

CIRCLE OF LIFE AWARD



2000

AWARD WINNER

LOUISIANA STATE PENITENTIARY
HOSPICE PROGRAM

Angola, Louisiana





The maximum security prison in Angola, Louisiana, is known as “the graveyard” — few of its inmates are expected to ever leave. It’s estimated that 85 percent of them will die while incarcerated, and that’s traditionally meant a lonely death in the prison hospital.

But a glimmer of humanity is now shining into the grim interiors of Louisiana State Penitentiary, thanks to warden Burl Cain and a fortuitous meeting with representatives of Louisiana hospice organizations a couple of years ago. The prison was hosting a one-day workshop on AIDS, and among the attendees were a social worker and nurse from a hospice in New Orleans. Cain got to talking with the pair about their work easing the process of dying for patients at a university hospital.

“The warden said, ‘Well, we’ve got a lot of people up here dying,’” relates R. Dwayne McFatter, the prison’s assistant warden for treatment. “We need hospice too. Can you help us start one?”

After a year of efforts to cobble together an end-of-life program at the prison while spending no extra money, Louisiana State Penitentiary now boasts an innovative hospice program that’s become a model for other prisons in Louisiana and across the nation. Inmates dying in the prison hospital can now spend more time with their families, be comforted by specially trained fellow inmate volunteers, and have more focused pain management in a setting that is especially wary of the use of drugs.

All this was accomplished despite the doubts of skeptics, some of whom felt a prison hospice is inappropriate because “inmates don’t deserve to die comfortably and with dignity when their victims didn’t,” prison officials explained in their application for the Circle of Life Award. “This hurdle will be an ongoing struggle. Only education will help society separate the men from their crimes.”

Security staff members were particularly concerned they might lose control of inmates because of increased traffic in and out of the prison hospital. In particular, they worried that it would be more difficult to keep inmates who disliked one another apart — if one enemy was visiting a dying prisoner at the same time as an inmate he wanted to harm.

To allay those fears, organizers of the hospice made sure they included security staff in the development of the concept. Then, as they recruited volunteers from among the inmate population, security officials were able to review the list of names and cross off anyone they thought might make trouble.

Because of security concerns, prison officials nixed the hospice representatives’ original idea that they bring in outside volunteers to tend to the sick inmates. Instead, McFatter says, he started contacting inmates who were active with a number of clubs and organizations within the prison — veterans, Toastmasters, and religious groups, for instance. “I got together with some inmates I’d known for 15 or 20 years,” McFatter recalls. “I explained what it was we’d be asking them to do. I said, ‘You know the inmates better than any of us. Go into the population and find me 40 people who will be doing this for the right reason.’” The resulting list of inmates was screened by McFatter, Security, a nurse, a Classification Officer, and a social worker. The 20 who were chosen went through a 40-hour initial training course.

The program got started with the trained volunteers and one of the hospital’s registered nurses, who became the full-time Hospice Case Manager and Inmate Volunteer Coordinator. The inmate clubs contribute to the hospice some of the

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INNOVATION HIGHLIGHTS

INMATE VOLUNTEER PROGRAM

DEPTH AND BREADTH OF THE VOLUNTEER TRAINING PROGRAM

IMPACT OF PROGRAM ON RESTORING RESPECT AND DIGNITY TO BOTH PATIENTS AND VOLUNTEERS

MULTI-DISCIPLINARY TEAM WORK, INCLUDING SECURITY

SUPPORT FROM PRISON CLUBS

RELIANCE ON PATIENT'S DEFINITION OF FAMILY

money they raise by selling food such as hot dogs and pizza in the visitors' room. They've also designed a coloring book for children that explains the hospice concept, and sell it for \$2 per copy.

Some of those treats also go to the hospice patients, who might have their first hot dog or hamburger in years through the program. "I had a hospice patient who swore his bowl of ice cream three times a week was keeping him alive," McFatter says.

Potential hospice patients are identified when it's estimated they have about six months to live. They can stay in their housing area as long as they're physically able, and then they are transferred to the prison hospital and a hospice bed.

Only about four of the 36 inmates referred to Hospice have declined to participate. Most accept it willingly, having crossed a psychological barrier. "Some of them want to die peacefully without any pain," McFatter says.

The program served 17 inmates in 1998. The patients in hospice get regular visits from inmate volunteers, who help them eat, and talk or read to them. "Maybe they just hold their hand, just to have somebody there," McFatter says. The volunteers also assist medical staff with moving the patients in and out of bed.

The volunteers benefit from the program as well, McFatter says, because it gives them an unusual opportunity in the macho environment of a maximum security prison to connect with another person. "They tell me it gives them a feeling of self-worth, that they're able to do something for somebody else. Chances are, in years to come, they may be right where their patient is now and they want somebody there with them. Prison is a pretty lonely place."

Patients can choose to see family members, whether they are blood relatives or inmates they've lived with for the past 30 years. Hospice patients get expanded visiting hours. During the last 24 to 36 hours of life, when a doctor or nurse calls a vigil, a volunteer stays with the patient at all times.

One of the most impressive things about the Angola program is that it's been done with no extra budget. And yet, the prison has maintained the hospice program along with offering bereavement support to family members for a year after the death of an inmate. University Hospital Community Hospice in New Orleans helps mentor and educate the staff and volunteers.

Angola officials are helping to export their successful model to two other prisons in Louisiana, and McFatter says he gets regular phone calls from around the country seeking more information about how to start a prison hospice.

"This is the largest maximum security prison in the country," McFatter says. "If we can do it here, anybody can do it." •