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## A brief video intervention to improve medical students' attitudes toward prisoners

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### ABSTRACT

**Objective:** Healthcare professionals may have implicit biases against prisoners. This may lower the quality of care they receive, which is inconsistent with the moral principle of equivalence of care. The purpose of this study was to explore medical student attitudes toward prisoners and test the hypothesis that a brief video intervention that “humanizes” prisoners would improve those attitudes.

**Methods:** Medical students ( $n = 163$ ) at a Midwestern Academic Medical Center were randomly assigned to an intervention or control group. All participants completed a brief, electronic survey that included a validated scale in May 2016 at baseline (T1) and 3–4 days later (T2). Immediately after the baseline survey, the intervention group ( $n = 80$ ) viewed a brief clip from a video documentary in which prisoners shared their stories; the control group ( $n = 83$ ) did not view the video.

**Results:** At T2, the intervention group reported significantly more favorable attitudes toward prisoners compared to the control group ( $p = 0.02$ ). The intervention group also reported a significantly higher self-perceived attitude change than the control group ( $p = 0.044$ ). Analysis of qualitative data revealed that 34% of students thought that the video clip presented a humanizing view of prisoners through their stories.

**Conclusion:** A brief video intervention depicting prisoners as fallible human beings can have a positive impact on medical students' attitudes toward prisoners. This type of intervention could be easily incorporated into medical student training. Future research should evaluate optimizing the effectiveness of video interventions in improving perceptions and testing video interventions on the ability to raise the consciousness of implicit biases against other stigmatized groups.

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## Introduction

The Office of the United Nations' High Commissioner for Human Rights has outlined basic principles for the treatment of prisoners, the first of which states “all prisoners shall be treated with the respect due to their inherent dignity and value as human beings [1].” The ninth basic principle stipulates, “Prisoners shall have access to the health services available in the country without discrimination...” [1]. Furthermore, the ethical principle of equivalence of care dictates that prisoners should receive the *same* level and quality of care that is provided to nonprisoners [2,3].

However, providing equivalent care to prisoners is not always easy. Conflict tends to arise between the goals of healthcare, including relief of suffering and return to wellness, and the goals of incarceration, including punishment, rehabilitation, and isolation of those convicted of a crime in order to keep society safe [4]. The *means* of providing care may vary, mostly due to safety concerns, often adversely affecting transportation, frequency of visits, access to specialists and emergency care, as well as medications and other treatments [5]. Additionally, implicit biases by healthcare professionals (HCPs)

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against prisoners may create barriers to equivalent care. It is critical to identify HCPs' attitudes toward prisoners to overcome these barriers [6].

The purpose of this study was to explore medical students' attitudes toward prisoners and then to test the hypothesis that a brief video intervention that "humanizes" prisoners would improve these attitudes. We hypothesized that when medical students identify prisoners as more similar to themselves they are likely to treat them with more understanding and compassion.

Few studies exist regarding HCPs' attitudes toward prisoners in a hospital setting. In the only study of physician attitudes, 60% of physicians working in a hospital within close proximity to a large prison complex felt "uncomfortable" when examining prisoners [7, p. 549]. In a study of nurses' attitudes toward prisoners in a perinatal setting, some nurses advocated for prisoners, whereas other nurses felt that the suboptimal treatment of prisoners was warranted [8, p. 27]. In another study conducted in a perioperative setting, nurses felt that they tended to provide care to prisoners that was "perfunctory" and "reactive;" that caring for this group of patients was "emotionally draining;" and "knowing or imagining a prisoner patient's crime created practice dilemmas [9, p. 113]."

Implicit bias of HCPs toward prisoners has been described, and in general, it is thought to propagate disparities in care [10,11]. It is felt that prisoners tend to evoke negative responses from HCPs, and the inability to overcome or suppress those negative responses may make it difficult to care for prisoners [8,9,12]. We sought to better understand medical students' attitudes toward prisoners and to discover whether those attitudes could be improved through a better understanding of prisoners as fellow human beings.

