

AMA to help shape clear criteria for compassionate release of inmates

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Compassionate release—a policy that aims to give seriously ill inmates early release or parole before sentence completion—has been employed since the mid-1980s. It’s a way to address the growing number of older prisoners, overcrowding and the soaring medical cost of the criminal justice system.

An AMA Board of Trustees report on the topic calls compassionate release a practical solution and “a matter of medical ethics, as the continued incarceration of patients with serious or debilitating illness can constitute a violation of human dignity if appropriate palliative care is unavailable.”

Yet compassionate-release policies are often underused due to various barriers. “The medical profession plays a significant role in the compassionate release process in that physicians are required to determine medical eligibility for potential candidates,” the report says. Doctors need clear eligibility criteria to help them feel comfortable making compassionate-release determinations “without fear of liability.”

The AMA House of Delegates (HOD) adopted new policy to:

- Support policies that facilitate compassionate release for incarcerated patients on the basis of serious medical conditions and advanced age.
- Collaborate with appropriate stakeholders to develop clear, evidence-based eligibility criteria for timely compassionate release.
- Promote transparent reporting of compassionate release statistics, including numbers and demographics of applicants, approvals, denials, and revocations and justifications for decisions.

“Throughout the COVID-19 pandemic, we’ve seen the virus spread quickly in high-density populations, particularly in correctional facilities. Because of the high risk of SARS-CoV-2 infection among people who are incarcerated, and correctional and detention center workers, the AMA is advocating for increased infection control measures, additional PPE and priority access to vaccines to

prevent the spread of COVID-19,” said AMA Board Member Ilse R. Levin, DO, MPH & TM.

“Being incarcerated or detained should not be synonymous with being left totally vulnerable to COVID-19. These steps are vital to protect people and stop the spread of the virus,” Dr. Levin said.

Additional actions taken by the HOD call for more clear cut public health approaches for the prevention and management of contagious diseases in correctional facilities. To accomplish that, delegates directed the AMA to:

- | Collaborate with state and national medical specialty societies and other relevant stakeholders to advocate the improvement of conditions of incarceration in all correctional and immigrant detention facilities to allow for the implementation of evidence based COVID-19 infection prevention and control guidance.
- | Advocate adequate access to personal protective equipment and SARS-CoV-2 testing kits, sanitizing and disinfecting equipment for correctional and detention facilities.
- | Advocate humane and safe quarantine protocols for individuals who are incarcerated or detained that test positive for or are exposed to SARS-CoV-2, or other contagious respiratory pathogens.
- | Support expanded data reporting, to include testing rates and demographic breakdown for SARS-CoV-2 and other contagious infectious disease cases and deaths in correctional and detention facilities.
- | Recognize that detention center and correctional workers, incarcerated persons and detained immigrants are at high-risk for COVID-19 infection and therefore should be prioritized in receiving access to safe, effective COVID-19 vaccine in the initial phases of distribution, and that this policy will be shared with the Advisory Committee on Immunization Practices for consideration in making their final recommendations on COVID-19 vaccine allocation.