END-OF-LIFE CARE FOR VULNERABLE POPULATIONS

May 3, 2019 Ann Catlett MD acatlett@wisc.edu









Structural vulnerability

"An individual's or a population groups' condition of being at risk for negative health outcomes through their interface with socioeconomic, political and cultural/normative hierarchies"

Structural vulnerability

"An individual's or a population groups' condition of being at risk for negative health outcomes through their interface with socioeconomic, political and cultural/normative hierarchies"

Subtle cultural markers + demographic categories

Structural vulnerability

"An individual's or a population groups' condition of being at risk for negative health outcomes through their interface with socioeconomic, political and cultural/normative hierarchies"

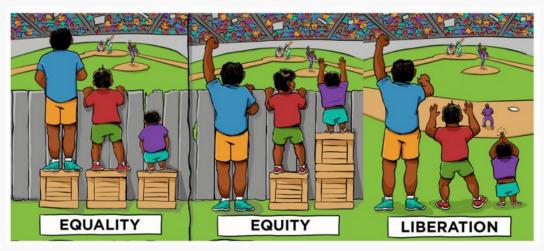
Subtle cultural markers + demographic categories



judgments that
promote social
inequality ... and
create potential stigma
of differential "healthrelated deservedness

Bourgois P, Holmes SM, Sue K, Quesada J. Structural Vulnerability: Operationalizing the Concept to Address Health Disparities in Clinical Care. *Acad Med.* 2017;92(3):299–307. doi:10.1097/ACM.00000000001294

- Who is invisible to us? Who is left out?
- What patient struggles to work within the existing system? How can this system adapt to better welcome and care for them?
- What are the broader networks of power and policy that impact our patients' ability to become and stay healthy?



This Photo by Unknown Author is licensed under CC BY-SA-NC

End-of-life care for people experiencing.....

- Severe mental illness
- Imprisonment
- Substance use disorders
- Homelessness

End-of-life care for those with severe mental illness

Persons with Severe Mental Illness

- High risk comorbid physical illness
- Avoidance of health care
- Under-reporting of somatic symptoms
- Suboptimal communication with care providers

Den Boer et al, A systematic review of palliative care tools and interventions for people with severe mental illness, *BMC Psychiatry* 2019**19**:106

End-of-life care for those with severe mental illness

High risk comorbid physical illness
Avoidance of health care
Under-reporting of somatic symptoms
Suboptimal communication with care
providers



Later diagnosis

Greater burden and severity of disease

Premature mortality

Den Boer et al, A systematic review of palliative care tools and interventions for people with severe mental illness, *BMC Psychiatry* 2019**19**:106

End-of-life care for those with severe mental illness

- Integrate psychiatric evaluation and management into PC/hospice evaluation
- Aim for shared decision-making

Policy and practice adaptations?

Potential drug interactions



Lithium



Additive anticholinergic side effects

Clozapine

TCAs

Anti-Parkinson meds

Olanzapine

Quetiapine

Scopolamine

Promethazine

Potential drug interactions



■ Olanzapine and haloperidol → increased chance of neuroleptic malignant syndrome, seizures

Methadone

- Concomitant fluoxetine or fluvoxamine methadone toxicity possible
- Caution with other potential QT-prolonging meds:
 haloperidol, quetiapine, fluoxetine, sertraline, venlafaxine

Is there such a thing as terminal mental illness?

■ Trachsel M, Wild V, Biller-Andorno N, Compulsory treatment in chronic anorexia nervosa by all means? Searching for a middle ground between a curative and a palliative approach. Am J Bioeth 2015

■ Trachsel M, Irwin SA, Biller-Andorno N, Palliative psychiatry for severe persistent mental illness as a new approach to psychiatry? Definition, scope, benefits, and risks. BMC Psychiatry 2016

End-of-life care for the incarcerated

➤ The number of inmates 65 years of age and older grew 94 times faster than the overall prison population between 2007 and 2010

Human Rights Watch, 2012

➤ By 2030 1/3 of all inmates will be 55 or older

Kaiser Health News 2017

End-of-life care for the incarcerated



State correctional facilities: 4% have hospice programs

47 states have some type of "compassionate release"

"the imprisoned have a constitutional right to appropriate care...this should included 'dignity-conserving care'"

End-of-life care for the incarcerated

Increase in Compassionate Release?

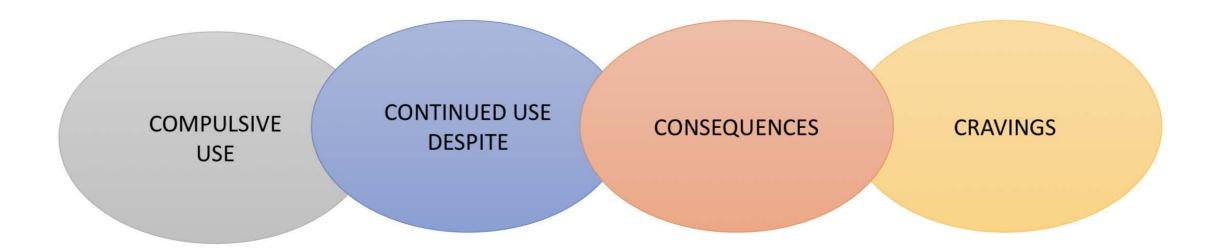
Guiding Responsive Action in Corrections at End of Life (GRACE) project

