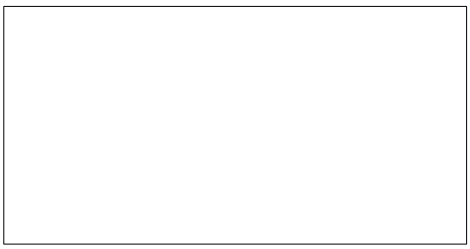

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Review

End-of-life care for forensic psychiatric patients: Ethical, legal, and systemic challenges in integrating palliative approaches

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ABSTRACT

End-of-life (EOL) care for patients with serious mental illness (SMI) in forensic mental health settings remains a critical yet underexplored area of healthcare. Individuals with SMI experience significant health disparities, including reduced life expectancy due to preventable chronic illnesses. These challenges are compounded in forensic settings by legal constraints, systemic neglect, and limited access to palliative care services. This narrative review examines the unique barriers to EOL care in forensic psychiatric institutions. Key issues explored include diagnostic overshadowing, restricted patient autonomy, and the absence of integrated palliative care models. Additionally, ethical and legal dilemmas, such as involuntary treatment and advance care planning (ACP), are analysed in the context of forensic mental health. Best practices for improving EOL care in forensic psychiatric settings include the integration of multidisciplinary palliative care teams, trauma-informed approaches, and the development of hospice and alternative care models. Policy and systemic recommendations highlight the need for early palliative care consultations, legal reforms that balance patient rights with public safety, and enhanced staff training in EOL care competencies. Despite these proposed interventions, significant gaps remain in research, particularly in evaluating the effectiveness of palliative interventions in forensic settings. Addressing these gaps is crucial to ensuring forensic psychiatric patients receive compassionate, dignified, and ethically sound EOL care.

1. Introduction

The intersection of serious mental illness (SMI), forensic involvement, and chronic medical conditions presents a significant challenge for end-of-life (EOL) care.[1] Individuals with schizophrenia, bipolar disorder, and other severe psychiatric disorders often have reduced life expectancy due to higher rates of cardiovascular disease, diabetes, cancer, and other chronic conditions.[2,3] Additionally, forensic mental health patients face unique barriers related to legal restrictions, stigma, and systemic neglect.[4]

Forensic mental health patients, by definition, are individuals with psychiatric disorders who have been involved in the criminal justice system, either due to offenses committed while experiencing symptoms of their illness or because of being deemed incompetent to stand trial.[5,6] This population often endures prolonged institutionalization in secure psychiatric hospitals, prisons, or other forensic settings, where access to comprehensive medical care, including palliative and EOL care, can be inconsistent or inadequate [7–9]. Studies indicate that people with SMI are significantly less likely to receive preventative healthcare interventions, leading to late-stage diagnoses of chronic illnesses and reduced opportunities for optimal disease management [10–12]. When these conditions progress to life-threatening stages, forensic patients often experience fragmented care pathways, raising ethical and legal questions about how best to ensure dignity and symptom relief in their final stages of life.[13]

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In many forensic settings, medical care is structured around risk management, institutional security, and psychiatric stabilization rather than long-term medical management or compassionate EOL care.[14,15] The forensic framework prioritizes public safety and legal considerations, which can inadvertently overshadow the patient's autonomy and healthcare rights. For example, individuals in these settings may have complex guardianship arrangements, with legal representatives or mental health tribunals making medical decisions on their behalf.[16,17] This can lead to ethical dilemmas when patients with advanced illnesses express preferences about their EOL care that conflict with institutional policies or legal mandates.[17] Furthermore, the restrictive nature of forensic settings can limit access to palliative care specialists, hospice services, and community-based programs, resulting in suboptimal pain management and psychological distress for terminally ill patients.[18]

Compounding these challenges is the high prevalence of cognitive impairment, substance use disorders, and trauma histories among forensic psychiatric patients, all of which can impact their ability to engage in EOL discussions and participate in advance care planning (ACP).[19] Many patients with SMI have difficulty understanding complex medical information or expressing future healthcare preferences, particularly in forensic contexts where trust in medical and legal authorities may be low.[20] Consequently, ACP, a critical component of patient-centred palliative care, is often underutilized in forensic settings, leaving patients vulnerable to receiving aggressive medical interventions that may not align with their wishes.[21,22]

The lack of standardized guidelines for palliative and EOL care within forensic mental health settings exacerbates these challenges.[23] While general psychiatric hospitals and long-term care facilities have made strides in integrating palliative approaches into mental health care, forensic settings have lagged due to legal constraints, institutional priorities, and limited resources.[24] Existing research on EOL care for forensic patients remains sparse, with most studies focusing on general populations with SMI rather than those within secure settings.[25] This knowledge gap hinders the development of tailored interventions and policies aimed at ensuring humane and ethically sound care for forensic psychiatric patients with terminal illnesses.

