



**DEPARTMENT OF CORRECTIONS  
Programs**



<b>Title:</b>	<b>End-Of-Life Care</b>	<b>DOC Policy: 90.1.2</b>
<b>Effective:</b>	<b>6/12/26</b>	<b>Supersedes: 12/1/06</b>
<b>Applicability:</b>	<b>All employees working inside institutions</b>	
<b>Directives Cross-Reference:</b>	<b>None</b>	
<b>Attachments:</b>	<b>None</b>	

**I. PURPOSE**

The purpose of this policy is to support end-of-life care programs for adults in custody who are diagnosed with a terminal illness or a prognosis of less than 12 months.

**II. DEFINITIONS**

- A. Adult in Custody (AIC): Any person under the supervision of the Department of Corrections who is not on parole, probation, or post-prison supervision status.
- B. Functional Unit: Any organizational component within the Department of Corrections responsible for the delivery of program services or coordination of program operations.

**III. POLICY**

**A. End of Life Care**

1. The Department of Corrections recognizes that dying is part of the normal process of living and that adults in custody who are in the last stages of a terminal illness may require specialized care. The department supports a hospice-based model of end-of-life care that addresses the physical, social, spiritual, and emotional needs. The goals of this care are safe and comfortable dying, self-determined life closure, and effective grieving. End-of-life care affirms life and neither hastens nor postpones death.
2. When an adult in custody is diagnosed with a terminal illness, the treating physician, nurse practitioner, or physician associate will discuss end-of-life treatment options with them. End-of-life care occurs in a continuum. Initial supportive care may begin at any facility. More formal end-of-life care will be available in an infirmary environment.
3. Information or training about end-of-life care will be provided to all department employees as needed.
4. A statewide end-of-life care work group with representation from various facilities and sections will aid institutions in facilitating end-of-life program development.

## **B. Interdisciplinary Team**

An interdisciplinary team consisting of institution employees, health care professionals, patients and their families, and adult in custody hospice volunteers may assist in planning and providing end-of-life care. Members of the end-of-life interdisciplinary care team may include, but are not limited to, the following groups:

1. Health Services
  - a. Physician, Nurse Practitioner or Physician Associate
  - b. Health Services manager or designee
  - c. Behavioral Health Services professional
  
2. Institution
  - a. Administration
  - b. Security
  - c. Food Services
  - d. Transitional Services
  - e. Religious Services
  
3. Adult in custody family
  
4. Adult in custody hospice volunteer

## **III. IMPLEMENTATION**

Functional units may write an operational procedure to carry out the provisions of this policy that are specifically applicable to the functional unit.

Certified: \_\_\_\_\_signature on file\_\_\_\_\_

Julie Vaughn, Rules Coordinator

Approved: \_\_\_\_\_signature on file\_\_\_\_\_

Michael Reese, Director