Local hospice involvement

- Serenity Hospice in IL
- Angola prison in LA Hospice of Acadiana

EOL care for persons with substance use disorders

4 C's



Non-blaming language

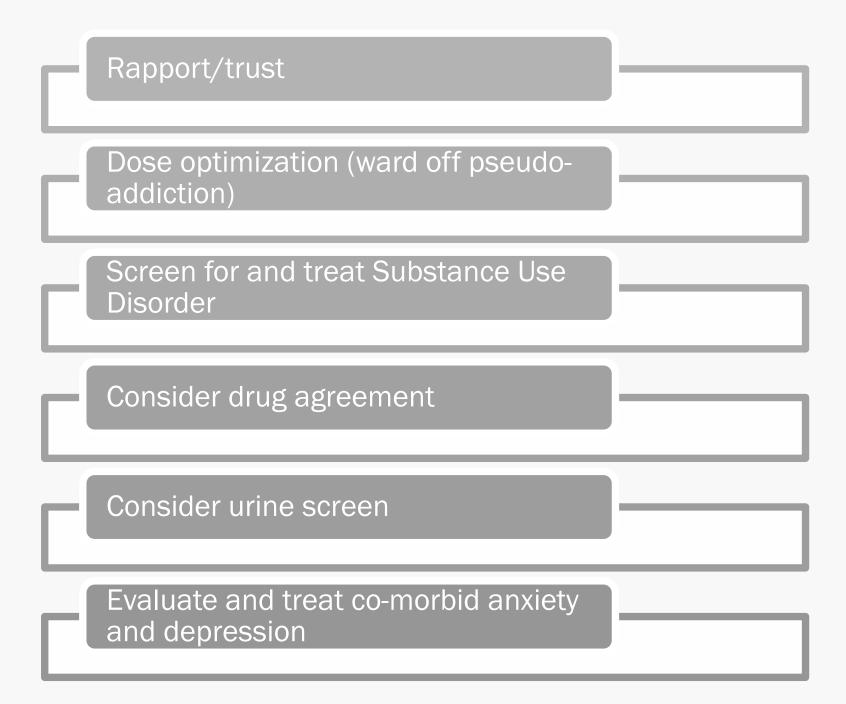
Instead of Say Addict Pt with a substance use disorder Addicted to _____ Has a ____ use disorder Addiction Substance use disorder Alcoholic Pt with an alcohol use disorder Clean Neg; Free of illicit substances Dirty Pos; Active use Drug habit Substance use disorder Drug Seeking Relief seeking

Percentage of Patients Who Relapse TYPE I DIABETES 30 to 50% **DRUG ADDICTION** 40 to 60% HYPERTENSION 50 to 70% **ASTHMA** 50 to 70%

Relapse rates for drug-addicted patients are compared with those suffering from diabetes, hypertension, and asthma. Relapse is common and similar across these illnesses (as is adherence to medication). Thus, drug addiction should be treated like any other chronic illness, with relapse serving as a trigger for renewed intervention.

Source: McLellan et al., JAM A, 284:1689-1695, 2000.

Pain management 101



Known History of Opioid Use Disorder

- Assess triggers
- Long-acting opioids
- Short prescribing periods
- Consider use of methadone as the long-acting opioid
- Offer treatment for OUD while also treating pain
- Utilize multidisciplinary team

Known History of Opioid Use Disorder

- Addiction Medicine specialist
- If on Methadone Maintenance Therapy aka Medication Assisted Treatment
 - Combine maintenance and analgesic doses, divide total into q8 hr doses
 - Consider using other opioid for breakthrough pain
 - no well established dose conversions methadone to other opioids
 - Be prepared to titrate rapidly
 - Schedule short-acting rather than order prn
 - Must collaborate with MMT prescriber
- Maximize non-pharmaceutical therapies

"Recognize that addiction is a chronic, relapsing illness – and respond with increasing structure and compassion"

Buprenorphine

- Tight binding to mu-opioid receptor
- Prevents other opioids from binding therefore → blocks the analgesic and euphoric effects of other opioids
- OUD already on buprenorphine+ pain: Several management strategies based on presumed duration of pain
 - Use short-acting opioids at doses high enough to overcome buprenorphine's antagonism
 - Change all to methadone and short-acting opioid for breakthrough
- Buprenorphine monotherapy for pain?

Sublingual (addiction treatment only)

- Sublingual tablets (Zubsolv, generic): buprenorphine + naloxone
- •Sublingual tablets (Subutex): buprenorphine
- •Sublingual film (Suboxone): buprenorphine + naloxone

Buccal film

• Bunavail: Buprenorphine+naloxone

Subdermal implant

Transdermal (pain only)