Forensic psychiatric patients with serious mental illness (SMI) and co-occurring chronic conditions face significant barriers to receiving adequate end-of-life (EOL) care, including legal constraints, institutional limitations, and systemic neglect.[26] Despite the increasing recognition of health disparities among individuals with SMI, forensic settings lack standardized guidelines and integrated palliative care approaches, leading to inadequate pain management, limited patient autonomy, and ethical dilemmas regarding medical decision-making.[1,27] This narrative review is justified by the urgent need to address these gaps, ensuring that forensic psychiatric patients receive dignified and compassionate EOL care. The review aims to explore the challenges, ethical considerations, and best practices in providing palliative care to this population, while identifying systemic and institutional barriers that hinder effective care delivery. The key objectives include examining the prevalence of chronic medical conditions in forensic psychiatric patients, assessing legal and ethical challenges, evaluating the role of advance care planning, reviewing existing palliative care models, and proposing evidence-based recommendations to improve EOL care in forensic mental health settings. By addressing these objectives, this review seeks to inform policy reforms, enhance clinical practices, and advocate for a patient-centred approach to EOL care in forensic institutions.

2. Epidemiology and health disparities

2.1. Life expectancy and mortality in forensic psychiatric patients

Individuals diagnosed with serious mental illnesses (SMIs), such as schizophrenia and bipolar disorder, consistently exhibit a reduced life expectancy compared to the general population.[28] This disparity, ranging from 10 to 25 years, is primarily attributed to preventable chronic diseases, including cardiovascular disorders, diabetes, and respiratory illnesses.[12] In forensic psychiatric settings, where patients have concurrent legal and mental health challenges, additional factors exacerbate this mortality gap.[29,30]

Forensic psychiatric patients often experience prolonged institutionalization, which, while providing structured environments, may inadvertently limit access to comprehensive preventive healthcare services.[14] Extended stays in secure facilities can lead to physical inactivity, poor nutrition, and increased susceptibility to chronic health conditions.[15,31] Moreover, the focus on managing psychiatric symptoms and ensuring security may overshadow the need for routine medical screenings and health-promoting activities, further elevating the risk of morbidity and mortality.[32,33]

Polypharmacy, the concurrent use of multiple medications, is prevalent in this population due to the complexity of treating co-occurring psychiatric and medical conditions.[34,35] While necessary for managing diverse symptoms, polypharmacy increases the risk of adverse drug interactions, medication non-adherence, and exacerbation of physical health issues.[36] For instance, certain antipsychotic medications are associated with metabolic side effects, such as weight gain and insulin resistance, which heighten the risk of developing diabetes and cardiovascular diseases.[37]

Substance use disorders (SUDs) further compound the health challenges faced by forensic psychiatric patients.[38] Studies have identified SUDs as a significant contributor to increased mortality in this group, with substance abuse linked to both natural causes, such as exacerbation of chronic diseases, and unnatural causes, including accidents and suicides.[39] The co-occurrence of SUDs with SMIs necessitates integrated treatment approaches that address both mental health and substance use to mitigate the heightened mortality risk.[39]

Recent research underscores the importance of treatment duration in influencing post-discharge outcomes. A Finnish study found that longer inpatient treatment periods were associated with reduced post-discharge mortality among forensic psychiatric patients, particularly males and those with SUDs.[40] However, extended hospitalization must be balanced against potential drawbacks, such as institutionalization and loss of autonomy. These findings highlight the need for individualized treatment plans that consider both the benefits of prolonged care and the importance of patient independence and community reintegration.[41,42]

In summary, forensic psychiatric patients with SMIs face a multifaceted array of challenges that contribute to reduced life expectancy. Addressing these disparities requires a holistic approach that integrates mental health care with proactive management of physical health, careful medication oversight, substance use treatment, and consideration of the impacts of institutionalization. Such comprehensive strategies are essential to improve health outcomes and reduce premature mortality in this vulnerable population.

2.2. Barriers to accessing EOL care

Accessing end-of-life (EOL) care presents unique challenges for forensic psychiatric patients, stemming from a combination of clinical, legal, and systemic factors.[27,43] These barriers often result in suboptimal care during critical phases of a patient's life, underscoring the need for targeted interventions to address these multifaceted issues.

2.2.1. Diagnostic overshadowing

A significant barrier to appropriate EOL care is diagnostic overshadowing, where healthcare providers attribute physical health symptoms to a patient's psychiatric condition, leading to misdiagnosis or delayed treatment.[25] This misattribution can result in the under-treatment of serious medical conditions, as physical ailments may be overlooked or dismissed as manifestations of mental illness.[25,44] Consequently, patients may not receive timely interventions for conditions that significantly impact their quality of life and longevity.[45]

Addressing this issue requires comprehensive training for healthcare providers to differentiate between psychiatric and medical symptoms effectively.[46]

2.2.2. Limited autonomy

Forensic psychiatric patients often experience diminished autonomy in making healthcare decisions, particularly concerning EOL care. Legal constraints, such as involuntary commitment and guardianship arrangements, necessitate involvement from courts or legal representatives in medical decision-making processes.[47,48] This legal oversight can complicate and prolong the implementation of EOL care plans, potentially conflicting with the patient's personal wishes.[49] The lack of patient-centred decision-making may lead to ethical dilemmas and reduced satisfaction with care [50–52]. Enhancing patient autonomy involves legal reforms and the incorporation of advance care planning to respect and uphold the preferences of individuals within these settings.

