

# PALLIATIVE CARE IN PRISONS PROJECT

Queensland University of Technology (QUT) in partnership with  
UTS: IMPACCT



## Message from Project Lead

PROFESSOR JANE PHILLIPS

Welcome to Issue 12 of the Palliative Care in Prisons (PiP) Project Newsletter.

Delighted to report that the Palliative Care in Prisons Project and team has made significant progress since our last newsletter. While securing the necessary governance to collect the gap analysis data has been complex, with each jurisdiction requiring different approaches we are in the final stages of negotiation, with the remaining two States Queensland and Tasmania. Once we have this approval, we look forward to collecting the last of the gap-analysis data, seeking insights from the Aboriginal and Torres Strait Islander Leadership Group and sharing the findings with our project partners.

Following our two-co-design capacity-building workshops and consultations with various advisory and working groups, we are pleased to report that we have come to agreement with our correctional and justice health partners on the Projects [capacity-building strategy](#). Our regular Community of Practice Conversations have begun, providing a valuable platform for your input. Recent discussions have included the impact of Voluntary Assisted Dying for people in prison and the potential for [culturally safe palliative care in prison](#). We look forward to your continued input in these conversations. If you have suggestions for additional topics, please let us know at [pip@qut.edu.au](mailto:pip@qut.edu.au). Your contributions are essential in shaping our discussions.

Soon, we will call for expressions of interest from correctional personnel to co-design short case-based learning scenarios for our online learning module, which will be delivered via the [QStream](#) platform. Your input is crucial to ensure the scenarios reflect the realities of correctional officers' interactions with people in prison with palliative care needs.

I am pleased to announce that the Commonwealth Government has funded the registration of 20 justice health nurses from across Australia to attend the upcoming '[Palliative Care Nurses Australia Conference](#)' virtually. Although the conference is not focused on palliative care in prisons, the content is highly relevant to nurses caring for individuals with palliative care needs. Thank you to the Justice Health leaders who have nominated and supported their nurses to participate in this two-day virtual conference.

Congratulations to Isy Schaeffer for being invited to present her research at the European Association of Palliative Care Conference in Barcelona. Best wishes to Josie Newton, who will present her work at the upcoming [Justice Health & Forensic Mental Health Network Healthcare in Secure Setting Conference](#) in Sydney at the end of July.


Until next time,  
Jane Phillips, Project Lead

# PROJECT PARTNER BIOGRAPHY


## DR FERMIN BLANCO MAYO- MEDICAL OFFICER, WA DEPT JUSTICE LMS FRACGP MRCGP (UK) DIPPALLMED (WALES)

Dr Fermin Blanco Mayo qualified as a General Practitioner in 2000 (UK), dedicating his career to patient-centred care, not only as a Primary Care Physician but as a Palliative Medicine Practitioner, as a natural evolution of his role as doctor. He joined a forward-thinking Practice as a Partner in Semi-rural Lincolnshire. Initially involved with his local Hospice by attending his own patients, Fermin was asked to joined St Andrew's Hospice in North East Lincolnshire leading to taking up the position of Medical Co-Director as well as McMillan Specialist Palliative Care and Cancer GP Lead. In 2015, seeking a "better work-life balance" for his family, Fermin relocated to Western Australia, briefly joining Silverchain in 2016, before dedicating his full-time efforts to Aged Care. After 5 years, he transitioned to the WA Department of Justice Health Services, to provide care and supervision of the Casuarina Infirmary: the area of care for most complex patients within the WA Correctional System. In 2021, Fermin joined the Joondalup Health Campus Palliative Care Team, as part of the Senior Clinician roster. Fermin's career has been marked by adaptability and unwavering dedication to improving patient experiences across various healthcare settings. Fermin currently plays a key role in providing medical care to people in Casuarina Prison, including people with palliative care needs.