Injectable formulation

Homelessness 101





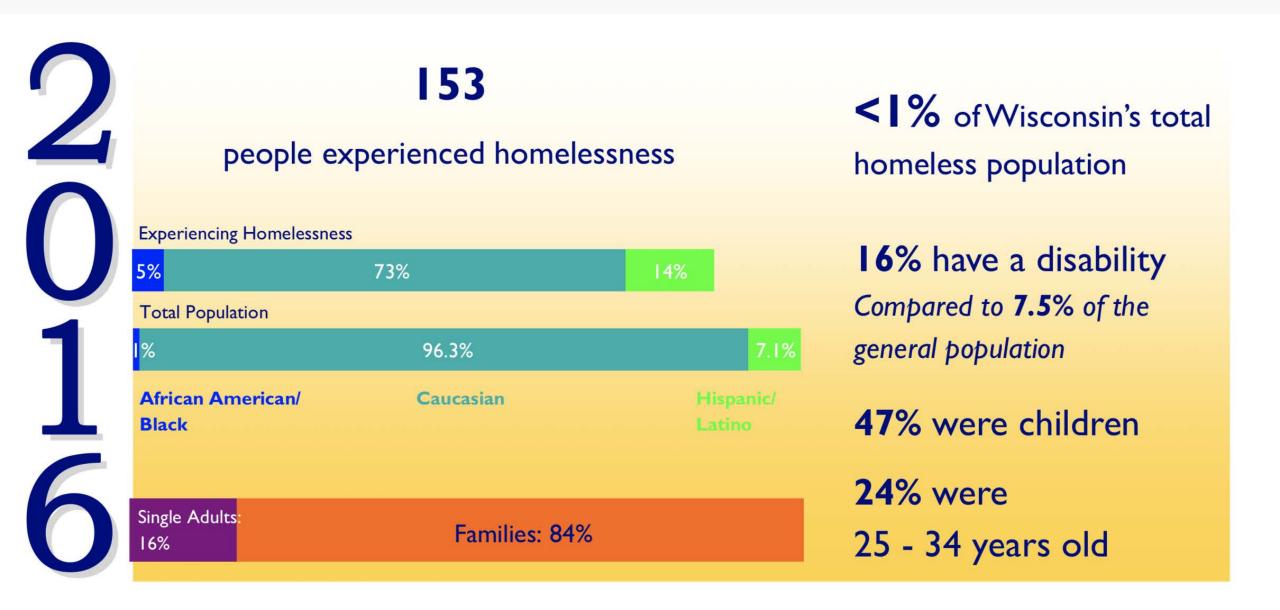




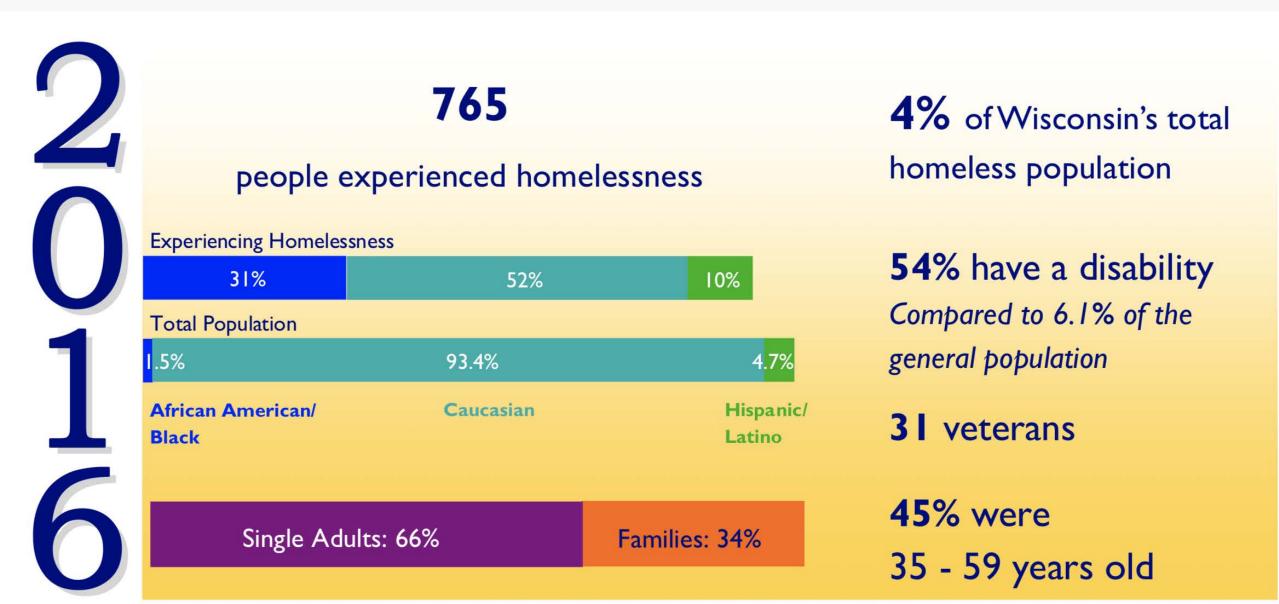
TABLE 1Total Number of People Experiencing Homelessness in Wisconsin Point-in-Time Count, 2014–2016

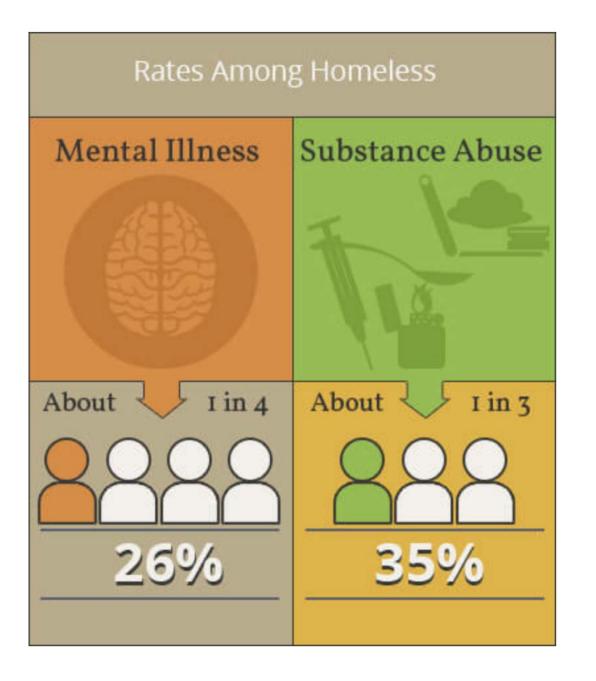
Regions	2014	2015	2016
Balance of State	3,569	3,597	3,445
Milwaukee County	1,499	1,521	1,415
Dane County	777	771	629
Racine County	210	168	196
Totals	6,055	6,057	5,685