2.2.3. Systemic neglect

Many forensic institutions lack integrated palliative care services, resulting in inadequate symptom management and increased distress during the EOL phase.[18] The primary focus of these facilities is often on security and psychiatric stabilization, with limited resources allocated for comprehensive medical or palliative care.[53] This systemic neglect can lead to environments where the physical discomfort and emotional needs of terminally ill patients are insufficiently addressed. Implementing palliative care programs within forensic settings is essential to provide holistic care that encompasses both mental and physical health needs, ensuring that patients receive compassionate and appropriate support as they approach the end of life.[24]

Addressing these barriers necessitates a multifaceted approach that includes specialized training for healthcare providers, legal reforms to enhance patient autonomy, and systemic changes to integrate palliative care into forensic mental health services. By confronting these challenges, it is possible to improve the quality of EOL care for forensic psychiatric patients, ensuring they receive dignified and compassionate support during their final stages of life.

3. Ethical and legal considerations

End-of-life (EOL) care for forensic psychiatric patients encompasses complex ethical and legal considerations, particularly concerning decision-making capacity and the utilization of advance directives.[54,55] These challenges are compounded by the unique intersection of mental health issues and legal constraints inherent in forensic settings.

3.1. Decision-making capacity and advance directives

Forensic psychiatric patients undergo assessments to determine their ability to make medical decisions.[56] It is crucial to distinguish that decision-making capacity is a clinical judgment, whereas competence, including *compos mentis* (soundness of mind), is a legal determination made by courts.[57] Importantly, the presence of serious mental illness (SMI) does not automatically render an individual incapable of making valid end-of-life decisions. Rather, capacity must be assessed on a case-by-case basis, and courts play a vital role in determining whether a forensic psychiatric patient possesses the requisite mental capacity to provide informed consent for EOL care.[57] Many individuals with serious mental illness (SMI) can make informed choices, but forensic settings introduce complexities such as involuntary commitment or court-appointed guardianships, potentially overriding patient autonomy.[57] In jurisdictions worldwide, legal frameworks require that when a patient's capacity to consent is questioned, regardless of their psychiatric diagnosis, the court conducts a formal assessment of their *compos mentis* to determine their eligibility to make testament or provide valid consent for medical interventions, including EOL decisions. These legal constraints can lead to ethical dilemmas where patient preferences are disregarded, misaligning care with their values.

The legal process for determining decision-making capacity in EOL care typically involves psychiatric evaluation, judicial review, and appointment of legal representatives or guardians when necessary. This procedural safeguard exists to protect patients' rights while ensuring that those who genuinely lack capacity receive appropriate substitute decision-making support. ACP, which involves discussing and documenting future healthcare preferences, is underutilized in forensic psychiatric settings.[58,59] Barriers include misconceptions about patients' ability to participate and inadequate clinician training.[60] Research shows that individuals with SMI can effectively engage in ACP, including psychiatric advance directives (PADs), which outline treatment preferences in case of future incapacity.[61] However, PADs face systemic challenges and lack widespread adoption. Addressing these issues requires clinician education on assessing decision-making capacity and facilitating ACP discussions.[62,63] Legal reforms should emphasize the importance of individualized capacity assessments rather than blanket assumptions based on psychiatric diagnoses, ensuring that courts conduct thorough evaluations of *compos mentis* in all EOL decision-making contexts. Legal reforms that support patient autonomy, where possible, can help ensure their preferences are respected. Integrating PADs into forensic psychiatric care can provide a structured way to honour patients' end-of-life (EOL) wishes, improving care quality.[64]

3.2. Involuntary treatment and palliative care

EOL care for forensic psychiatric patients presents ethical and legal challenges, especially when patients refuse treatment.[65] The principle of autonomy allows competent individuals to decline care, but determining competence in SMI patients is complex. Courts must evaluate whether a patient possesses *compos mentis* at the time of EOL decision-making, a determination that is independent of their underlying psychiatric diagnosis. Some patients retain decision-making capacity, while others do not due to their condition.[61,66] Clinicians must balance respect for autonomy with beneficence, acting in the patient's best interest.[67] This dilemma is particularly significant when refusal leads to severe health deterioration or death[68] Healthcare providers should recognize that legal capacity assessments are distinct from clinical diagnoses, and patients with SMI who are determined by courts to have decision-making capacity must have their EOL preferences respected, even when those preferences conflict with medical recommendations. Providers must assess capacity thoroughly and weigh the benefits and harms of overriding patient refusal while maintaining ethical standards.[69]

Legal interventions may mandate life-sustaining treatments when a patient's refusal stems from impaired judgment due to mental illness.[70] However, such interventions can only be justified when a court has formally determined that the patient lacks *compos mentis* for making EOL decisions. Courts can override patient wishes to preserve life, even when it conflicts with palliative care principles, which prioritize symptom management and quality of life over prolonging life at all costs.[71] Critically, this legal authority should be exercised judiciously and only after comprehensive psychiatric and judicial evaluation confirms the patient's inability to provide valid consent. For example, a court-ordered feeding tube for an anorexia nervosa patient may resolve immediate medical concerns but contradict the patient's wishes and palliative philosophy [72–74].

