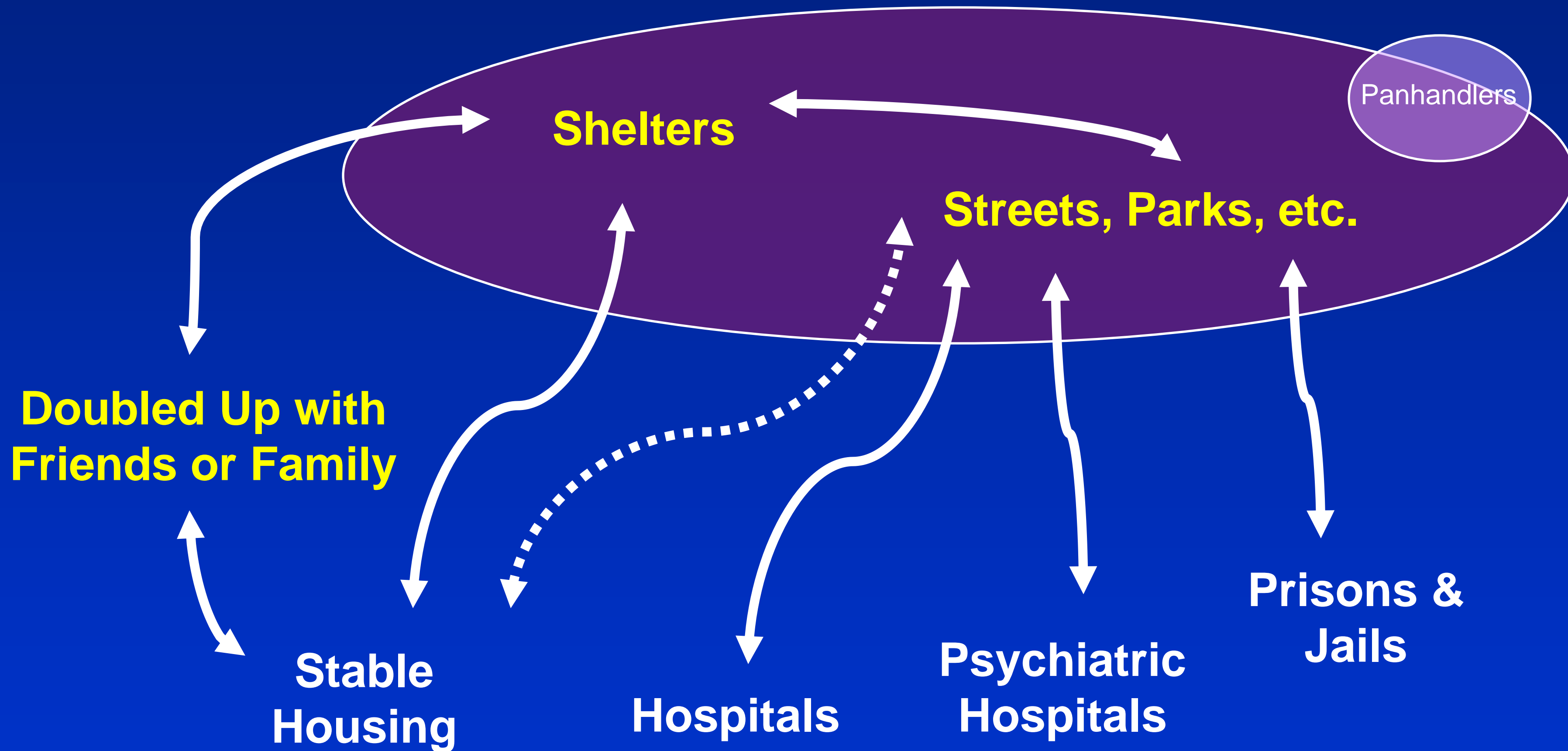
Homelessness & Palliative Care

Stephen Hwang, MD, MPH
Centre for Research on Inner City Health,
St. Michael's Hospital
Dept. of Medicine, University of Toronto