Jefferson County, WI



Waukesha County, WI





Access to care

- Affordability
- Acceptability
- Accessibility
- Adequacy of supply



'What is a life worth?': Doctor passionate about palliative care for the homeless

JONATHAN CHARLTON, SASKATOON STARPHOENIX

Published on: March 15, 2016 | Last Updated: March 16, 2016 6:17 PM CST



The homeless deserve a good death too

veryone deserves a dignified end to life; however, for those homeless and dying, a good death is not guaranteed. The latest rough sleeping statistics for England, calculated on one night every autumn, were released last month. The 2016 number of rough sleepers, estimated to be 4134, is up 15% from the autumn 2015 total (Department for Communities and Local Government)

Last year, the UK Government announced plans to cut funding to se those providing accommodation for the homeless (Stone, 2016).

When circumstances force people into homelessness, they are face ituation which wears extremely on their wellbeing. The charity I physical health problems do not receive the help that they need at homeless eat fewer than two meals a day (Homeless Link, 2014).

Some people become homeless because of existing poor health an develop several health complications after living rough for even just Public Health England reports that 'the longer people remain withou safe place to live, the more these problems multiply and the hard

the conditions that this vulnerable population find themselves in whe and what palliative care services can do to reach them (World Bank, Betty R. Ferrell, PhD, RN

The first few online search results for 'homeless and palliative car ity. In 2008, in collaboration with cancer charity Marie Cur Mungo's Palliative Care Service to help terminally ill hostel res project began, it has assembled a number of helpful resource workers, and other professionals working with homeless people, on homeless individuals in need of end-of-life care and how to pr As Homeless Persons Near the End of Life best to provide support for homeless individuals near the end of li

Insights

Providing End-of-Life Palliative Care for the Homeless

by Eric Allen Conner, on Feb 23, 2017(2:13:2)

'Nowhere else will take him'

- Palliative care and homelessness

News & Perspective Drugs & Diseases CME & Education Academy Video

Please confirm that you would like to log out of Medscape. If you log out username and password the next time you visit. Log out Cancel

Overcome: (Public Health England and Homeless Link, 2014)

The life expectancy of homeless people in the UK is estimated to (Crisis, 2011). With homeless individuals reaching the end of life so the UK general life expectancy stands at 81.5 years—it is important to the End of Life Alone

News

Dying on the Streets: As the Homeless age, a Health Care System Leaves Them Behind

By Bob Tedeschi, STAT Online News, 02/17/2016

SHARE

Hospice Houses for the Homeless Fill a Growing Need in an Aging Society

1st May 2017



What do we know?

Attitudes/Preferences re EOL care

- EOL care out of their control
- Concerns: loss of control, dying anonymously, disposal of body, not getting adequate pain relief.
- Often want ANY compassionate caregiver at time of death (rather than family member)
- Surrogate decision makers are most often NOT related
- They EXPECT poor care at EOL

What do we know?

- Completing Advance Directives
 - 30% completed AD, up to 50% if counselorguided
 - Completers reported a significant decrease in "worry about death"
- Preferences re CPR
 - 88.6% request CPR (62% in general population)
 - Implications?

Symptom burden

Pain

Worrying

Paresthesias

Lack of energy

Cough

SOB

Dry mouth

Depressed mood

Difficulty concentrating

Irritability

Anxiety

Drowsiness

What DON'T we know?

- Where does death occur?
- Do rough sleepers want shelter at time of death? Any shelter?
- How many avoidable hospital days or readmissions are for care of homeless persons as they near death?
- How many hospice agencies provide specialized care to this population?Will do street rounds?
- How many inpatient hospice facilities have designed specialized (low threshold, harm reduction) services for this group?
- Are symptoms (pain!) able to be well-controlled on the street?

Homelessness and EOL care: Barriers

I can't find anyplace to lie down during the day I can't smoke in hospice

don't trust them to help me They won't give me pain medication because they think I'm an addict

They don't know what to do with someone like me

I'm too busy trying to live, I don't have time to think about dying

If I ask
them for
help I have
to play by
their rules

If I go to the nursing home
I'll never see
my buddies

We're ALL dying out here

> It isn't safe for me to keep meds with me

Desires:

- To choose where they die and who is with them
- To be pain-free
- To engage with their religion/spirituality
- To have dignity
- To have a good QOL for as long as possible
- 80% prefer to die at home or in familiar surroundings

Tasks:

- Develop a renewed sense of personhood and meaning
- Bring closure to personal and community relationships
- Bring closure to worldly affairs
- Accept the finality of life and surrender to the transcendent

End of life counseling and planning

Supportive services: spiritual, psychologic

Expert symptom management

Compassionate caregiving

Help discovering and navigating care options

Desires:

- To choose where they die and who is with them
- To be pain-free
- To engage with their religion/spirituality
- To have dignity
- To have a good QOL for as long as possible
- 80% prefer to die at home or in familiar surroundings

Tasks:

- Develop a renewed sense of personhood and meaning
- Bring closure to personal and community relationships
- Bring closure to worldly affairs
- Accept the finality of life and surrender to the transcend

