

**A report by the Office of the
Inspector of Prisons into the circumstances
surrounding the death of Prisoner H
on 15 May 2017 in Midlands Prison**

***Please note that names have been removed to anonymise this Report**

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**A report by the Office of the Inspector of Prisons into the
circumstances surrounding the death of Prisoner H
on 18 May 2017 in the Midlands Prison.**

Presented to the Minister for Justice and Equality pursuant to
Part 5 of the Prisons Act 2007.

Helen Casey
Office of the Inspector of Prisons

20 December 2017

Preface

The deceased was a 68 year man who came from the Midlands Region.

I wish to offer my sincere condolences to the family of the deceased.

I would like to point out that names have been removed to anonymise this report.

Helen Casey

Office of the Inspector of Prisons

20 December 2017

Investigation Report

General Information

1. The deceased was a 68 year old man who came from the Midlands Region.
2. He is survived by his extended family.
3. The deceased was committed to Cloverhill Prison on 19 February 2013 with a release date of the 18 February 2022.
4. On 20 June 2013, the deceased was transferred to the Midlands Prison.
5. I corresponded with the next of kin of the deceased and outlined my role. The next of kin did not wish to raise any concerns and did not wish to meet with me.
6. When carrying out this investigation I had unrestricted access to staff, prisoners and relevant records, including CCTV footage.

Status in the Prison

7. The deceased was on Ordinary Prisoner who was on the Standard Level of the Incentivised Regime.
8. He was a quiet, well behaved prisoner who did not have any breaches of prison discipline recorded against him.
9. He was accommodated in a double cell on E1 Landing, Cell 19.
10. He shared a cell with Prisoner A and they got on well together.

Interactions with the Medical Services

11. On 19 February 2013 on committal to Cloverhill Prison the deceased was interviewed by Medical Staff. Medical records show the deceased had “*three by-passes and cardiac arrest in the past and is hypertensive and has high cholesterol*”. The Medical team made contact with the Community GP to obtain details of his medication.
12. The deceased had regular interaction with the prison medical services for ongoing review and for minor ailments not relevant to this Report. In general the deceased presented well and had no thoughts of self harm
13. On 21 June 2013 on transfer to Midlands Prison he was again reviewed by Doctor A and nurse officers. They reviewed the deceased’s medical history and medications.
14. The deceased continued to be regularly reviewed by the prison doctors and treated for ongoing minor medical issues as well as for his cardiac illness.
15. On 29 April 2014 Doctor B, after considering the deceased’s cardiac history, referred him to the Midlands Regional Hospital, Portlaoise for cardiac investigations.
16. On 7 May 2014, the deceased returned to Midlands Prison following his release from hospital.
17. A follow up investigation was advised. The deceased was returned to the Hospital on 22 May 2014 where further tests, including a bronchoscopy were undertaken.
18. On 2 July 2014, the deceased was taken to St James’s Hospital Dublin to the Endoscopy Unit for further investigation. Subsequently the deceased was diagnosed with Lung Cancer. He received chemotherapy and radiotherapy in St James’s Hospital and St Luke’s Hospital, Dublin, during the following months.