September 23, 2010

Homelessness & Housing Transitions



Adapted from S. Kertesz

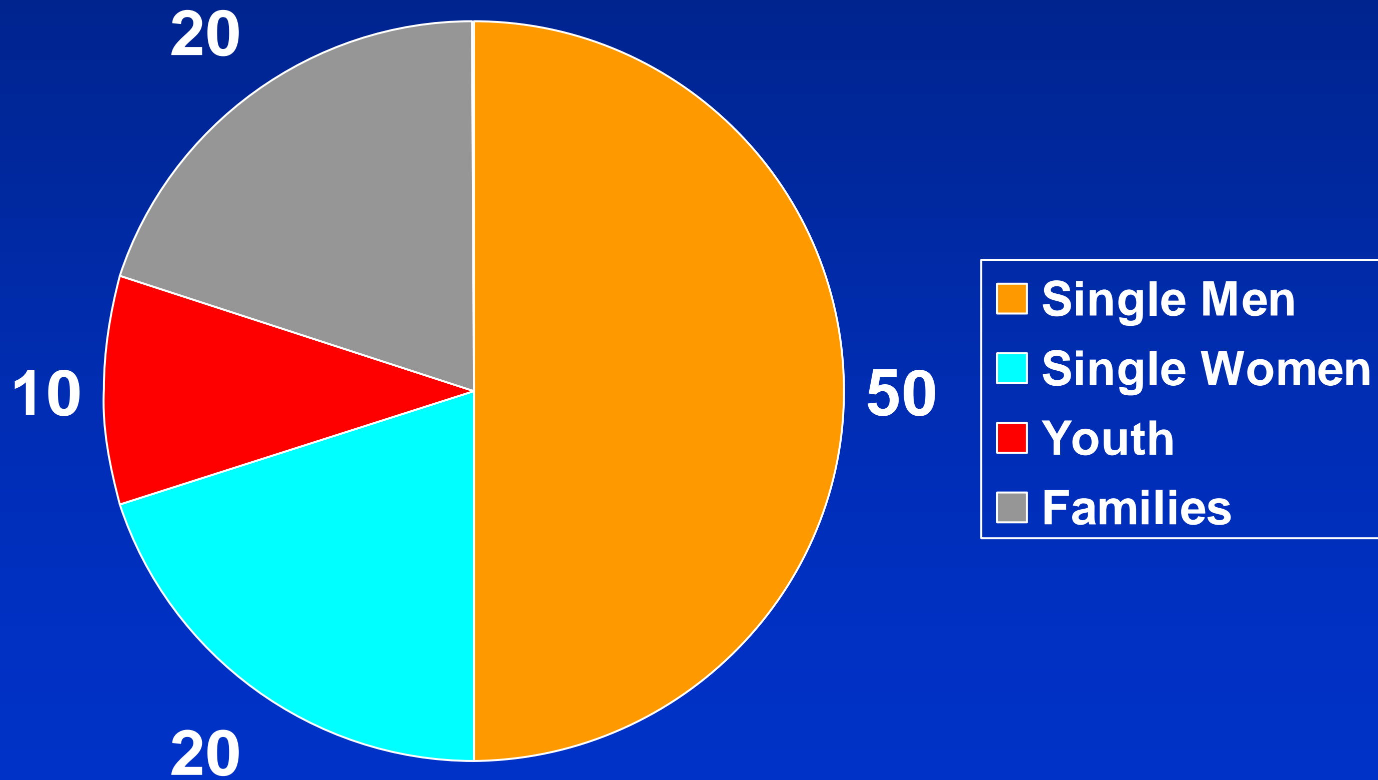
Homelessness in Canada

- 2002 Telephone survey
- 7.5% homeless in their lifetime
- 2% homeless in the last 5 years
- Extrapolates to 500,000 Canadians homeless over last 5 years