End of life counseling and planning

Supportive services: spiritual, psychologic

Expert symptom management

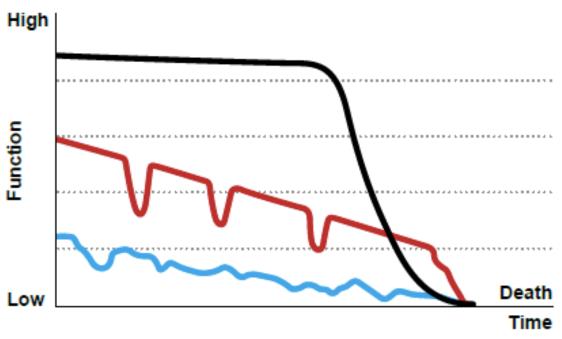
Compassionate caregiving

Help discovering and navigating care options

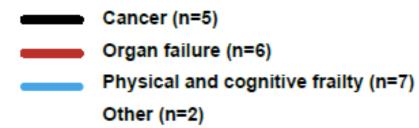
Services designed/delivered under these assumptions:

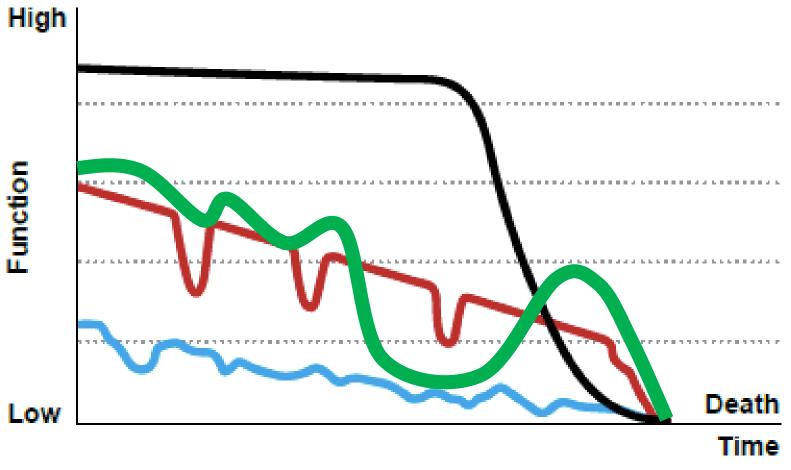
- → family and friends provide needed care
- there is a safe and stable residence where dying days will occur
- >people have access to publicly funded health services OR have the ability to pay for extra services needed

Difficult to identify people who need EOL care



Source: Murray, S.A. et al1



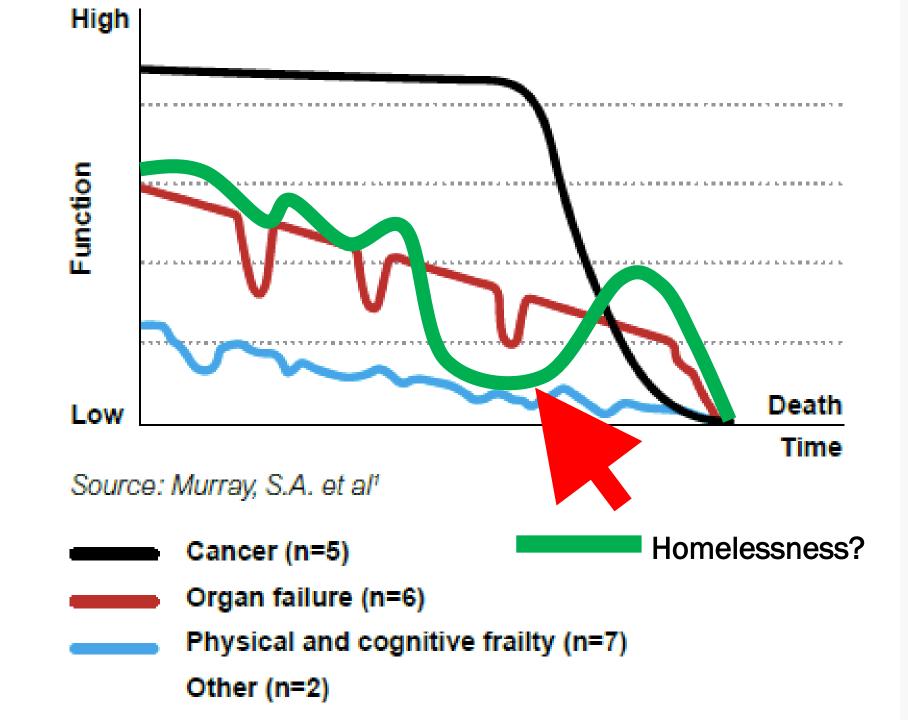


Source: Murray, S.A. et al1

Cancer (n=5) Homelessness?