**Supportive and Palliative Care  
Indicators Tool (SPICT)**



**The SPICT™ is used to help identify people whose health is deteriorating. Assess them for unmet supportive and palliative care needs. Plan care.**

**Look for any general indicators of poor or deteriorating health.**

- Unplanned hospital admission(s).
- Performance status is poor or deteriorating, with limited reversibility. (eg. The person stays in bed or in a chair for more than half the day)
- Depends on others for care due to increasing physical and/or mental health problems. The person's carer needs more help and support.
- Progressive weight loss; remains underweight; low muscle mass.
- Persistent symptoms despite optimal treatment of underlying condition(s).
- The person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life.

**Look for clinical indicators of one or multiple life-limiting conditions.**

Cancer	Heart/ vascular disease	Kidney disease
Functional ability deteriorating due to progressive cancer. Too frail for cancer treatment or treatment is for symptom control.	Heart failure or extensive, unstable coronary artery disease; with breathlessness or chest pain at rest or on minimal effort.	Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health.
<b>Dementia/ frailty</b> Unable to dress, walk or eat without help. Eating and drinking less; difficulty with swallowing. Urinary and faecal incontinence. Not able to communicate by speaking; little social interaction. Frequent falls; fractured femur. Recurrent febrile episodes or infections; aspiration pneumonia.	Severe, inoperable peripheral vascular disease. <b>Respiratory disease</b> Severe, chronic lung disease, with breathlessness at rest or on minimal effort between exacerbations. Persistent hypoxia needing long term oxygen therapy. Has needed ventilation for respiratory failure or ventilation is contraindicated.	Kidney failure complicating other life limiting conditions or treatments. Stopping or not starting dialysis. <b>Liver disease</b> Cirrhosis with one or more complications in the past year: - diuretic resistant ascites - hepatic encephalopathy - hepatorenal syndrome - bacterial peritonitis - recurrent variceal bleeds Liver transplant is not possible.
<b>Neurological disease</b> Progressive deterioration in physical and/or cognitive function despite optimal therapy. Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing. Recurrent aspiration pneumonia; breathless or respiratory failure. Persistent paralysis after stroke with significant loss of function and ongoing disability.	<b>Other conditions</b> Deteriorating with other conditions, multiple conditions and/or complications that are not reversible, best available treatment has a poor outcome.	

**Review current care and care planning.**

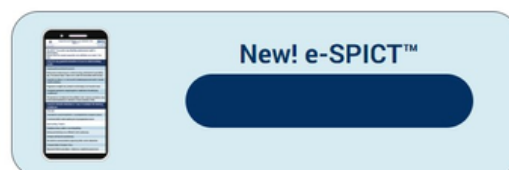
- Review current treatment and medication to make sure the person receives optimal care; minimise polypharmacy.
- Consider referral for specialist assessment if symptoms or problems are complex and difficult to manage.
- Agree a current and future care plan with the person and their family/people close to them. Support carers.
- Plan ahead early if loss of decision-making capacity is likely.
- Record, share, and review care plans.

Please register on the SPICT website (www.spict.org.uk) for information and updates.  
SPICT © 2020

## GAP ANALYSIS

### THE 'SPECIALIST PALLIATIVE CARE INDICATORS TOOL' (SPICT)

As part of the Projects commitment to supporting our project partners we will be showcasing relevant tools and resources that may have relevance to strengthening palliative care resources in Australian prisons. The '[Specialist Palliative Care Indicators Tool](#)' (SPICT) (See Figures below), is one such tool, that helps non-palliative care providers to identify people with deteriorating health due to a serious illness, one or more health conditions (multimorbidity) or frailty in older age, who would benefit from holistic assessment, future care planning (advance/anticipatory care planning) and palliative care.



Over the next 12 months, the Project will deliver a range of activities designed to enhance the skills and knowledge of correctional services and justice health professionals and encouraging their active participation.

## Q STREAM

We are in the process of designing case studies and questions to be included within an online spaced education platform [Qstream](#) for correctional services personnel. After development the training will be trialled in selected services. We are interested in people contributing to the case study design. Please contact the PiP team if you can assist: [pip.project.qut.edu.au](mailto:pip.project.qut.edu.au).