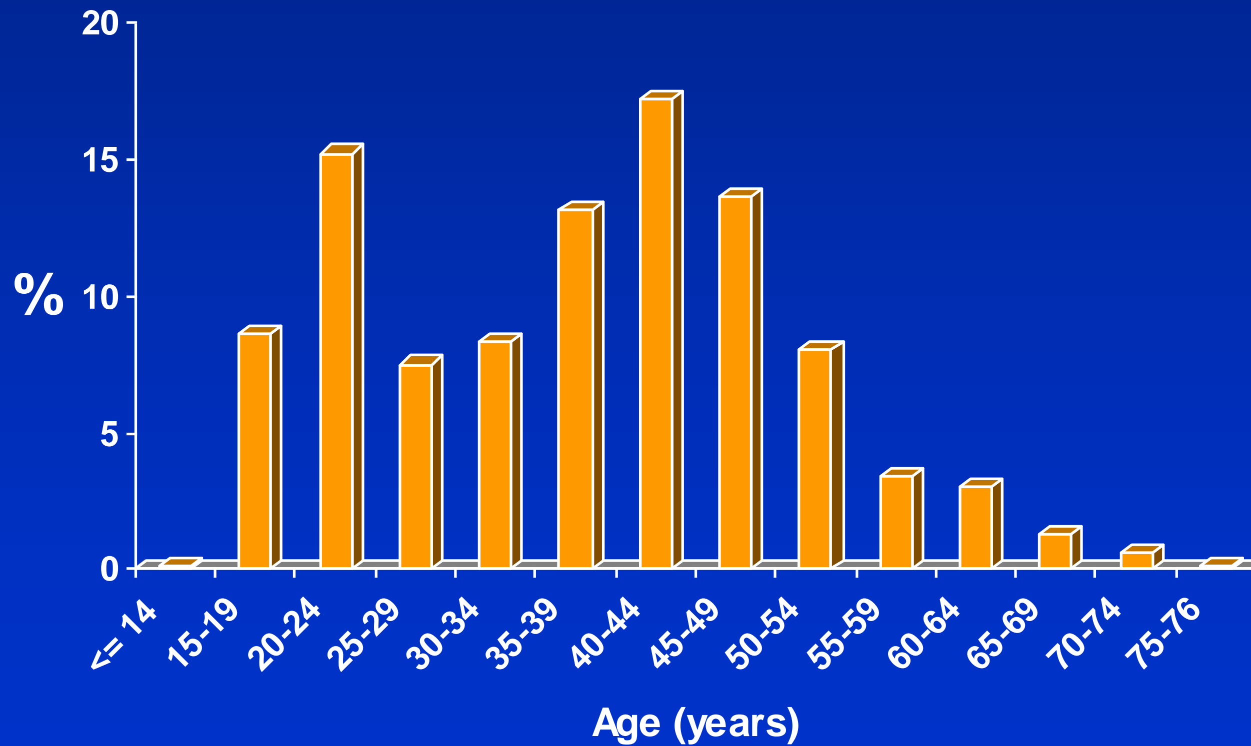
Homelessness in Toronto

- ~ 27,000 individuals use shelters each year
- ~ 4,400 people homeless each night
  - 4,000 in shelters
  - 400 on the street

