

A Shackled Death

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Abstract

A Shackled Death will be a case study aimed to shed light on end-of-life care for prisoners within the United States. The prison system is geared to be a form of punishment for criminals, and many do not think about the older chronically and terminally ill inmates. Palliative care for prisoners has been an afterthought for most, leading to the presentation of assisted suicide in today's research. Participants will be asked about their definition of a 'good death', relationships with medical personnel, and assisted suicide. Forty older inmates requiring palliative care will be interviewed during their last year of life. The goal of this study is to provide greater insight into dying in prison and allow for growth toward bettering end-of-life care behind bars. It is hypothesized that the interviewees will agree to having access to a "good death" and the need for better provision of care. This study is expected to provide prisoners a safe space and catalyze improved end-of-life care for all, including inmates.

Introduction

Prisoners within the United States are growing older and becoming ill while serving their sentences. Researchers have declared this observation, an 'aging crisis' within the criminal justice system (Williams et al., 2012). The prison system is now faced with the responsibility to deal with the dying population behind bars. Williams et al. indicate that the amount of incarcerated older adults has "more than tripled since 1990" (2012). Inmates of ages fifty-five and older are said to experience aging at an accelerated rate in comparison to the general public. Older inmates, fifty-five years and above, typically have early onset of chronic medical conditions and other illnesses leading to stress on the criminal justice health care system (Williams et al., 2012).

The number of dying prisoners has significantly increased and this aging population has gained interest from researchers. A national survey conducted in France with physicians of incarcerated individuals indicated that the number of prisoners requiring palliative care was two times higher than expected in the general population (Pazart et al., 2018). End-of-life care has been a growing concern within research over the past twenty years (Pazart et al., 2018). This concern needs to be addressed with more research on how to better establish end-of-life care for those who are incarcerated. Non-violent aging prisoners requiring palliative care should have access to a 'good death'.

A good death for most would comprise a combination of comfort, control, and closure, and having a good death generally appears as a consistent desire across societal groups (Burles et al., 2016). This idea of a peaceful death is normal for everyday people living within the normal society. Being surrounded by family and having loved ones being able to accept death is also ideal. There are many variations and beliefs on death across the people of the world. Are prisoners allowed and able to have access to a good death? Palliative and quality end-of-life care should be an option for some inmates and at this current time, research is lacking.

Considering the difficulties that the prison system is experiencing when it comes to the growing number of older inmates, an interesting option has been presented by Kathleen Messenger. Messenger states within her writing on death and prison that inmates should be allowed a "death with dignity" (2019). Messenger presents the idea that prisoners would have the experience of autonomy over their death via assisted death and speaks on the legalization of this dying avenue. Assisted death would allow for terminally ill and competent patients to seek the assistance of a physician in accessing medication to quicken the dying process (Messenger, 2019). With prisons being overcrowded and aging at a significant rate, this option appears to be helpful to dying inmates. There is moral and religious debate over suicide and assisted dying but the debate has turned to the "right to die" as Messenger notes (2019). This option is yet to be available within prisons across the country, but the discourse has begun on the topic.

Voices must be heard and truly comprehended for change to make way. Transformation is needed within the prison system in a multitude of ways but here, we focus on one. A Shackled Death centers on the aging and dying population behind bars and their end-of-life care options. Research on palliative care in prison is growing in discussion and research is being conducted on medical treatment for inmates. Doctors and officials of prisons appear to be the focal point of the available research. However, research from the point of view of the inmates seems to be generally absent.

It is important to learn and document the dying experience for terminally ill prisoners. Research has begun on the growing older population of prisoners, medical care received by some, but the available research is not extensive in the perspective of those immediately affected by the lack of end-of-life care while incarcerated. To truly develop a better dying experience for qualifying inmates, we must take into account their personal experience along with gathered medical and statistical research. It is hypothesized that the majority, more than fifty percent, of participants will agree to the general idea of a 'good death' and express a need for improvement in prison palliative care.

Method

Participants

The prisons selected for inmate interviews will be dependent upon the willingness and cooperation of the officials involved. The study plans to include prisons from each region of the United States of America. Once the prison locations have been obtained, the participants will be recruited from within by myself and counselors, if any are available. Prisoners with terminal illnesses will be selected for this study. The inmates who participate will receive a stipend, fifty dollars weekly, towards their commissary and take part in group therapy weekly.

Materials

The materials needed for this study will include the following: notepads, pencils, pens, highlighters, folders, laptop, printer, therapists' roster, banking account (for stipend), camera (for recording, when given permission).

Procedure

The case study will include an assembly of weekly interviews, written down and recorded, with forty inmates over the progression of a year. The interviews will begin with the following open-ended questions and allow for natural conversation between interviewer and interviewee.

What is your definition of a 'good death'? Do you desire a 'good death'? What are your thoughts on assisted dying? Do you trust medical personnel? Do you receive palliative care? How do you cope with dying in prison? Do you feel you have served your 'time? What kind of development would you like to see within end-of-life care in prison?

Once the data is collected, the responses will be summarized and placed into different categories within the presentation of the findings. The categories are as follows: dying in prison, 'good death', medical relationships, and suggested developments. The study will also acknowledge space for additional commentary or stories by the participants.

The data collected during this year will be analyzed based on the frequency of those desiring a typical 'good death' and those preferring assisted dying. A chi-square test will be used to compare the frequencies of those revealing they would want to experience a 'good death' instead of an 'assisted death'." The additional data collection on the inmate's beliefs about the medical personnel, medical care given, serving their time, and any other information will be presented in the discussion portion of the study. During the study, participants may experience negative emotions or anguish. To remedy this possible effect, the interviewer will incorporate therapy when needed. The participants will be able to stop the interview at any time, take breaks, and/or answer the questions in written format if preferred.

Predicted Results

After interviewing the participating inmates, it is expected that more than fifty percent of participants will agree to want to receive the normal 'good death' instead of the alternative, assisted death. The participants are also projected to respond in favor of having better quality relationships with medical personnel while their current experience may be non-existent. The older inmates should be able to give a needed viewpoint on the older inmate population and those requiring end-of-life care. After the study, it is anticipated that the inmates will have felt heard and seen before dying while incarcerated. The information gathered during the year will also give the inmates a sense of purpose at the end of their life.

Discussion

The majority of participants are expected to prefer a 'good death' in comparison to an assisted death. With this result, conversation can be drawn from the natural desire to die a good death and how prisoners are much like the general population. The additional commentary recorded from the study is expected to reflect on deficits within medical care in prison. The findings of this study correspond to the general notion of lack of palliative care in prison within the United States, as well as dying peacefully.

The discussion of inmates and dying may be seen as a taboo topic to many. This research aims to bring more dialogue and alteration to end-of-life care for prisoners. Research should be continued from the aspect of the medical field and prison officials but there must be more research directly affiliated with those affected. Researchers can use the information gathered by previous research conducted with medical professionals and apply that information to research directly with inmates.

It is important to discuss death in general and those who are incarcerated should not be left out of that discussion. There may be differing viewpoints for prisoners when it comes to death and that is important to make note of. Some participants may find solace in an assisted death over medical intervention. This study will bring light to how these prisoners view their dying experience and thoughts on current end-of-life protocol. It is also important to recognize the conflict between punishment and a 'good death' because these two ideas are at odds (Burles et al., 2016). Nevertheless, gathering this information will only better the trek towards developing an efficient palliative system within the United States prison system.

References

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