Organ failure (n=6)

Physical and cognitive frailty (n=7)
Other (n=2)



- Difficult to identify people who need EOL care
- Challenges in prescribing pain medications

- *Locate safe storage or administration sites
- *Need lock-box?
- *Naloxone and safety plan

Difficult to identify people who need EOL care

- Challenges in prescribing pain medications
- Shelter staff/outreach workers often don't have special training on helping during this process

Difficult to identify people who need EOL care

Challenges in prescribing pain medications

- Shelter staff/outreach workers often don't have special training on helping during this process
- Shelters aren't conducive to the care and environment needed

Place

- Hospitals: seen as inflexible, oppressive systems of institutional control
 - Limitations on freedoms
 - Surveillance, lack of control (information)
- Clinics/physician offices: represent paternalistic medical power
 - Influenced amount of information patient willing to disclose
 - Patient attempts to right the power imbalance: avoiding care, not heeding medical advice
 - Setting exacerbates sense of mistrust, exclusion, vulnerability
- Palliative Care Unit: "space of no return"

Giesbrecht M et al, Hospitals, clinics, and palliative care units: Place-based experiences of formal healthcare settings by people experiencing structural vulnerability at the end-of-life Health and Place 53 Sept 2018, 43-51

"Many participants lived their entire lives outside the mainstream health system; making them live their final days in that system only added to their suffering"

"Anti-therapeutic places of health care...
amplify discomfort, fear, anxiety, and harm,
which resulted in disproportionate and undue hardship"

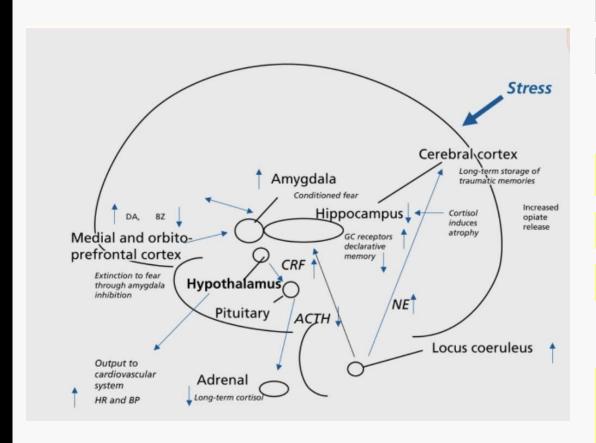
Giesbrecht M et al, Hospitals, clinics, and palliative care units: Place-based experiences of formal healthcare settings by people experiencing structural vulnerability at the end-of-life Health and Place 53 Sept 2018, 43-51

- Difficult to identify people who need EOL care
- Challenges in prescribing pain medications
- Shelter staff/outreach workers often don't have special training on helping during this process
- Shelters aren't conducive to the care and environment needed
- Palliative care and hospice personnel may have little knowledge or experience in
 - Trauma-informed care
 - Harm-reduction practices
 - Low-threshold approach to service delivery

TRAUMA



"an event, or series of events, that causes moderate to severe stress reactions. Traumatic events are characterized by a sense of horror, helplessness, serious injury, or the threat of serious injury or death...affecting those who suffer injuries or loss."



Underactivated Prefrontal Cortex: Executive functions, thought

→ Poor concentration, problem solving

Overactivated Amygdala: Fear

→ vigilance, fear, don't feel safe,

trouble sleeping

Overactivated Anterior cingulate Cortex: emotional dysregulation

→ can't manage emotions

Effects of trauma

- Lack of trust → disconnection, lack of sense of safety, relational difficulties
- Disempowerment
- Difficulties with problem-solving, critical thinking, emotional regulation
- Higher rates DM,CA, CVD, respiratory
 Dz, mental health issues
- Survival imperative
- Self-medication

Trauma and homelessness

- SHIFT study: 292 families, 30 mo
 - 79% mothers had experienced trauma in childhood
 - >66% experienced physical assault as an adult
 - 50% met criteria for PTSD

Trauma-informed care principles

- Safety Ensuring a physically and emotionally safe environment for the client
- Trustworthiness Establishing trust and trustworthiness, making client responsibilities and tasks clear and maintaining appropriate professional boundaries
- Choice Emphasizing and encouraging consumer choice and control
- Collaboration Focusing on a collaborative approach and sharing power with the client
- **Empowerment** Stressing the development of client empowerment and skill building

Harm-reduction principles

- Individual's decision to use is accepted
- Individual is treated with dignity
- Individual is expected to take responsibility for his or her own behavior

- > Individuals have a voice
- > Reducing harm, not consumption
- ➤ No pre-defined outcomes

Models of EOL care for those experiencing homelessness

Street and shelter palliative care

- Ottawa Mission :Podymow
- Harborview Medical Center Mobile

Palliative Care Program for Homeless Individuals

- PEACH: Toronto
- Alpha project: San Diego

Palliative Care or Hospice services in a respite facility

- Barbara McInnis House: Boston
- The Inn Between: Salt Lake City

Stand alone hospice homes

Diane Morrison Hospice: Canada

Joseph's House: DC

Hildegard House: Louisville

Welcome Home: Chattanooga

Abbie Hunt Bryce Home: Indianapolis

Sarah House: Santa Barbara, CA

Balm of Gilead: Birmingham, AL

Cost 30% of hospital stay/day

Dr Peter Centre, Vancouver

Mobile Palliative Care Program for Homeless Individuals (MPCH)

- 25% reduction in days spent in the hospital for individuals after six month enrollment in the MPCH program
- Emergency room visits dropped by more than 50% after program implementation
 - 344 visits 6 months prior, 158 visits 6 months post

ICHA Inner City
Health Associates

Login

Search

Home

About Us Sites Programs

Get Involved

Resources

Contact Us

Home » Programs

PEACH



PEACH: Palliative Education and Care for the Homeless

PEACH (Palliative Education And Care for the Homeless) is a Supportive & Palliative Care service of the Inner City Health Associates (ICHA), aimed to meet the pain & symptom, psychosocial and goals of care needs of homeless and vulnerably housed patients with

Related Pages

CATCH **PEACH**

Solace: Community, Comfort, and Care at Life's End

Madison, WI

Goal: Comprehensive Palliative Care and End-of-Life services to those who are homeless