## Methods

The study was performed at a Midwestern Academic Medical Center. This facility regularly cares for prisoners in both the inpatient and outpatient settings. All medical students ( $n = 625$ ) enrolled at the study site were sent an email inviting them to participate in the study.

### Study procedures

This study employed a brief survey at two time points and randomization to a publicly available clip from a documentary about prisoners. The baseline survey contained the Attitudes Toward Prisoners

Scale followed by two open-ended and two closed-ended questions asking about personal attitudes and experiences regarding prisoners.

Melvin et al. [13] developed the Attitudes Toward Prisoners Scale (ATPS) to measure general feelings about prisoners on a 5-point Likert scale. The scale has 36 statements; 19 reflecting a negative attitude toward prisoners (e.g., "prisoners never change") and 17 denoting a positive attitude (e.g., "prisoners are no better or worse than other people") [14, p. 380]. The total score ranges from zero being the most negative to 144 being the most positive [14]. Positive ATPS scores "...suggest that prisoners are viewed as normal persons capable of positive change, whereas negative scores reflect the view that prisoners are basically deviant individuals incapable of positive change [15, p. 2]." There is evidence to support the scale's reliability and validity [14].

The ATPS has been administered to prisoners [15], employees of the prison system [15], college students [15], community members [13], nurses working in correctional health facilities [12], and criminal justice professionals [16]. We were unable to identify a study in which the ATPS has been administered to medical students.

Participants were randomized to the intervention (the video clip) or the control group (no video clip). Those receiving the intervention were directed to the video immediately after submitting their baseline survey. The intervention consisted of a brief (7 minutes, 40 seconds) clip from a documentary ("True Grit Inmates, Northern Nevada Correctional Centre") that introduced the prisoner voice [17]. It depicts several prisoners sharing their stories about life before prison, the crime for which they were convicted, how they felt about that crime, and life in prison. We chose this video clip because of its brevity and relative objectivity; that is, in our opinion, it neither hid nor overemphasized the nature of the prisoner's crime or sympathized their personal characteristics.

Three to four days after completing the baseline survey, participants were asked to complete a follow-up survey. The survey contained the ATPS and the same two open-ended questions from the baseline survey. The follow-up survey also included questions about how participation in the study affected their attitudes toward prisoners and thoughts about the video clip (intervention group only) and prisoners who commit violent crimes in general (control group only).

Participation in the study took 15 to 30 minutes. All participants received a \$10 gift card upon completing the study.

### Data management and statistical analysis

All data were downloaded from Qualtrics (Provo, UT) and maintained in Microsoft Excel 2010. Quantitative data were analyzed in SPSS version 21 (IBM Corp., Armonk, NY). The chi-square test was performed to examine the relationship between self-perceived attitude change (greatly/moderately vs. not significantly/not at all) and randomization to the video intervention. Mean scores from the ATPS baseline for each group were compared using the Student's *t*-test. A one-way analysis of covariance (ANCOVA) was performed to compare the T2 mean scores of the intervention group to the control group (using the T1 mean scores as a covariate to control for any differences. Alpha was set at 0.05 and all tests of significance were two-tailed).

Responses to open-ended questions were analyzed by two coders using conventional content analysis. The codebook was created during the analysis period and the themes emerged directly from the data, and not from existing theories or previous research [18]. The coders met together and with a third person to review their themes and resolve any discrepancies. Few coding discrepancies were noted.

## Results

Participants were evenly dispersed among years in medical school with 21% in their first year, 24% in their second year, 31% in their third year, and 24% in their fourth year. Slightly more females (59%) completed the study. Participants were predominantly Caucasian (78%) (See Table 1)

Out of 194 students requesting a link to the baseline survey, 169 completed baseline and follow-up surveys between May 2, 2016 and June 2, 2016. Three surveys were removed from the intervention group and three from the control group due to incomplete data. A total of 163 students are included in our analysis; 80 in the intervention group (the video clip) and 83 in the control group (no video clip).