Navigating these challenges requires careful capacity assessment, open communication, and collaboration with legal authorities. Healthcare providers should advocate for ACP in forensic settings, allowing patients to define their EOL preferences[75,76]. Legal frameworks must clearly delineate the process for capacity determination, ensuring that all patients, regardless of psychiatric history, receive fair and individualized evaluation of their *compos mentis* before any EOL decisions are made on their behalf. Establishing clear legal frameworks that balance patient autonomy with protection for those lacking capacity is essential.[77,78] A nuanced approach can help deliver compassionate, ethical,

and legally sound EOL care for forensic psychiatric patients. The decision-making process for end-of-life care in forensic psychiatric settings involves a complex interplay of ethical and legal considerations (Fig. 1). This process begins with assessing the patient's decision-making capacity and extends to implementing ethical palliative care, while navigating potential legal interventions and respecting patient autonomy where possible.

4. Best practices for EOL care in forensic mental health settings

Implementing effective end-of-life (EOL) care within forensic mental health settings necessitates a multidisciplinary approach that addresses the complex interplay of psychiatric, medical, legal, and ethical factors unique to this population.[27] Collaborative efforts among diverse professionals are essential to provide holistic and compassionate care to patients with serious mental illness (SMI) facing terminal conditions.[79,80]

4.1. Multidisciplinary palliative care teams

The integration of multidisciplinary teams (MDTs) in forensic mental health settings is essential for delivering comprehensive end-of-life (EOL) care.[81] These teams typically include psychiatrists, palliative care specialists, forensic nurses, social workers, and legal advisors, ensuring a holistic approach to patient needs. Collaborative decision-making enables the management of psychiatric symptoms, physical discomfort, and legal complexities, enhancing quality of life. Studies show MDTs improve outcomes by fostering cohesive care strategies and clear communication.[82,83] Multidisciplinary teams in forensic mental health combine diverse professionals and focus on training, collaboration, cultural care, and support to improve end-of-life care (Fig. 2).

a. **Training in Palliative Care Principles:** Equipping forensic mental health staff with palliative care skills is vital. Targeted training enhances competencies in symptom management, ethical decision-making, and culturally sensitive communication.[84] Programs focusing on palliative psychiatry help clinicians manage persistent symptoms and facilitate advance care planning for patients with serious mental illness (SMI).[85,86] Research suggests such training improves patient care while boosting staff confidence and job satisfaction.[85]
b. **Ethical and Legal Collaboration:** Legal professionals play a crucial role in MDTs, helping navigate involuntary treatment orders, capacity assessments, and advance directives.[87,88] Collaboration ensures EOL care plans are ethically sound and legally compliant, safeguarding patient rights while meeting institutional obligations. Studies highlight this partnership's role in resolving ethical dilemmas and delivering patient-centred care within legal constraints.[89]
c. **Cultural Competence and Inclusivity:** Recognizing diverse cultural backgrounds is imperative for respectful and effective EOL care. MDTs must be trained to acknowledge cultural differences in health beliefs, communication, and decision-making.[90,91] Culturally competent palliative care improves engagement, adherence to care plans, and overall satisfaction. Studies indicate such approaches reduce health disparities and strengthen the therapeutic alliance.[92,93]
d. **Continuous Evaluation and Support:** Regular debriefings and emotional support for MDT members mitigate burnout and enhance resilience.[94] Structured reflections and peer support improve staff retention and care quality. Evidence suggests that a supportive work environment contributes to better patient outcomes.[95]

4.2. Trauma-informed EOL care

Implementing trauma-informed EOL care in forensic mental health settings is crucial due to the high prevalence of trauma histories among patients.[96,97] This approach acknowledges past trauma's impact on health and behaviour, ensuring care is delivered with safety, trust, and empowerment.[98] Integrating these principles enhances patient comfort and dignity in their final stages. Trauma-informed end-of-life care includes recognizing trauma, providing sensitive care, ensuring patient choice, and training staff (Fig. 3).