Social Model Hospice Home: care for 4 nearing death

- Paid caregiving staff
- Large cadre of volunteers: supportive services
- Hospice services from outside
- "Surrogate family"
- Values-based: deep respect, compassionate presence, celebration of the varieties of human expression

THE GOAL



People without a home will have their preferred degree of shelter, symptom management, companionship, and compassionate supportive care during their dying process

Toolkit

♦ National Health Care for the Homeless Clinician's Network, Adapting Your Practice; Recommendations for End-of-Life Care for People Experiencing Homelessness, 2018 https://www.nhchc.org/wp-content/uploads/2018/07/2018-end-of-life-care-guidelines.pdf

♦ Current review articles:

- Hudson B et al, Challenges to Access and Provision of Palliative Care for People who are Homeless: A systematic Review of Qualitative Research, BMC Palliat Care, 2016, online Dec 3, 2016
- ♦ Kushel MB and Miaskowski C, End-of-life care for homeless patients: "She says she is there to help me in any situation", JAMA 2006, 296(24):2959-66
- McNeil R, Guirguis-Younger M, Dilley LB. Recommendations for Improving the End-of-life Care System for Homeless Populations: A Qualitative study of the Views of Canadian Health and Social Services Professionals. BMC Palliative Care. 2012;11:14.
- Kindermann, A and O'Connell JJ, Palliative Care for Homeless Persons, UpToDate, <u>www.uptodate.com</u>, updated June 18, 2018

Homelessness and end of life care

Practical information and tools to support the needs of homeless people who are approaching the end of life, and those who are bereaved

Peter Kennedy, Christina Sarafi and Wendy Greenish





https://www.mariecurie.org.uk/globalassets/media/documents/commissioning-our-services/current-partnerships/homeless_report.pdf

Toolkit p 2

US Social Model Hospice Homes w special focus:

- http://www.josephshouse.org (Joseph's House, Washington DC)
- http://www.sarahhousesb.org (Sarah House, Santa Barbara)
- http://www.morninglightinc.org/abbie-hunt-bryce-home/ (Abbie Hunt Bryce Home, Indianapolis
- <u>https://tibhospice.org</u> (The Inn Between, Salt Lake City)
- http://www.welcomehomeofchattanooga.org (Welcome Home, Chattanooga TN)
- http://hildegardhouse.org (Hildegard House, Louisville KY)
- http://www.solacehome.org (Solace Home, Madison WI)

Canada Social Model Hospice Home:

- https://ottawamission.com/hospice/ (Ottawa, ON, Canada)
- <u>http://www.drpeter.org/en/</u> (Dr Peter Centre, Vancouver)

Street services:

- Toronto: http://www.icha-toronto.ca/programs/peach (Toronto, Canada)
- Seattle: https://medicine.uw.edu/news/palliative-care-homeless (Harborview, UW, Seattle)

Toolkit p 3

Pain resources:

- https://www.mypcnow.org/blank-bhvai
- https://www.mypcnow.org/blank-zi1e3
- https://www.accp.com/docs/bookstore/psap/p7b05.sample03.pdf

Bibliography

- Beresford L, Hospice Houses for the Homeless Fill a Growing Need in an Aging Society, The Lancet United States of Health Blog, May 1 2017, http://usa.thelancet.com/blog/2017-05-01-hospice-houses-homeless-fill-growing-need-aging-society
- Bourgois P, Holmes SM, Sue K, Quesada J. Structural Vulnerability: Operationalizing the Concept to Address Health Disparities in Clinical Care. Acad Med. 2017;92(3):299–307.
- Cheung AM and Hwang SW, Risk of death among homeless women: a cohort study and review of the literature, CMAJ 2004 Apr 13;170(8):1243-7
- Clark TM et al, Pain management strategies for patients on methadone maintenance therapy: a systematic review of the literature BMJ Support Palliat Care, 2017, Vol.7(4), p.383-389
- Conner EA, *Providing End-of-Life Palliative Care for the Homeless*, Healthify on-line, 2/23/17, www.healthify.us
- Courtwrite A and Rubin E, Who Should Decide for the Unrepresented? Bioethics 2016, 30(3), 173-180
- Davis-Berman J, Serious Illness and End-of-Life Care in the Homeless: Examining a Service System and a Call for Action for Social Work, Soc Wk and Soc 2016 14(1)
- Den Boer et al, A systematic review of palliative care tools and interventions for people with severe mental illness, BMC Psychiatry 2019 19:106
- Ebenau et al. Palliative care for patients with a substance use disorder and multiple problems: a study protocol, BMC Palliative Care (2018) 17:97
- Ferrell, BR, Homeless and Dying in America: Facing the End of Life Alone, Medscape Jul 03, 2017
- Francoer RB, Ensuring safe access to medication for palliative care while preventing prescription drug abuse: innovations for American inner cities, rural areas, and communities overwhelmed by addiction, Risk Management and Healthcare Policy 2011:4: 97-105
- Giesbrecht M et al, Hospitals, clinics, and palliative care units: Place-based experiences of formal healthcare settings by people experiencing structural vulnerability at the end-of-life Health and Place 53 Sept 2018, 43-51