A total of 44% of participants reported personally knowing someone who was currently or had previously been incarcerated. We did not ask the nature of the offense. Sixty percent said that they had personally cared for a prisoner as a medical student (see Table 1). There were no statistically

significant differences at baseline (T1) between attitudes and year in medical school, personal experience with prisoners, or professional experience with prisoners.

The comparison at T1 between the intervention and control groups on the ATPS was not significantly different ( $p = 0.29$ ), though there was a small difference in their means (intervention = 100.8 (range 34–136); control = 97.2 (range 59–133). Therefore, ANCOVA was performed to compare the T2 mean scores of the intervention group (mean = 102.9; SD = 13.6) to the control group (mean = 97.5; SD = 16.3), using the T1 mean scores as a covariate to control for any differences. The intervention group reported significantly more favorable attitudes toward prisoners after the intervention compared to the control group ( $p = 0.02$ ), supporting our hypothesis. However, the effect size was small,

**Table 1.** Demographics.

	Control group (%)	Intervention group (%)	Total (%)
Year in Medical School			
First Year	15.7	26.3	20.9
Second Year	22.9	25.0	23.9
Third Year	39.8	21.3	30.7
Fourth Year	21.7	27.5	24.5
Gender			
Female	60.2	58.8	59.5
Male	39.8	40.0	39.9
Other	0.0	1.3	0.6
Race			
African-American	0.0	2.5	1.2
Native American /Alaska Native	1.2	0.0	0.6
Asian	13.3	15.0	14.1
Caucasian	79.5	76.3	77.9
Pacific Islander	0.0	0.0	0.0
More than one race	4.8	3.8	4.3
Other	1.2	2.5	1.8
Ethnicity			
Hispanic/Latino	2.4	6.3	4.3
Not Hispanic/Latino	97.6	93.8	95.7
Do you <u>personally know</u> of anyone who is currently or has ever been incarcerated?			
Yes			
No	43.9	45.0	44.4
Unsure	46.3	47.5	46.9
	9.8	7.5	8.6
Have you ever <u>personally cared for</u> a prisoner patient?			
Yes	56.6	63.8	60.1
No	39.8	33.8	36.8
Unsure	3.6	2.5	3.1

accounting for about 3% of the variance in the two groups on their T2 attitudes.

At T2, the intervention group was asked the following open-ended question: "What thoughts, if any, do you have about the video clip from 'Prisoners of Age'?" The qualitative responses were separated into three categories (1) overall impressions of the video clip; (2) emotional reaction to the video clip; and (3) discussed prisoner characteristics highlighted in the video clip. Slightly over half of students (52%) discussed their overall impressions with the majority of these students (34%) focusing on the position that the video clip presented a humanizing view of prisoners through their stories. A little greater than a third of students (39%) discussed the prisoner characteristics that they felt were highlighted in the video clip. The prisoner characteristics mentioned were fairly evenly distributed between remorse for a bad decision and capacity to change (19%), being a victim of circumstance (10%), and credibility of the stories (10%).

Finally, several students (9%) focused on their emotional reaction to the video clip, whether it be positive (4%), negative (2%), or neutral (2%). (See Table 2 for frequencies and participant quotes).

Students who viewed the video were significantly more likely to exhibit a moderate to great attitude change (29% vs 16%,  $p = 0.44$ ). In the intervention group, 23% of students felt that participation in the study had a positive effect on their attitudes (compared to 15% of controls); 55% felt that participation had neither a positive nor a negative effect on their attitudes (compared to 51% of controls); 21% felt that participation in the study made them stop and think about their attitudes but did not necessarily change them (compared to 26% in the control group); and 2% said that they had never given much thought to prisoners prior to the study (compared to 7% in the control group). There was no significant difference between the intervention and control groups. (See Table 3 for frequencies and participant quotes).