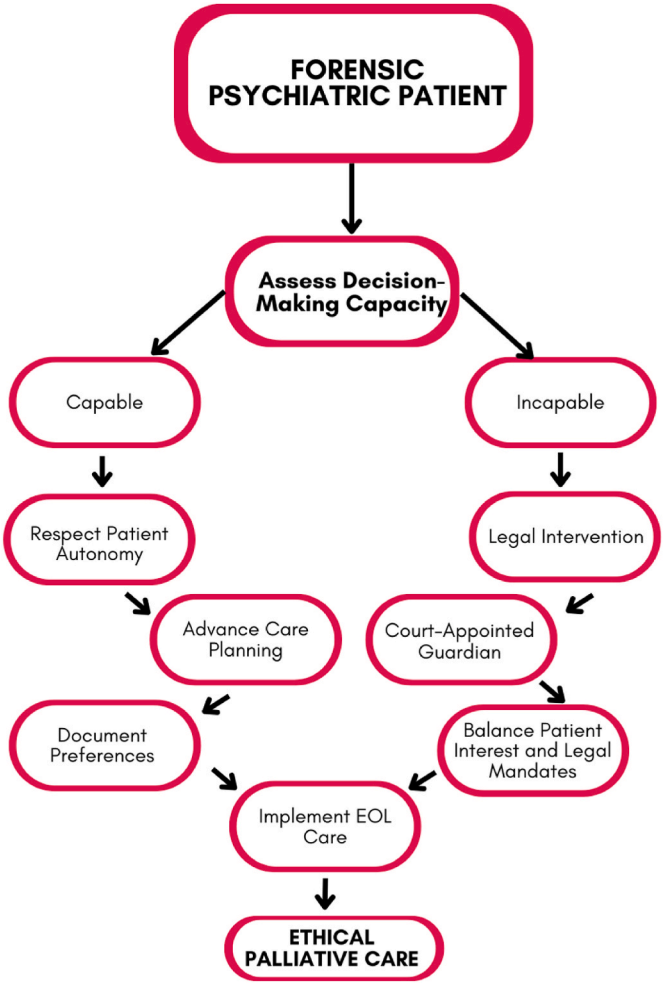

Fig. 1. Simplified flowchart of ethical and legal considerations in end-of-life care for forensic psychiatric patients.

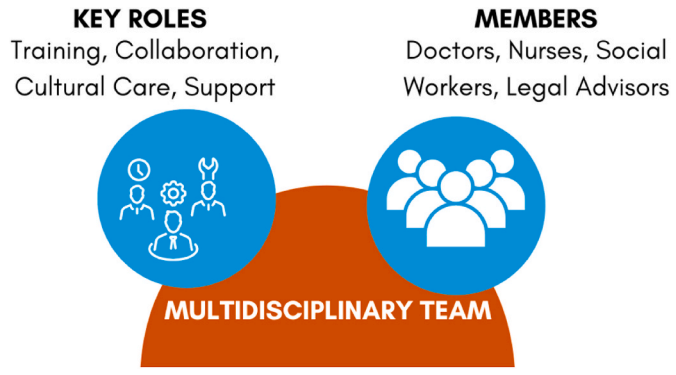

Fig. 2. Simplified structure and roles of multidisciplinary teams in forensic mental health.

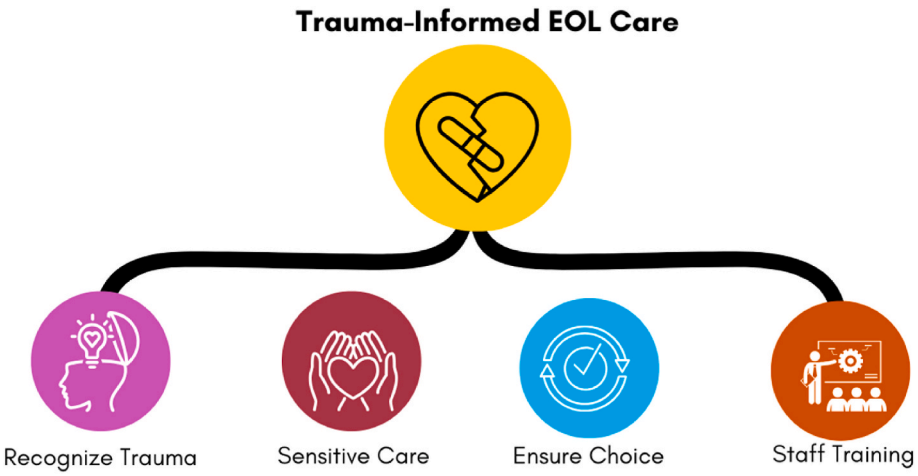

Fig. 3. Key components of trauma-informed end-of-life care.

a. **Recognizing Trauma Histories:** Many forensic patients have experienced significant trauma, including abuse and systemic injustices, which influence their responses to medical care.[99] Providers must recognize trauma signs and tailor interventions to prevent distress and re-traumatization. For example, patients with abuse histories may exhibit heightened anxiety during medical procedures.[100] Acknowledging their trauma allows for compassionate, individualized care.
b. **Sensitive Pain Management and EOL Discussions:** Effective pain management is central to compassionate EOL care, but trauma survivors may experience distress due to medical interventions.[101] Trauma-informed strategies, such as explaining procedures, obtaining explicit consent, and allowing patient control, help reduce anxiety.[102] EOL discussions should be approached with empathy, validating patient experiences to facilitate trust and engagement.[103]
c. **Avoiding Coercion and Ensuring Choice:** Autonomy and empowerment are fundamental in trauma-informed care.[104] In forensic settings, where patients may feel powerless due to legal constraints, actively involving them in care decisions is essential.[105] Providing clear options and respecting patient choices fosters dignity and ethical care.[13] For instance, if a patient refuses an intervention, exploring alternatives that align with their comfort maintains respect for autonomy.[106]
d. **Training and Organizational Support:** Ongoing training ensures staff understand trauma's impact, recognize responses, and apply trauma-informed care principles.[107,108] Institutional policies should support these practices by fostering a culture of safety and respect. Measures such as creating private spaces for sensitive discussions and flexible care routines enhance patient trust and well-being.[109]

