By the end of 2030 the last of the Baby Boomers will have turned 65, and one in five Americans will be senior citizens. This shift in demographics will be reflected in our prison population. The overall rate of prison population growth has been slowly declining, yet the percentage of inmates aged 50 and older represents the fastest growing inmate subgroup. By 2019, elderly inmates are projected to represent 28% of the prison population.

It has been suggested that the aging institutional population can be traced back to the anti-drug laws of the 1980s along with the unforgiving sentencing policies of the era. Undoubtedly, these factors played a crucial role in the development of the problem, but it is also important to acknowledge current trends that perpetuate the situation. High recidivism rates in conjunction with an older average age of arrestees will ensure that the elderly population in prison continues to rise. The average age of arrestees is projected to continue to rise and the average annual cost to detain an inmate in Massachusetts is roughly 69,000. An older average age of arrestees will ensure that the elderly population in prison continues to rise.

Activities of Daily Living (ADL) Centers are separate medical wards of Norfolk, MCI-Gardner, and MCI-Shirley, which manage bed-ridden and sick individuals who do not require dialysis, intravenous fluids, airway management, or other invasive medical procedures. ADLs provide a means for care of a limited number of elderly and frail inmates who are unable to live independently in the general population. These specialized units represent some of the only units available to geriatric patients in Massachusetts.

Companion program is a staff facilitated program that provides training to inmates who then provide care, support and encouragement to their fellow elderly or terminally ill inmates. This program is currently established at Bridgewater State Hospital, MCI-Norfolk and MCI-Shirley. An expansion of this program would be incredibly beneficial, as inmate companions are more able to relate to elderly inmates and assist in a trusting manner with their day to day activities.

Compassionate Release is a controversial policy that is not currently in place in MA, but would provide the release of terminally ill and significantly disabled inmates, so that they may live out their final days and die in the comfort of their own home and family. Older inmates have the lowest risk of reincarceration, and pose a low level of threat to public safety. Implementing such policies would be beneficial to terminally ill patients, but would also allow for some cost saving measures.

Compassionate release policies are currently in place in 15 states and Washington D.C., although they are rarely used. The requirements are stringent, and many simply by state preventing both inmates from applying and making it difficult for correctional staff to approve. The term compassionate release poses some controversy, and perhaps defining it “medical early release” would allow for a more favorable view of such policies amongst the public.

DNR orders can be made for some prisoners upon admission to a hospital/healthcare organization. These orders are inactive based on reentry to prison. There is a pilot program being implemented currently in Massachusetts. Souza-Baranowski Correctional Center (SBCC) is the pilot project of processing DNR/DNI program which is only reserved for terminally ill patients.

- 1. It may reduce overall cost for inmate for the Department Of Corrections.
- 2. It allows terminally ill inmates to make a decision to end physical and emotional suffering.
- 3. The DNR/DNI order is unable to transfer between prisons, in the case of inmate relocating
- 4. Possibility of increased numbers of lawsuits towards DOC and healthcare providers

Objective: the service project would be to further implement and enforce a DNR/DNI order for terminally ill inmates in the prison system.

- Procedure:
  1) Identify a “champion” at each facility that would serve as our contact person and our primary facilitator.
  2) Each group member would be assigned a pilot prison and further carry out the orders to all prisons in the state of Massachusetts. We would develop and provide training on the DNR/DNI orders for all medical staff and correctional officers
  3) Once terminally ill inmates were identified we would ensure that they understood the DNR/DNI order in its totality. Each inmate with a DNR/DNI order would have a designation on their ID badge.

References