19. On 4 November 2014 Doctor C of Midlands Prison noted in the PHMS records *“Came back from St Luke’s Hospital after radiation treatment for his lung ca. He feels better, back pain is controlled. No haemoptysis, SOB imposed”.... Alert, looks brighter, Stable”*.
20. The deceased continued to be seen regularly by the Prison Doctors and nursing staff. He required and received oxygen at times due to shortness of breath. He also had further admissions to hospital during the following year.
21. On 3 November 2015 Nurse Officer A noted in the PHMS that she discussed the deceased’s ongoing treatment with him. She recorded that she raised the issue of having the Palliative Care Team involved with his care which the deceased was happy with.
22. Throughout 2016, the deceased continued to receive ongoing care from the Medical team at Midlands Prison, assisted by the Community Palliative Team. The deceased was admitted to hospital on several occasions for various issues connected to his serious illness. He required ongoing medical care as his illness progressed and his condition weakened.
23. As the deceased’s condition deteriorated, he was assisted by Carers, employed by the Irish Prison Service, to help him with his daily needs.
24. The deceased’s cell mate Prisoner A was very considerate and helpful and did what he could to assist the deceased as his health deteriorated.
25. On 18 April 2017 the deceased was reviewed by Doctor C who attended with the Chief Nurse Officer. Doctor C recorded the following:-
“Reviewed in cell today with the Chief Nurse Officer. Deceased c/o lungs pain which is still not well controlled. Pain remains 5/10 on pain scale, despite all opiates. Deceased should be on syringe driver for his pain control which is only possible in hospice or in his own home with Community Palliative Team in house input.”

26. Doctor C also recorded that she wrote to Governor A, stating the deceased *“should not be in prison and according to compassionate temporary release policy, we need to consider his release as his health is deteriorating in prison.”*
27. On 22 April 2017 Nurse Officer B recorded in the PHMS records that she spoke to Assistant Governor B and Chief Officer A *“regarding (deceased’s) condition and agreed his cell mate is to be moved across the landing at night time. Deceased’s cell door will remain open throughout the night so the carer can monitor the deceased’s condition”*.
28. On 23 April 2017, Assistant Governor A applied to the Irish Prison Service Operations Directorate requesting that the deceased be granted temporary release for hospital treatment. Records received state that this application was *“rejected”*. The deceased medical condition continued to deteriorate. The medical staff advised that the deceased was in need of palliative care and that a place was actively being sought in a Hospice facility.
29. On 24 April 2017 the deceased was reviewed by Doctor D who referred him to Midlands Regional Hospital for palliative care, stating *“this patient has deteriorated, great difficulty in breathing – extreme pain”*. The deceased remained in hospital until 8 May 2017.
30. On 4 May 2017 Assistant Governor A again applied to the Irish Prison Service Operations Directorate, HQ, for full temporary release for the deceased to go as an inpatient to a palliative care facility.
31. On 5 May 2017, a suitable bed was sourced in Athlone Palliative Care Unit. Assistant Governor A again requested full temporary release so that the deceased could attend as an inpatient.
32. While the request for full temporary release was denied sanction was given for the deceased to transfer to Athlone Palliative Care Unit on TR with the presence of Escorting Officers.

33. On 8 May 2017, the deceased was moved to Athlone Palliative Care Unit escorted by Prison Staff where he died peacefully on 15 May 2017 at 23:30.

Findings

34. The deceased was given medical treatment for his very serious illness which was diagnosed while he was serving his sentence.
35. The Irish Prison Service employed Carer Assistants to assist the deceased and to provide as humane an environment as possible, in a prison setting.
36. The deceased's cell mate Prisoner A must be commended for his kindness and for providing assistance to the deceased during his illness.
37. The deceased was removed to a Palliative Care Unit for the final week of his life, which gave him dignity in his final days.
38. The deceased was on Reviewable Temporary Release from Midlands Prison at the time of his death.
39. The Governor and staff of the Midlands Prison did what they could in a prison setting, to make the deceased's final months as comfortable as possible.
40. The Medical team highlighted the need for intravenous pain relief which is not permitted in a prison environment.
41. The prison environment is not suitable for a prisoner who requires Palliative Care.
42. The deceased was pronounced dead at 11:30 am on 15 May, 2017.
43. The cause of death is a matter for the Coroner.

Recommendation

Decisions to release prisoners on grounds of severe ill-health, severe pain and/or where such prisoners are nearing death, such as in this instant case, should be made by the Director General having regard to advice from all appropriate professionals such as Doctors, Healthcare Staff and Senior Management of the prison. It may be necessary to amend legislation to give effect to this recommendation. If so, it should be prioritised in the interest of the human rights of terminally ill prisoners.