4.3. Hospice and alternative care models

Providing effective EOL care in forensic mental health settings is challenging due to psychiatric, legal, and security constraints.[110,111] Innovative models such as in-house hospice programs and community hospice partnerships aim to deliver dignified, patient-centred EOL care.[112]

a. **In-House Hospice Programs:** Some forensic institutions establish in-house hospice units to provide specialized palliative care within secure settings.[113] These programs ensure continuity of care by multidisciplinary teams familiar with patients' psychiatric and medical histories, facilitating seamless symptom management and emotional support.[113] Research indicates that integrating palliative care into secure environments improves patient outcomes and satisfaction.[114]
b. **Partnerships with Community Hospices:** Collaborating with community hospice organizations allows forensic patients to receive specialized palliative care in dedicated facilities.[115] These partnerships require careful planning to address legal, ethical, and security concerns, ensuring compliance while delivering compassionate care.[53] Community hospices offer resources such as specialized equipment, trained palliative professionals, and comprehensive support services, bridging gaps in care.[116]
c. **Challenges and Considerations:** Legal constraints, such as court orders and guardianship issues, complicate decision-making and advance directive implementation.[117] Additionally, stigma surrounding mental illness and criminal history may affect provider attitudes and care quality.[118] Addressing these barriers requires clear policies prioritizing dignity, autonomy, and access to palliative care.[23] Training staff in both forensic and hospice settings fosters empathy and improves care delivery.[119,120]

In summary, adopting in-house hospice programs and community partnerships enhances EOL care for forensic psychiatric patients. While legal and security considerations must be addressed, these models offer compassionate, patient-centred solutions for a population with complex needs.

5. Policy and systemic recommendations

Integrating palliative care into forensic mental health services is essential to address the unique needs of patients with serious mental illness (SMI) facing life-limiting conditions.[53] Early palliative care consultations can significantly enhance the quality of life for these individuals by managing complex symptoms, providing psychosocial support, and facilitating advance care planning.[24] Establishing comprehensive guidelines that mandate timely palliative care interventions within forensic settings is crucial to ensure that patients receive holistic and compassionate care throughout their illness trajectory.

5.1. Integrating palliative care into forensic mental health services

5.1.1. Early palliative care consultation

Individuals with SMI often experience disparities in end-of-life care, including reduced access to palliative services and inadequate symptom management.[1] Implementing early palliative care consultations can address these gaps by proactively identifying and managing physical, emotional, and spiritual distress associated with life-limiting illnesses.[121] Early integration of palliative care has been shown to improve patient outcomes, enhance satisfaction with care, and reduce

unnecessary hospitalizations.[122] For forensic patients, initiating palliative care at the onset of a serious illness ensures that their unique psychiatric and legal needs are considered in the care plan, promoting a more personalized and effective approach.[24]

5.1.2. Comprehensive guidelines for forensic settings

The development of specific guidelines tailored to forensic mental health environments is imperative to standardize palliative care practices and ensure consistency across institutions.[123] These guidelines should outline protocols for early identification of palliative care needs, interdisciplinary collaboration, and culturally sensitive communication strategies. Incorporating input from psychiatrists, palliative care specialists, legal advisors, and nursing staff can create a holistic framework that addresses the multifaceted challenges faced by forensic patients.[24] Such guidelines not only enhance the quality of care but also provide clear directives for healthcare providers navigating the complex intersection of mental health, legal constraints, and end-of-life issues.

5.1.3. Training and education

Equipping forensic mental health professionals with the knowledge and skills necessary to deliver palliative care is a critical component of successful integration.[23] Targeted training programs can enhance clinicians' competencies in areas such as pain and symptom management, ethical decision-making, and effective communication with patients and families.[124,125] Education initiatives should also focus on recognizing and addressing the unique challenges that arise when providing palliative care to individuals with SMI, including potential difficulties in assessing decision-making capacity and navigating complex legal considerations. By fostering a workforce proficient in palliative care principles, institutions can improve patient outcomes and ensure that care delivery aligns with best practice standards.

5.1.4. Interdisciplinary collaboration

The complex needs of forensic patients necessitate a collaborative approach to care.[126] Establishing interdisciplinary teams that include mental health professionals, palliative care specialists, social workers, legal advisors, and spiritual care providers can facilitate comprehensive care planning and delivery.[127] Regular team meetings and case conferences allow for the sharing of diverse perspectives, ensuring that all aspects of a patient's well-being are addressed.[128] This collaborative model fosters cohesive care strategies, reduces the risk of fragmented services, and promotes a unified approach to managing the intricate interplay of psychiatric, medical, and legal issues inherent in forensic settings.

5.1.5. Policy development and advocacy

Institutional policies play a pivotal role in embedding palliative care into the fabric of forensic mental health services.[53] Advocating for policy changes that mandate early palliative care consultations for patients with life-limiting conditions can drive systemic improvements and ensure that palliative care becomes a standard component of comprehensive mental health care.[129,130] Engaging stakeholders, including healthcare providers, legal representatives, patients, and their families, in the policy development process can foster a shared commitment to enhancing end-of-life care.[131,132] Additionally, policies should address resource allocation, staff training requirements, and mechanisms for continuous quality improvement to sustain the integration of palliative care services effectively.[133,134]

In conclusion, the integration of palliative care into forensic mental health services through early consultation, comprehensive guidelines, targeted training, interdisciplinary collaboration, and supportive policies is essential to meet the complex needs of patients with SMI facing life-limiting illnesses. Such efforts ensure that these individuals receive compassionate, holistic, and dignified care throughout their illness journey.

