ A: wide differences between federal and provincial prisons. Federally we don't know much what happens. There are different policies and legislations that guide the provision of palliative care within corrections. Between federal facilities there are many difference between each location. Provincially, some corrections leaders feel that stays are short term in prisons that they don't deal with palliative patients often. Each healthcare team in facilities are different: some virtual, some in-person. Justice-involved person does not have option to stay or go, if care cannot be managed then they are transferred to hospital. Abbotsford federal prison has a palliative facility on-site. Lots of discourse and ideas around this. ○ In Toronto partnering with Catholic palliative hospice that has been set up for homeless and testing using it for federal incarcerated individuals. ○ Transitional housing accepting more and more individuals who are coming back to community and have serious illness and these orgs need support and framework for care <p>You may or may not encounter an incarcerated person in your care setting. But more likely you will encounter someone justice-involved in some capacity (serving parole in community). Also family members are considers justice-involved as well as they experience the trauma and stigma that comes with incarceration.</p> <p>Q: where do you see you research and work going from here?</p> <ul style="list-style-type: none"> ○ A: my next dissertation research will look at what palliative care in some centres DTES and John Howard society look like as they actively serve the community in Vancouver. <p>Q: Are there opportunities to volunteer within corrections?</p> <ul style="list-style-type: none"> ○ A: No, not currently. Facilities are very closed off here. But organizations that do work outside the prisons that you can volunteer with: ○ 7th Step Society of Canada ○ Home Unlocking The Gates ○ Home - John Howard Society of BC
Resources	<p>The Humane Prison Project: https://humanepriisonhospiceproject.org/</p> <p>Office of the Correctional Investigator Annual Reports: Annual Reports OCI BEC</p> <p>Op-Ed piece by Mar'yana Fisher (2022): https://www.canadian-nurse.com/blogs/cn-content/2022/07/18/prison-inmates-deserve-access-to-high-quality-pall</p>