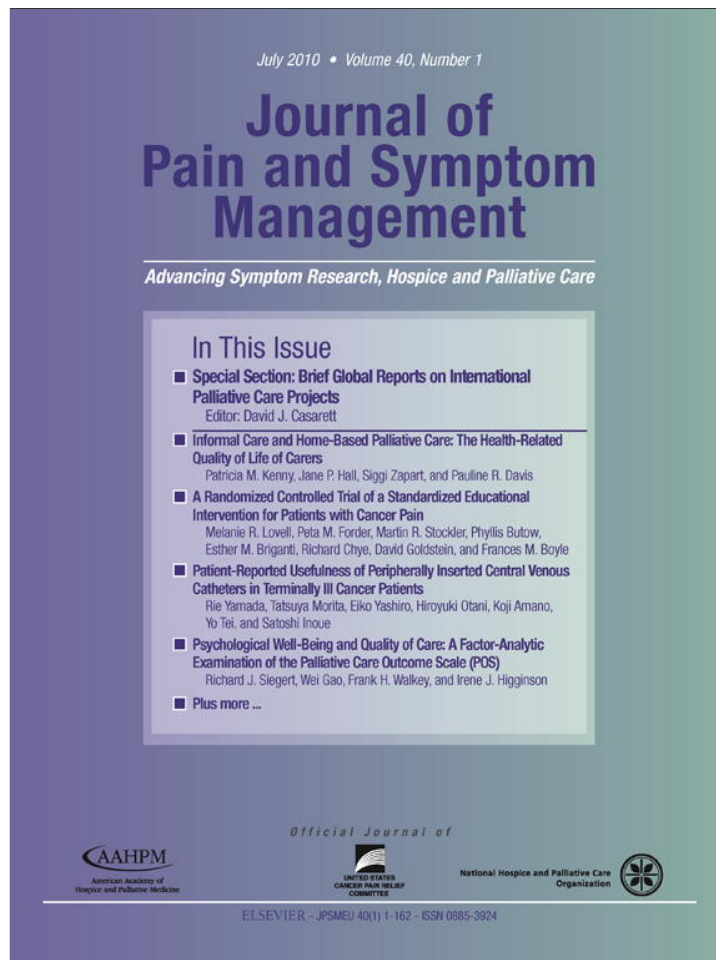


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**Special Article**

# Palliative Care In Correctional Centers—HPCA Making Progress in South Africa

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**Abstract**

*In KwaZulu Natal (KZN), the Hospice Palliative Care Association of South Africa (HPCA) has made a significant start in terms of addressing the palliative care needs of prisoners. A formal partnership has been established between the KZN Department of Correctional Services and the HPCA that allows staff at two correctional facilities to be mentored and equipped to provide palliative care to offenders. This pilot project has the potential for rollout at other facilities across the country. It is hoped that this vulnerable population group will be better able to access palliative care, which is a basic human right, for life-threatening and terminal conditions. J Pain Symptom Manage 2010;40:13–14. © 2010 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.*

**Key Words**

*Palliative care, correctional facilities*

**Introduction to the Setting and Problem**

Almost one-quarter of sentenced offenders in South African prisons are presumed to be HIV positive. Between January 2008 and March 2009, a total of 219 sentenced offenders died from illnesses while incarcerated. The palliative care needs of offenders and detainees awaiting trial in Africa have been highlighted recently in the media and again at the 2009 AIDS conference in Durban.

In 2008, a television documentary was aired on the conditions of offenders in South African prisons. Harrowing footage showed

a terminally ill offender suffering excruciating pain as he lay dying. The sincere attempts of his cellmates to ease his pain and discomfort proved futile. This program brought the plight of seriously ill prisoners to wider public attention. The Hospice Palliative Care Association of South Africa (HPCA) has been aware of the needs of this unique population group and has been actively involved in advocating for offenders and inmates to have better access to palliative care on a broader scale.

**Description of the Intervention**

In January 2009, the HPCA met with the National Department of Correctional Services (DCS) to discuss signing a memorandum of understanding. It was decided that a provincial partnership be piloted first, with the potential for rollout at a later stage. Thus began the HPCA DCS Pilot Project in KwaZulu Natal

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(KZN). This partnership was created between HPCA and the Durban Westville and Pietermaritzburg Medium A Correctional Facilities, the two largest correctional facilities in the province. This exciting partnership was officially launched on World Hospice and Palliative Care Day in October 2009.

Local hospices do not have the capacity to provide palliative care services to local correctional centers. Therefore, the focus of the project is instead to equip health staff within the DCS to provide this care themselves, as advocated by the age-old adage of giving a person a fishing rod instead of a fish. A committed task team with members from both organizations was formed. The team developed and implemented a three-pronged strategy. First, HPCA was to provide training for DCS health staff in palliative care (from the DCS budget). Second, HPCA was to facilitate the provision of mentorship from established member hospices, supported by the HPCA budget. Third, HPCA was to become an approved partner of the DCS, which will ultimately allow HPCA and member hospices partnerships with DCS facilities across the country.

### ***Experience with Implementation***

The biggest challenges were finding the personnel, especially doctors, and a time to meet regularly. Also, red tape slowed down the process of approving budgets and quality assurance applications. However, it must be said that, on the whole, the project went forward without many obstacles. This was largely because of the commitment from both parties to see progress. The KZN DCS personnel were particularly helpful, and their desire to integrate palliative care into their existing health services must be applauded.

### ***Impact and Outcomes***

It is hoped and expected that these measures will allow more of those dying in correctional facilities in South Africa to have better access to palliative care, which is a human right. The impact of this project will touch the lives of a very vulnerable and often forgotten population group and their loved ones.

Significant outcomes that have been achieved provincially (in KZN) include the following: First, a formal work plan has been developed. This includes development of palliative care policies, standards for DCS, training, and a referral mechanism. It also includes granting access permits to hospice personnel to correctional facilities, and the development of a comprehensive program evaluation component, as well as commemoration of Palliative Care Calendar events, and provision of bereavement services. Second, key staff from DCS management and health practitioners have all been oriented to palliative care and have a much deeper understanding of what it entails. Third, selected DCS health staff have received training in palliative care. Fourth, HPCA is now an approved partner of the DCS, which means that hospices also may receive services from KZN Correctional Services, depending on the availability of resources. For example, offenders and or parolees under supervision can be requested to assist hospices with their maintenance needs or other manual labor. Fifth, experts from HPCA have visited both correctional facilities to assist and advise on the practical implementation of palliative care in a correctional center setting. Sixth, health staff from the DCS visited their mentor hospices to gain a better understanding of the philosophy and practice of palliative care and are in regular contact with their mentors.

At a national level, two significant outcomes are worthy of mention. First, HPCA was invited to attend a consultative meeting on the review of the medical parole policy of the DCS. It was noted by HPCA that it would be good for the medical team involved in making such decisions to be trained in palliative medicine. Second, the DCS has requested, and approved in principle, that the palliative care project be rolled out to the Gauteng and Western Cape provinces.

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