5.2. Legal reforms and patient rights

Integrating palliative care into forensic mental health services necessitates legal reforms that balance public safety with the end-of-life (EOL) decision-making rights of patients.[135] Encouraging advance care planning (ACP) upon admission is a pivotal step in ensuring that patients' preferences are respected, thereby enhancing the quality of care and upholding patient autonomy within the constraints of forensic settings.[136]

5.2.1. Balancing public safety and patient-centred EOL decision-making

Forensic mental health patients often face legal restrictions that can impede their ability to participate fully in EOL decisions.[50,137] Legal frameworks must be reformed to explicitly recognize that the presence of serious mental illness (SMI) does not automatically invalidate a patient's capacity for medical decision-making. Instead, courts must conduct individualized assessments of *compos mentis* to determine whether each patient possesses the mental capacity to make informed EOL decisions.[138,139] The case of *Ms B v An NHS Hospital Trust* underscores the legal precedent that mentally competent patients have the right to refuse life-sustaining treatment, highlighting the necessity for legal systems to respect patient autonomy while ensuring public safety.[140] This principle applies equally to forensic psychiatric patients, provided they are determined by appropriate legal and clinical evaluation to have decision-making capacity for the specific EOL decisions at hand.

5.2.2. Encouraging advance care planning (ACP) upon admission

Implementing ACP at the point of admission allows forensic patients to articulate their preferences regarding EOL care before potential deterioration in their decision-making capacity.[141,142] Such advance planning is particularly important in forensic settings, where subsequent capacity assessments by courts may be required. When patients complete ACP while possessing *compos mentis*, these directives provide clear evidence of their wishes and can guide future legal determinations. Psychiatric Advance Directives (PADs) serve as legal instruments enabling patients to specify their treatment choices in advance, ensuring that their wishes are honoured even if they later lose the capacity to communicate them.[143] Despite their benefits, the uptake of PADs remains low, often due to a lack of awareness and systemic barriers.[144] Proactive engagement in ACP upon admission can mitigate these challenges, fostering a patient-centred approach that aligns treatment with individual values and preferences.

5.3. Staff Training and Organizational Support

Enhancing end-of-life (EOL) care in forensic mental health settings requires a multifaceted approach that includes comprehensive staff training and robust organizational support.[145] Equipping healthcare professionals with the necessary competencies ensures that patients with serious mental illness (SMI) receive compassionate and ethically sound care during their final stages of life.[1] Simultaneously, institutional policies must provide clear frameworks to guide ethical decision-making in palliative care, fostering an environment where patient dignity and autonomy are prioritized.

5.3.1. Integrating EOL care competencies into staff training

Forensic mental health professionals often encounter complex cases where psychiatric disorders intersect with terminal medical conditions.[146] To navigate these challenges effectively, it is imperative that EOL care competencies are embedded within staff training programs. This includes education on pain and symptom management, communication skills for discussing prognosis and care preferences, and understanding the legal and ethical aspects of EOL decisions.[147] A study examining staff experiences in providing palliative care within forensic settings highlighted the necessity for targeted training to enhance

confidence and competence in delivering EOL care.[53] Moreover, trauma-informed care principles should be incorporated into training curricula, acknowledging that many forensic patients have histories of trauma that can impact their responses to EOL care.[96,98] Training that emphasizes safety, trustworthiness, and patient empowerment can lead to more effective and compassionate care delivery.

5.3.2. *Institutional policies supporting ethical decision-making frameworks*

Organizational support is crucial in establishing and maintaining ethical standards in EOL care.[148] Institutions should develop and implement policies that provide clear guidelines for ethical decision-making, ensuring that patient rights and preferences are respected.[149] These policies might include protocols for advance care planning discussions upon admission, regular ethics committee consultations for complex cases, and mechanisms for involving patients in their care decisions to the greatest extent possible.[150,151]

The integration of procedural justice principles into forensic mental health services has been advocated to enhance patient engagement and autonomy.[152] By ensuring that patients perceive the decision-making processes as fair and transparent, institutions can improve trust and cooperation, which are essential for effective EOL care.[153]

In summary, the enhancement of EOL care in forensic mental health settings hinges on comprehensive staff training that encompasses both clinical and ethical competencies, supported by institutional policies that promote ethical decision-making and respect for patient autonomy. Such an integrated approach ensures that patients with SMI receive dignified and compassionate care at the end of life.

6. Conclusion

End-of-life (EOL) care within forensic mental health settings is a critical yet often overlooked aspect of healthcare, necessitating comprehensive strategies to address the unique challenges faced by this vulnerable population.[154] Individuals with serious mental illness (SMI) in these settings frequently encounter barriers to quality EOL care, including diagnostic overshadowing, limited autonomy, and systemic neglect.[25] To enhance the quality of death for these patients, it is imperative to implement integrated palliative care models, pursue legal reforms that uphold patient rights, and adopt trauma-informed approaches tailored to their specific needs.