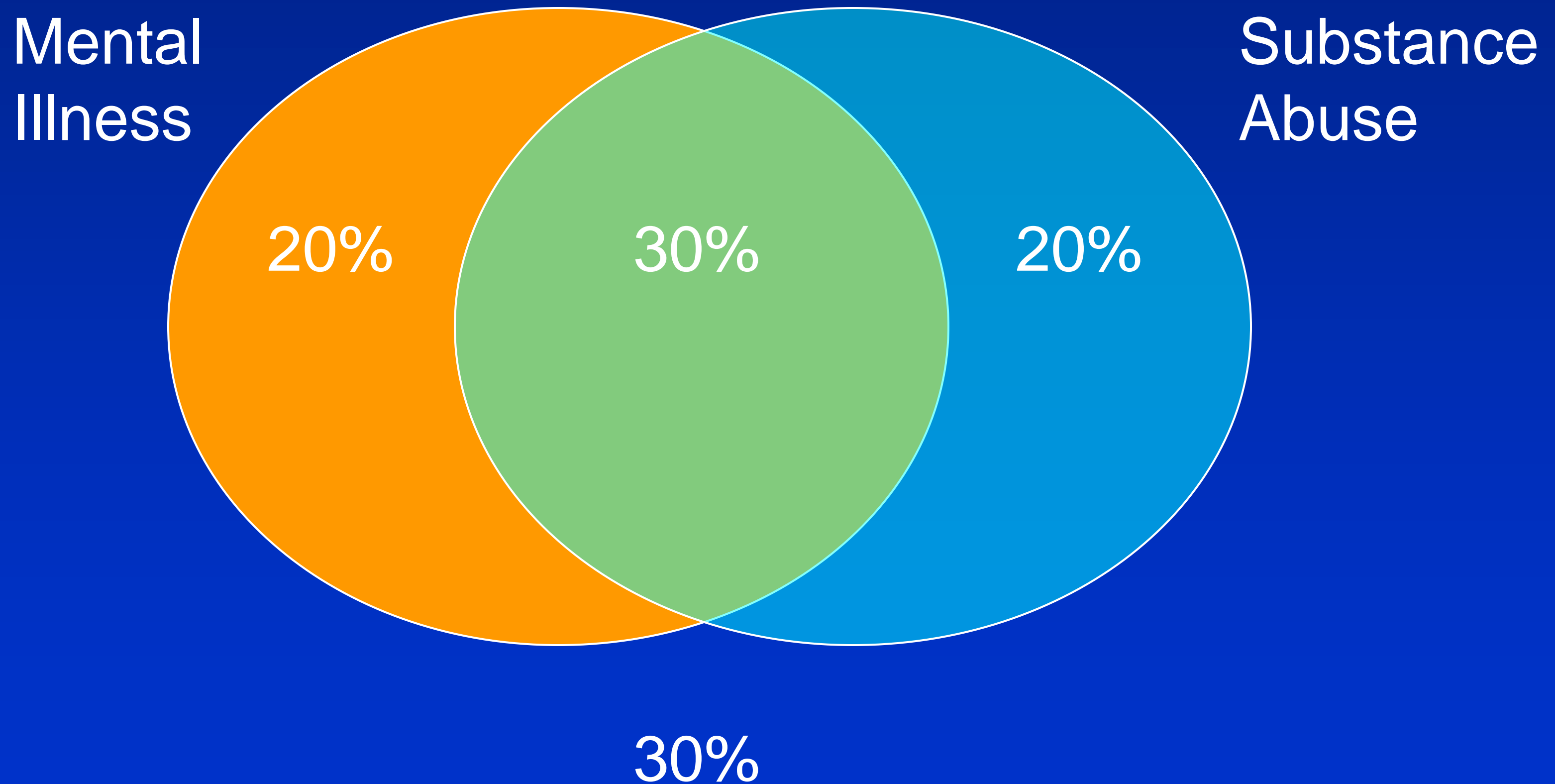
Homelessness in Toronto

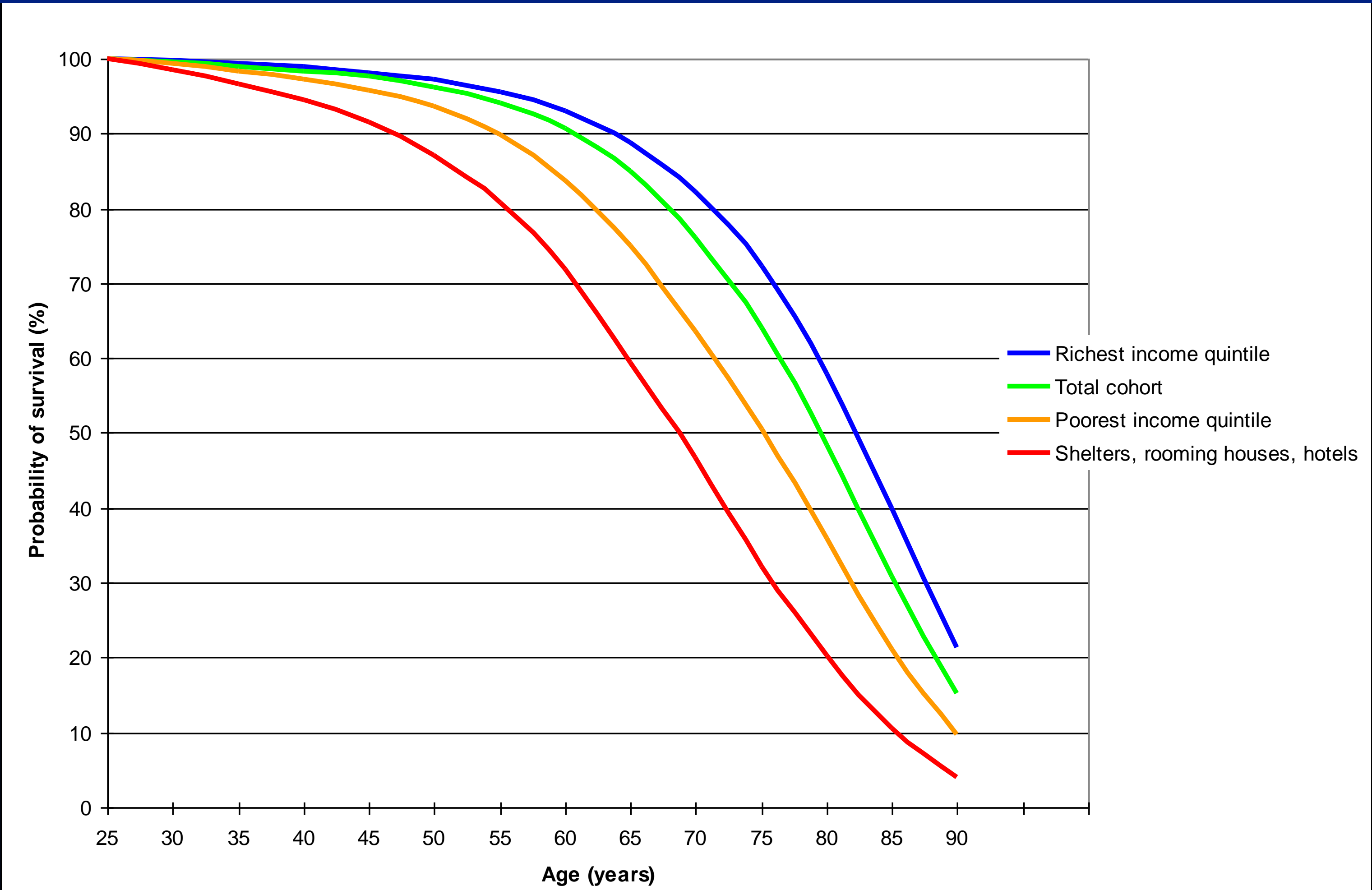


Age of Homeless Individuals in Toronto

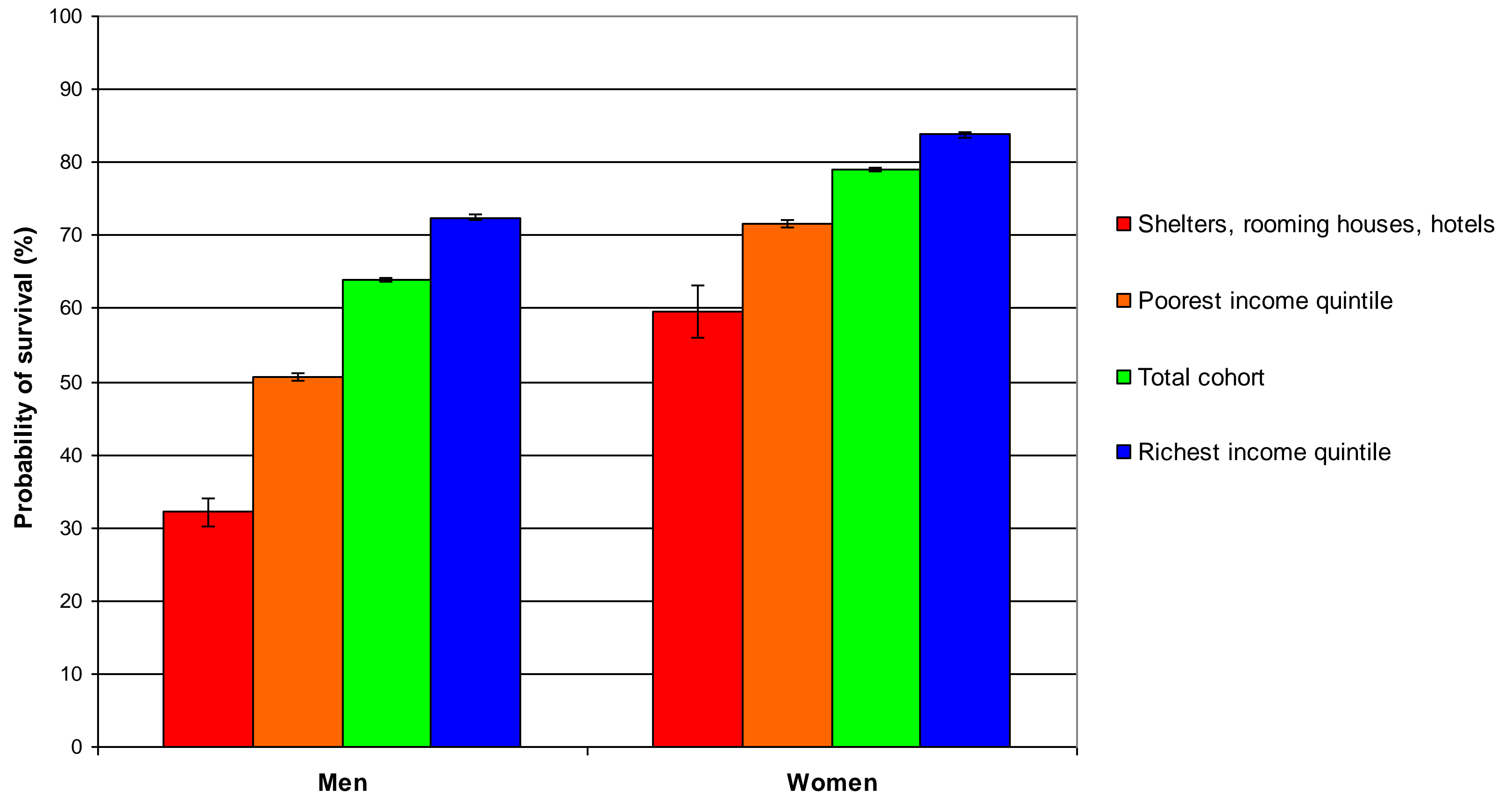


Mental Illness & Substance Abuse





100
90
80
70
60
50
40
30
20
10
0
Probability of survival (%)
25
30
35
40
45
50
55
60
65
70
75
80
85
90
Age (years)
Richest income quintile
Total cohort
Poorest income quintile
Shelters, rooming houses, hotels


Probability of a 25-year-old person surviving to age 75
Probability of survival (%)
100
90
80
70
60
50
40
30
20
10
0
Men
Women
Shelters, rooming houses, hotels
Poorest income quintile
Total cohort
Richest income quintile

Major Causes of Death among Homeless Women and Men

- Injuries
- Drug Overdose
- Suicide
- HIV/AIDS
- Cancer
- Heart Disease
- Liver Disease

Case Study

- 49 year old man, homeless for more than 10 years, seen at shelter clinic for first time
- c/o Rectal bleeding & fecal incontinence x 1 month, burning pain in rectum, weight loss (135 → 110 lbs)
- Long history of substance abuse. Rx narcotics for back pain, leading to abuse of prescription opiates, heroin, IDU. Previously on methadone, stopped 1 year ago. No street drug use x 1 year
- PMH: Hepatitis C+, HIV-, Blind in left eye due to old injury

Case Study

- Withdrawn, reluctant to disclose information about his personal or family history
- Never married, no children
- Previously employed as farm worker in Ontario
- Sister living in Nova Scotia, no contact x years
- Father diagnosed with colon cancer at age 45, underwent surgery, died 2 years later
- Brother diagnosed with cancer of the bowel, died at age 38 after undergoing surgery and chemotherapy

Case Study

- Exam: Very thin, angry, repeatedly asking for pain meds, sitting with weight on only one buttock due to pain
- Tender, circumferential rectal mass, consistent with rectal cancer