## PALLIATIVE CARE EDUCATION AND TRAINING COLLABORATIVE: PROGRAM OF EXPERIENCE IN THE PALLIATIVE APPROACH (PEPA)

The PiP team is currently working with PEPA to establish ways to connect PEPA with Justice Health and Correctional facilities across the country and to ensure PEPA training workshops and opportunities considers the prison environment. For information on current training and support from PEPA, see [HERE](#).

## COMMUNITY OF PRACTICE

We continue to plan Community of Practice Sessions aimed at sharing skills and knowledge. These one-hour session will be held via TEAMS, with panel member discussion facilitated by Professor Jane Phillips. Calendar invitations for 2024 have been sent out. If you have not received calendar invitations for these and would like to attend, please contact: [pip.project@qut.edu.au](mailto:pip.project@qut.edu.au). Please contact the PiP team with topic suggestions or to volunteer as a panel member. Previous [recordings](#) are also available.

## RECONCILIATION WEEK

Sunday 26th May 2024 marked the anniversary of [National Sorry Day](#), before [National Reconciliation Week](#) 27th May until 3rd June. It is centred around the anniversary of the [1967 referendum](#), where Aboriginal and Torres Strait Islander peoples were counted in the census as Australians, and [Mabo Day](#), where Eddie Koiki Mabo won his battle against Australia being considered "terra nullius" (land belonging to no-one). This is an important and timely reminder to continue to acknowledge and learn about the lands we are upon and the traditional owners of these lands. The [Map of Indigenous Australia](#) is a powerful visual reminder of rich and diverse culture of Aboriginal and Torres Strait Islander peoples' groups, and culture.

The National Reconciliation Week 2024 design and artwork represent the momentum of the theme Now More Than Ever. The chevron, a universal symbol for pointing the way, signifies advancing as one as we look towards a reconciled future; and the vibrant artwork of Gubbi Gubbi artist Maggie Douglas encourages connecting with one another, understanding and continuing to move forward.



# RESOURCES, AWARDS & UPCOMING EVENTS

## RESOURCES & AWARDS

- Blandford, M. (2024). ["Don't be scared, just ask questions" – Tammy McGrath on providing culturally appropriate palliative care for Aboriginal people.](https://palliativecare.org.au) Palliative Care Australia. Retrieved May 30, 2024 from <https://palliativecare.org.au>
- Gilbert, E., Viggiani, N., de Sousa Martins, J., Palit, T., Sears, J., Knights, D., Roulston, A., Turner, M., & Selman, L. E. (2024). [How do people in prison access palliative care? A scoping review of models of palliative care delivery for people in prison in high-income countries.](#) Palliat Med, 38(5), 517-534.
- Pemberton, L., Panozzo, S., & Philip, J. (2024). [Call to end shackling of hospitalised palliative prisoner patients.](#) Med J Aust, 220(6), 304-306.
- Professor Lisa Scharoun and Professor Evonne Miller of the Faculty of Creative Industries, Education and Social Justice have won an Iron A' Design Award for Strategic Design for their project, [Agency and Access](#), which redesigned a form used by prisoners to access health services.

## EVENTS

- [Community of Practice: Managing Pain in the Prison Context.](#) 25th July 2024, 1-2pm AEST.
- [2024 Palliative Care Nurses Australia Biennial Conference,](#) 31 July – 2nd August.
- [Australasian Justice Health Network Webinar Series](#) (see previous newsletter for more details).
- [Australian Centre for Health Law Research and Health Ethics and Law Webinar: Professor Dominique E. Martin on Making ethical sense of the "family veto": when families decline deceased donation on behalf of a registered donor](#)

## PROJECT LEAD

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PALLIATIVE CARE  
IN PRISONS PROJECT

In partnership with:

### SPHERE

Sydney Partnership for  
Health, Education,  
Research and Enterprise



Maridulu Budyari Gumat  
Working together for good health and wellbeing

## NEXT MEETINGS

National Consortia Project  
Advisory Group  
Thursday 8 August 2024  
9:30-11:00 AEST



Correctional/ Justice Health  
Services Working Group  
Wednesday 18 June 2024  
13:00-14:00 AEST



Aboriginal and Torres Strait  
Islander Community  
Engagement Strategy  
Working Group



Wednesday 7 August 2024  
14:00-15:00 AEST

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