The integration of palliative care into forensic mental health services ensures that patients with life-limiting conditions receive holistic and compassionate care.[24] Early palliative care consultations can significantly improve symptom management, address psychosocial concerns, and facilitate advance care planning, thereby enhancing the overall quality of life for these individuals.[155] Studies have demonstrated that such integration leads to better patient outcomes and satisfaction, underscoring the necessity of incorporating palliative care principles into forensic settings [156–158].

Balancing public safety with the preservation of patient autonomy requires thoughtful legal reforms.[159,160] Encouraging advance care planning upon admission empowers patients to articulate their preferences regarding EOL care, ensuring that their wishes are respected even if they lose decision-making capacity.[161] Legal frameworks should be adapted to support these practices, recognizing the rights of individuals with SMI to participate in their healthcare decisions. Such reforms not only uphold ethical standards but also contribute to more personalized and effective care delivery.

Many forensic patients have extensive histories of trauma, which can profoundly impact their experiences and responses to EOL care.[99,162] Implementing trauma-informed care involves recognizing the effects of past trauma and modifying care practices to avoid re-traumatization.[163] This approach emphasizes safety, trustworthiness, and patient empowerment, creating an environment where patients feel respected and understood. Incorporating trauma-informed principles into EOL care can lead to improved patient engagement and satisfaction, as well as more effective symptom management.

7. Limitations of the review

This integrative review provides insights into end-of-life (EOL) care for forensic psychiatric patients with serious mental illness (SMI) and co-occurring chronic conditions. However, several limitations highlight gaps in existing research and areas needing further study.

7.1. *Limited empirical research on forensic EOL care*

A major limitation is the scarcity of empirical studies on palliative and EOL care in forensic mental health settings. While extensive research exists in general psychiatric and correctional settings, forensic institutions have unique legal, ethical, and structural challenges that remain underexplored. The lack of standardized guidelines and data-driven evaluations makes it difficult to determine best practices and assess the effectiveness of current interventions.

7.2. *Variability in forensic mental health systems*

Forensic mental health services vary across jurisdictions, influenced by legal frameworks, healthcare systems, and institutional policies. This variability makes generalizing findings challenging. Differences in decision-making capacity laws, advance care planning (ACP) regulations, and patient rights impact EOL care delivery. While the review synthesizes multiple jurisdictions, contextual differences limit direct applicability in certain settings.

7.3. *Challenges in assessing patient preferences*

Many forensic psychiatric patients struggle to express EOL preferences due to cognitive impairments, psychiatric symptoms, or legal restrictions. The review highlights ACP and trauma-informed care, but evidence on effective patient engagement is limited. Further research is needed to enhance patient autonomy while ensuring public safety and legal compliance.

7.4. *Ethical and legal barriers to research*

Researching forensic psychiatric patients presents ethical and legal constraints. Issues such as obtaining consent, ensuring confidentiality in secure environments, and navigating legal complexities hinder data collection. Much of the existing literature relies on retrospective case studies, expert opinions, or extrapolations from broader psychiatric research, which may not fully capture forensic EOL care nuances.

7.5. *Lack of longitudinal studies*

Most studies are cross-sectional, offering only a snapshot of patient experiences and institutional practices. The absence of longitudinal research limits understanding of how palliative care interventions impact quality of life, symptom burden, and patient or family satisfaction over time. Without long-term outcome data, assessing the effectiveness and sustainability of EOL care models remains difficult.

8. Future directions

Future research should prioritize identifying and evaluating best practice models that integrate palliative care, legal considerations, and trauma-informed approaches within forensic mental health settings. Empirical studies are needed to assess the implementation and outcomes of palliative care programs in forensic psychiatric institutions, providing valuable data on their effectiveness in symptom management, patient satisfaction, and overall quality of life. Additionally, developing standardized guidelines for advance care planning (ACP) and ethical

decision-making in forensic EOL care will help ensure consistency in care provision while respecting patient autonomy. Exploring culturally and legally tailored approaches to integrating palliative care into diverse forensic settings can further enhance the relevance and applicability of interventions across different jurisdictions.

Another critical area of research involves investigating strategies to improve staff training and interdisciplinary collaboration, ensuring that healthcare providers are equipped to deliver patient-centred EOL care. This includes evaluating the role of multidisciplinary teams, in-house hospice programs, and community partnerships in optimizing care delivery. Furthermore, policy interventions aimed at standardizing EOL care practices within forensic settings should be explored to ensure that patients receive equitable and compassionate care regardless of institutional constraints. Addressing these gaps will contribute to the development of robust, evidence-based policies that promote humane, dignified, and ethically sound EOL care for forensic psychiatric patients.

In conclusion, tackling the multifaceted challenges of EOL care in forensic mental health requires a comprehensive approach that integrates palliative care services, enacts supportive legal reforms, and adopts trauma-informed care practices. By focusing on these areas and fostering targeted research, healthcare systems can enhance the quality of death for individuals with SMI, ensuring their dignity and autonomy are upheld in their final stages of life.

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Conflict of interest

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