Case Study

- Stated that he did not want to go through prolonged suffering like his father and brother
- "I just want to be left alone to die“
- Intermittent refusal to undergo assessment and treatment (general surgery, oncology, CT scan, colonoscopy and biopsy)

Case Study

- Inadequate pain control
- Tylenol #3 → percocet → sustained release codeine → fentanyl patch + tylenol #4 prn
- 3 months after initial presentation, c/o constant rectal pain, weight loss
- Desire to "numb feelings" → difficult to assess adequacy of pain control
- Fentanyl patch increased to 100 mcg q72hrs
- Psychiatric care for anxiety and depression
- Continued to refuse definitive therapy for cancer

Case Study

- Collapse at shelter x 2 requiring EMS & ER visits – opiate overdoses due to ingestion of fentanyl patch
- Occasional verbal abuse towards shelter nursing staff, usually related to pain medications
- 6 months after initial presentation – started on methadone
- Hospital admission for confusion due to UTI & opiate medications; anemia requiring transfusion
- Declined palliative care referral → discharged back to shelter

Case Study

- 9 months after initial presentation – c/o weakness & fatigue, decreased oral intake, weight loss (→98 lbs)
- 2 perianal recto-cutaneous fistulas with purulent discharge
- Rx Methadone + MS Contin
- Decreased level of consciousness due to hypoglycemia → admitted to hospital
- Transferred to palliative care unit

Case Study

- At palliative care unit: Pleasant, easy to get along with, thankful for care provided
- Required increasingly large doses of narcotics for pain control (fentanyl patch; morphine oral → SQ)
- Worsening fistulas
- Reunited with his sister from Nova Scotia (2 visits)
  - Lynch syndrome (hereditary nonpolyposis colorectal cancer); MSH2 mutation
- Died after 4 month stay at palliative care unit (12 months after his initial presentation)

Common Issues in Homelessness & Palliative Care

- Attitudes towards death
- Attitudes towards health care
- Family relationships
- Addictions & pain control
- Reluctance to move from street or shelter
- Advance Directives

Attitudes towards Death

- Familiarity with death
  - Early losses
  - Deaths on the street
- Coping strategies
  - Fatalism
  - Emotional detachment
- Attitudes towards risk

Attitudes towards Health Care

- Fear – association between care-seeking & death
- Fear – inappropriate or prolonged intervention
- Mistrust – previous adverse/unwelcoming experiences
- Sometime, preference for palliative approach when active treatment would be appropriate
- Substantial heterogeneity in attitudes

Family Relationships

- Myth of total isolation
- Opportunity for reconnection, reconciliation
- Reluctance / ambivalence to contact / involve family members
  - Fear of becoming a burden
  - Deep estrangement
- Potential for healing & resolution

Addictions & Pain Control

- Fear that pain won’t be taken seriously
- Fear that their behavior will be viewed as drug-seeking
- Health care providers concerns re: drug abuse
- Risk of under-treating pain
- Risk of overdose
- “Home” palliative care far more challenging than hospice/hospital-based palliative care

Reluctance to Move from Street or Shelter

- Street → Shelter → Palliative Care
- For long-term homeless, shelter = home
- Trans-institutionalization
- Social network and supports at shelter
- Deterioration "in situ"
- Shelter placed in difficult situation of being treated like a health care institution
- Palliative care admission – Too soon or too late?

Advance Directives

- Rarely used under current practice with homeless individuals
- Recent study: minimal, self-guided intervention vs. one-on-one advance planning intervention with counseling and completion of directive with social worker
- Completion rate 13% vs. 38%
- Strong preference for surrogate decision-maker, usually a family member

For Further Reading

- The Street Health Report
  - available at www.streethealth.ca
- Experiences with and attitudes toward death and dying among homeless persons.
- Dying on the streets: Homeless persons' concerns and desires about end of life care.
  - Song J, et al. J Gen Intern Med. 2007 April;22(4):427-441
- Effect of an end-of-Life planning intervention on the completion of advance directives in homeless persons: a randomized trial.
  - Song J, et al. Ann Intern Med. 2010 July 20;153(2):76-84