**Table 2.** Thoughts about the Video Clip (intervention group only).

Theme <sup>a</sup>	N (%)	Student quotes
Overall impressions of the video		
Humanizing	30 (34%)	<i>"It really presented a humanizing view of prisoners and their stories."</i> <i>"The crimes committed did disturb me, but the people telling their stories seemed like anyone else."</i>
Not representative	7 (8%)	<i>"I wish it would have shown more prisoners of color from inner city neighborhoods, because I feel it would have been a better representation of who prisoners actually are."</i> <i>"Lots of rapists in that video. Where were all the people in on drug charges?"</i>
Confusing/hard to follow	3 (3%)	<i>"Going back between and forth between prisoners was a little hard to follow, so it was hard to connect with any specific characters."</i>
General thoughts about prison system	6 (7%)	<i>"It made me think more about parole and if people should be released from prison later in life despite a life sentence."</i> <i>"I like the rehabilitation it highlighted."</i>
Expressed an emotional reaction to the video		
Positive	4 (4%)	<i>"I did not expect to connect so easily with prisoners convicted of murder. I felt empathy for them even as they described their crimes."</i>
Negative	2 (2%)	<i>"It actually made me have less sympathy towards prisoners."</i>
Neutral	2 (2%)	<i>"I didn't perceive a huge emotional reaction to the video. Perhaps it humanized some of the prisoners a bit more. In other ways it seemed strange that some of the prisoners could talk about murder so nonchalantly."</i>
Discussed prisoner characteristics highlighted in the video		
Often victims of circumstance	9 (10%)	<i>"The video clip...really emphasized the circumstances that can lead to incarceration."</i>
Have the capacity to change/feel remorse	17 (19%)	<i>"I enjoyed the video and thought it told a powerful story of prisoners who understood their crimes and regretted that bad decision they made. It showed that prisoners do have the capacity to change and are not just bad people destined to commit more crimes in the future."</i>
Credibility of prisoner stories/honesty	9 (10%)	<i>"I appreciated the honesty each of them demonstrated with their responses."</i> <i>"It was enlightening to listen to stories from the prisoner's perspective, although I did catch myself wondering if I could trust everything they said."</i>

<sup>a</sup>Student responses may have been coded for more than one theme.

**Table 3.** Self-perceived attitude change after participation in the study (intervention vs. control group).

Theme	Intervention group N (%)	Control group N (%)	Student quotes
Positive effect	14 (23%)	11 (15%)	<i>CONTROL: "Before this study, I believe I had a tendency to group all prisoners into one group of violent criminals. This study helped me think more critically about the situation that many prisoners are in and it helped me understand that prisoners have feelings/needs/basic rights just like everybody else." INTERVENTION: "It has mostly affected my attitudes in so that I took time from my day to consciously think about my attitudes towards prisoners. It also made me feel a bit shameful about some of my deeply seeded prejudices towards prisoners."</i>
Neither a positive nor a negative effect	34 (55%)	37 (51%)	<i>CONTROL: "My perspective was not swayed in one way or another. I did not gain new information about prisoners." INTERVENTION: "I feel the same as I did before and after the video. I think my attitudes towards prisoners would be more affected by meeting and knowing prisoners personally."</i>
Made me stop and think about my attitudes, but has not necessarily changed them	13 (21%)	19 (26%)	<i>CONTROL: "It has made me think about my attitudes toward prisoners, which I normally would not do, but it has not necessarily changed any of my attitudes." INTERVENTION: "It may not have changed my attitudes as much as it made me reflect on and acknowledge the fact that I have more reservations than I thought regarding the nature and intentions of prisoners."</i>
Never gave it much thought	1 (2%)	5 (7%)	<i>CONTROL: "I haven't thought about my attitude about prisoners much so this just gave me an opportunity to stop and really think about it."</i>

## Discussion

This study is among the first to demonstrate that a brief video intervention coupled with attitudinal assessments can shift medical students' perceptions of prisoners in a direction better aligned with the Hippocratic ideal of caring for all patients equally well. Educational research in this field has used more resource-intensive sorts of interventions, such as interviewing a simulated prisoner patient [19] and a clinical rotation in the prison setting [20]. Our study differs in design by using a fairly simple and easily-reproducible "tool," namely, a video segment of the kind that is relatively common.

