

WHO WE ARE: The Medical Justice Alliance is a non-profit organization that mobilizes physicians who volunteer to protect the rights of those who are incarcerated. With over 240 volunteer physicians, MJA has worked on hundreds of cases for people in federal and state carceral facilities in 36 states, including those in the majority of U.S. states and the federal government. As physicians working on compassionate release cases, we recommend these best medical practices that should be adopted nationwide.

GENERAL QUALIFYING CONDITIONS: Most states require that an individual have either a **terminal illness** or a **significant disability/permanent incapacitation** to qualify for compassionate release. However, the criteria to meet these requirements are vague and physicians were not consulted in defining these conditions.

- **Terminal illness** should be defined as **having been diagnosed with an incurable disease**, without requiring a prognosis of death within a certain number of days, months, or years. Estimating a patient's remaining lifespan with any certainty is extremely difficult and many physicians will choose not to do so or will err on an unrealistically long estimation.
- **Significant disability/permanent incapacitation** should be defined as **being unable to perform without assistance one or more Activities of Daily Living ("ADLs")**. ADLs (i.e. eating, bathing, walking, toileting) are essential activities required to live independently and are the most medically-accurate way to assess a patient's disability status and ability to care for oneself within a carceral facility.

INITIATING REVIEW: Many states limit the initiation of a compassionate release application to healthcare providers within the carceral system, drastically reducing the number of patients who are considered for release each year. **Physicians in the community should have a clear mechanism for initiating a compassionate release application. Incarcerated people, their families, or a personal representative (including but not limited to attorneys) should also be able to initiate the application.** These applications should be given the same consideration and treatment as those initiated within the facilities.

WRITTEN DECISIONS AND APPEALS: If a compassionate release application is denied, the patient should receive a detailed decision in writing on what criteria they did not meet and why. This should include the specific medical conditions that did not meet the qualifications. The patient should also be given a chance to appeal this decision with a secondary opinion as to their medical condition or extent of disability by a physician.