

Palliative care for homeless people: a systematic review of the concerns, care needs and preferences, and the barriers and facilitators for providing palliative care.

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Aims

- (1) To summarize evidence about concerns, palliative care needs and palliative care preferences of homeless people
- (2) To provide an overview of barriers and facilitators for delivering high quality palliative care to homeless people

Background

- Homeless people often suffer from complex and chronic comorbidities
- Homeless people have high rates of morbidity and die at much younger ages than the general population
- Limited access to palliative care due to multiple barriers
- Providing palliative care that fits the needs and concerns of homeless people is a challenge to healthcare providers



Methods

- Included were studies about homeless people with a short-life expectancy, studies about palliative care needs of the homeless and studies about the palliative care provided
- PubMed, Embase, PsychInfo, CINAHL and Web of Science were searched up to 10 May 2016
- Independent extraction of data using a predefined extraction form
- Quality assessment by a Critical Appraisal instrument

General characteristics

- 27 publications from 23 different studies met inclusion criteria
- 15 qualitative and 8 quantitative studies
- Methodological quality: good (n=15) moderate (n=9), poor (n=3)
- Most studies were conducted in the USA (n=15) or Canada (n=7)
- Most studies derived data from homeless participants (n=12). Nine studies derived data from healthcare professionals (n=9), two studies did both (n=2)

Results

- Concerns of the homeless were mainly in the psychological domain, but also physical, social and spiritual.
- Care needs often related to attitudes and behaviour of healthcare professionals, but also related to treatment and care options and to what happens after death.
- Preferences for future care and treatment concerned treatment preferences regarding resuscitation and life sustaining treatment, wishes for the dying process and proxy decision-making
- Barriers and facilitators mostly related to the (a) interaction between the homeless and professionals, but also to (b) the homeless and (c) professionals themselves.

Examples

- Concerns: serious illness and physical distress, fear of death and dying, being a burden to others, fear of the unknown
- Care needs: treatment with dignity and respect, spirituality and religion, being laid to rest in a personally and culturally accepted manner
- Preferences for future care and treatment: preferences for resuscitation and life-sustaining treatment vary among subgroups, generally no wish for prolonged life support, but wish for proxy decision-maker
- Barriers and facilitators: feelings of being ignored and disrespected by professionals, a lack of trust and lack of knowledge and skills of staff (barriers), a pragmatic approach from staff, respect for dignity (facilitators)

Conclusion

- A patient-centred, flexible and low-threshold approach embodying awareness of the concerns of homeless people is needed so that appropriate palliative care can be provided timely.
- Training, education and experience of professionals can help accomplish this.