

# Palliative care for homeless patients: A practical approach for medical students

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## Abstract

In this article, Dr. Naheed Dosani, the founder of the Palliative Education and Care for the Homeless (PEACH) program, shares his insight on topics ranging from integrating structural vulnerability into clinical practice to engendering changes within the community through translation of an idea into a real-world program. PEACH is a community-based organization that aims to provide high-quality and easily accessible palliative care to individuals that are homeless. We explore key tenants of palliative care such as harm reduction and trauma-informed care and their applicability for homeless or transiently housed patients. Dr. Dosani describes the unique elements of PEACH and the Journey Home Hospice (JHH), including accepting referrals from care workers, and the practical logistics of building this successful program in just a few short years.

Before he was the founder of the Palliative Education and Care for the Homeless (PEACH) program, Dr. Naheed Dosani was a family medicine resident at the University of Toronto, with an interest in inner-city health. During one of his family medicine rotations, Dr. Dosani was deeply impacted by the story of a patient at a local men’s homeless shelter who was in crisis. The patient was in his early thirties, suffering from pain associated with head and neck cancer while simultaneously battling mental health issues, addiction and homelessness. Despite working closely with him to develop trust and a management plan, Dr. Dosani returned to the shelter one day to learn that the patient had overdosed the night before and had died. This experience had a profound effect on Dr. Dosani since this patient did not have access to high-quality end-of-life (EOL) care. Ultimately, Dr. Dosani’s

aspired to explore strategies to bridge policy and clinical practice to provide equitable EOL care for homeless and transiently housed patients. After a year of planning, Dosani founded and launched PEACH on the day he graduated in July 2014. We sat down with Dr. Dosani, who shared his thoughts on a variety of topics from the barriers to accessing palliative care faced by the homeless population to strategies that medical students can use to translate their own ideas into real-world initiatives.

PEACH delivers community-based hospice palliative care to society’s most vulnerable individuals, regardless of housing status or other social factors such as poverty or substance use. The program integrates housing, mental health, and healthcare providers to plan an individual’s care while recognizing – but not judging – that person’s circumstances. Since 2014, PEACH has made a significant impact on patient outcomes for Toronto’s homeless population. Based on a 2015 retrospective evaluation of 42 individuals followed by PEACH, 78% died at their preferred location, 64% never interacted with acute care, and 83% were reconnected with their family and friends. The PEACH team has inspired those in other cities including Edmonton, Calgary, Victoria, and Seattle to develop similar programs. Dr. Dosani’s leadership also inspired the development of Journey Home Hospice (JHH) – Toronto’s first hospice for homeless patients – which opened in May of 2018.

Throughout our discussion, Dr. Dosani emphasized how an understanding of the concept of structural vulnerability has shaped his career and the care he provides. In this context, structural vulnerability refers to the increased likelihood of a patient experiencing negative health outcomes as a result of factors at the societal and systems level.<sup>1,2</sup> Socioeconomic and racial hierarchies are examples of societal obstacles while immigration and employment statuses represent systems level barriers to healthcare.<sup>3</sup> It is important to consider these socioeconomic factors in clinical practice to avoid imparting blame or negative assumptions to individual patients.<sup>3</sup>

While completing his palliative care electives, Dr. Dosani could not help but notice that there was minimal – if any – representation of structurally vulnerable patients. These anecdotal observations were mirrored by reports in the literature, which revealed that despite high levels of resiliency, structurally vulnerable patients face disproportionate barriers to accessing EOL.<sup>4</sup> Specific barriers this work identified included having to prioritize survival over accessing EOL, normalizing dying in day-to-day life, the lack of structurally vulnerable patients being identified for EOL, concerns about provider safety and professional risk, and an overly “silo-ed” healthcare system.<sup>4</sup> While there are many nuances to consider,

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structural vulnerability as a concept offers an opportunity to reframe the clinical approach to patients facing significant barriers to accessing EOL.

One of the tenants of the PEACH program is harm reduction to facilitate effective care for homeless people with substance use issues. For context, it is estimated that 60% of the homeless population in Toronto has ongoing and regular issues with alcohol and illicit drug use.<sup>5</sup> It is unrealistic to expect substance users to suddenly abstain at the end of their life, due to the difficulties of overcoming addiction.<sup>6</sup> However, because many palliative care services utilize an abstinence-based approach, this forms a significant barrier to accessing EOL care for this population.<sup>6</sup> Harm reduction emphasizes interventions that minimize the negative effects of drug use (e.g. overdose, toxicity) without requiring abstinence as a condition to access services.<sup>7</sup>

Through PEACH, Dr. Dosani and his team have integrated harm-reduction strategies, such as off-site drug use protocols in various housing settings around the city. In addition, PEACH has also provided the necessary training for social and health service staff to feel comfortable implementing this evidence-based best practice. Delivering services via a harm-reduction approach helps to promote a trusting and safe therapeutic relationship wherein patients are more willing to adhere to the provider's suggestions.<sup>7</sup> While building a trust-based relationship, providers are able to monitor a patient's health and provide resources to those in need of EOL services. Thus, harm-reduction services often act as a critical point-of-entry to EOL care.<sup>7</sup>

One of the foundations of the PEACH program is the use of trauma-informed care by the healthcare team. This approach emphasizes that appreciating a patient's unique history with traumatic experience is integral to building a trusting relationship and providing optimal care. Trauma-informed care is particularly important when working with homeless individuals because this population has a statistically higher chance of experiencing trauma, both in childhood and their adult life. Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level.<sup>8</sup>

Dr. Dosani believes that the key to building capacity for palliative care services among structurally vulnerable people lies within a community-centred approach. This population often has difficulty trusting the healthcare system due to prior experiences of stigma and discrimination. As a result, they are more likely to avoid mainstream medical care and often interact with case workers, home support workers, and harm reduction workers.<sup>4</sup> Therefore, integrating palliative approaches to care between these providers and inner city services, such as shelters, can have a significant impact on reaching structurally vulnerable populations.<sup>4,9</sup> This involves providing knowledge and ongoing mentorship to healthcare professionals to incorporate palliative principles (e.g., alleviation of symptoms, focus on quality of life, social, spiritual and peer support) into everyday care taking place in the community.<sup>4</sup> PEACH accepts referrals from non-physicians, because it recognizes that social workers, harm reduction workers, and nurses are often in the best position to identify patients in need. Creating this low-threshold for referrals reduces barriers for structurally vulnerable people to access EOL.

While the literature on trauma-informed care showcases its correlation with improved patient outcomes, this concept is challenging to teach in medical school.<sup>10,11,12,13</sup> It is important to be well-informed about the unique issues facing homeless patients who may benefit from palliative care before engaging with these populations. Gathering knowledge and skills, as Dr. Dosani points out, should always begin with consulting the literature but can also involve attending talks, volunteering in the community, and, more recently, Twitter. While evidence has supported the efficacy of workshops and lectures in imparting skills to healthcare professionals, a more practical measure of readiness for working with vulnerable populations is self-assessed efficacy.<sup>14</sup> Knowledge and skills acquisition will lead naturally to connecting with role models, which has been shown to be among the most important elements of medical education in this field, as well as participating in shadowing experiences.<sup>14</sup> For students who want to similarly introduce innovation into palliative care, Dr. Dosani's advice is reassuringly straightforward. Dr. Dosani believes it is important to keep the foundations of your potential idea rooted in evidence and expert opinion but also to incorporate the lived experiences of the patients whom you are endeavouring to help.

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