Three key concepts underlie the present work: (1) the principle of equivalence of care, (2) the virtue of compassion, and (3) consciousness-raising. The literature on the principle of equivalence of care focuses largely on access and delivery of healthcare services [3,21]. We found no mention of equivalence with respect to the quality of healthcare services. This is concerning since the goal of medicine is impartiality and compassion for all patients, regardless of social situation. We propose that more attention should be paid to the equivalence of quality in healthcare, which includes the provision of compassionate care.

The virtue of compassion is defined as "...an attitude of active regard for another's welfare with an imaginative awareness and emotional response of sympathy, tenderness, and discomfort at another's misfortune or suffering [22, p. 37]." It has clinical utility in the effort to ease another person's pain or distress [23].

The provision of compassionate care to prisoner-patients is always possible. Consider, for example, the development of hospice and palliative care in many prisons as a compassionate response to the suffering of prisoners with terminal illness [24]. However, it may still be challenging to always provide compassionate care, and it may require more commitment and reflection on personal attitudes by the HCP. Prisoners exemplify a patient group to which HCPs may be reluctant to give equivalent care, owing to fear and/or moral judgment. Compassion may help one to wrestle with this fear or tendency to judge; it is a moral muscle that may grow stronger with continued use.

Consciousness-raising is a way of taking moral responsibility for one's intended and unintended actions by learning how to regulate one's personal behaviors and becoming accountable for one's own actions [25, pp. 151,154]. Simply stated, it is a skill that increases self-awareness [23]. The brief video

intervention used in this study is an example of a consciousness-raising tool. Other examples of consciousness-raising tools include short films, reflective writing, or group dialogue [8].

This study had several limitations. First, it was conducted with medical students at a single academic medical center in the Midwest. However, this institution provides inpatient and outpatient care for prisoners from eight correctional facilities. Second, there may have been a self-selection bias by students who were already interested in the topic, or who already held positive attitudes toward prisoners. Interestingly, almost half of our participants (44%) reported personally knowing someone who was currently or had previously been incarcerated. Finally, the video was brief and did not portray a diverse prisoner population (e.g., no women, only one African-American). Also, all prisoners in this video clip were convicted of violent crimes, which is not representative of the full range of crimes for which prisoners are convicted in the U.S.

In conclusion, implicit biases against prisoners may negatively impact the quality of care prisoners receive. The inclination to stigmatize prisoners as morally deviant or corrupt, fear of prisoners, and other factors can be seen as a justification for lack of equivalent compassion and suboptimal medical care. HCPs and trainees working in the hospital setting need to be cognizant of their implicit biases toward prisoners and have tools for tackling these perceptions. The results from this study indicate that introducing medical students to prisoners via a video that depicted them as fellow human beings, without excusing their actions, can lead to attitudinal adjustments more in line with the Hippocratic ideals to which the medical students should be aspiring. Unlike other interventions, a video, such as the one we used in this study, can be easily incorporated into medical school training in order to positively impact attitudes toward prisoners.

This study is a first step in exploring medical students' attitudes toward prisoners and the effectiveness of video material in shifting attitudes and behaviors toward prisoner care. Next steps include finding ways of optimizing the effectiveness of video interventions and comparing their effects to other interventions, such as prisoner panels. Video interventions grounded in concepts of equivalence, compassion, and consciousness-raising could also be used to promote care of other marginalized or vulnerable populations.

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## Other disclosures

None.

## Ethical approval

Approval for this project was obtained from the University of Iowa's Biomedical Institutional Review Board, which found the project to be expedited and granted a waiver of documentation of consent (4/13/16, IRB #201604747).

## Disclaimers

Not applicable.

## Previous presentations

An earlier iteration of this manuscript was presented at the 2017 American Society in Bioethics and Humanities annual meeting. This manuscript has not been published elsewhere nor has it been submitted simultaneously for publication somewhere else.

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