- Grant HS and Scott KK, An Introduction and Overview of Social Model Hospice Care, JHPN, October 2015, 17(5), 456-461
- Hakanson C et al, Providing Palliative Care in a Swedish Support Home for People who are Homeless, Qualitative Health Research 2016, 26(9), 1252-1262
- Healing Hands, *Innovative Programs Provide Comfort to Homeless People*, HCH Clinicians' Network, unknown publication date
- Healing Hands, *Pain Management: Reducing Disparities for Homeless Patients*, HCH Clinicians' Network, Oct 2004, 8(5)
- Henry B, Palliative Care as a Public health Issue: *Understanding Disparities in Access to Palliative Care for the Homeless Population Living in Toronto, Based on a Policy Analysis*, Current Oncology, June 2017, 24 (3), 187-191
- Hudson B et al, Challenges to Access and Provision of Palliative Care for People who are Homeless: A systematic Review of Qualitative Research, BMC Palliat Care, 2016, online Dec 3, 2016
- Huyhn L et al, *Minding the Gap: Access to Palliative Care and the Homeless*, BMC Palliative Care 2015, 14(62)
- Homelessness Kills www.crisis.org.uk © Crisis 2012 ISBN 978-1-899257-75-1
- Hubbell SA, Advance Care Planning with Individuals Experiencing Homelessness: Literature Review and Recommendations for Public Health Practice, PHN 2017, 34: 472-478
- Hutt et al, Challenges of Providing End-of-Life Care for Homeless Veterans, American Journal of Hospice & Palliative Medicine, 2016, Vol. 33(4) 381-389

- Huynh et al. Minding the gap: access to palliative care and the homeless, BMC Palliative Care (2015) 14:62 DOI 10.1186/s12904-015-0059-2
- Hwang S, Mortality Among Men Using Homeless Shelters in Toronto, Ontario, JAMA. 2000;283(16):2152-2157. doi:10.1001/jama.283.16.2152
- Kirsh KL and Passik SD, Palliative care of the terminally ill drug addict, Cancer Investigation 24:425-431
- Ko E and Nelson-Becker H, Does End-of-Life Decision Making Matter?: Perspectives of Older Homeless Adults, American Journal of Hospice& Palliative Medicine, 2014, Vol. 31(2) 183-188
- Krakowsky et al, Increasing Access—A Qualitative Study of Homelessness and Palliative Care in a Major Urban Center, American Journal of Hospice Palliative Medicine®30(3) 268-270
- Kushel MB and Miaskowski C, End-of-life care for homeless patients: "She says she is there to help me in any situation, JAMA 2006, 296(24):2959-66
- Leung et al The Effect of Advance Directive Completion on Hospital Care Among Chronically Homeless Persons: a Prospective Cohort Study, Urban Health (2017) 94:43–53
- Loeb SJ, Penrod J, McGhan G, Kitt-Lewis E, Hollenbeak CS. Who Wants to Die in Here? Perspectives of Prisoners with Chronic Conditions. *J Hosp Palliat Nurs*. 2014;16(3):173–181. doi:10.1097/NJH.000000000000044
- McNeil R and Guirguis-Younger M, Harm reduction and palliative care: is there a role for supervised drug consumption services? J Pall Care 28(3):175-177
- McNeil et al. Harm Reduction Services as a Point-of-Entry to and Source of End-of-life Care and Support for Homeless and Marginally Housed Persons who use Alcohol and/or illicit Drugs: a Qualitative Analysis BMC Public Health 2012, 12:312 http://www.biomedcentral.com/1471-2458/12/312
- McNeil R, Guirguis-Younger M, Dilley LB. Recommendations for Improving the End-of-life Care System for Homeless Populations: A Qualitative study of the Views of Canadian Health and Social Services Professionals. BMC Palliative Care.2012;11:14.
- Mundt-Leach R End of life and palliative care of patients with drug and alcohol addiction. Mental Health Practice 2016, 20, 3, 17-21.
- Milstrey Wells S, Homelessness Kills, www.homeless.samhsa.gov/Resource/Homelessness-Kills-55174.aspx (inactive link)

- National Health Care for the Homeless Council, HCH clinicians can help homeless people die with dignity, Healing Hands 8(1)
- National Health Care for the Homeless Council, *Pain management: reducing disparities for homeless patients*, Healing Hands 8(5)
- Neumann A, What Dying Looks Like in America's Prisons, The Atlantic, Feb 16, 2016
- Norris WM, Nielsen EL, Engelberg RA and Curtis JR, *Treatment preferences for resuscitation and critical care among homeless persons*, Chest, 2005, 127(6):2180-2187
- O'Connell JJ, Dying in the Shadows: the challenge of providing health care for homeless people, CMAJ 2004; 170(*) p 1251-1252
- O'Connell JJ, Palliative Care for Homeless Persons, UpToDate, <u>www.uptodate.com</u>, updated Jan 28, 2016
- Peattie P, Partnership Gives Hospice Care to Homeless, San Diego Union-Tribune on-line, Dec 31, 2014
- Pineau E, Palliative Care for the Homeless: An Intervention to Reduce the Healthcare Economic Cost, WURJ Fall 2014, vol 5
- Podymow T, Turnbull J, and Coyle D, Shelter-based palliative care for the homeless terminally ill, Pall Med 2006, 20(2):81-6
- Richter, M., & Hostettler, U. (2017). End of Life in Prison: Talking Across Disciplines and Across Countries. Journal of Correctional Health
- Sanders, S., & Stensland, M. (2018). Preparing to Die Behind Bars: The Journey of Male Inmates With Terminal Health Conditions. *Journal of Correctional Health Care*, 24(3), 232–242. *Care*, 23(1), 11–19.
- Shulman C et al, End-of-Life Care for Homeless People: A Qualitative Analysis Exploring the Challenges to Access and Provision of Palliative Care, Palliat Med 2017

- Song J, Ratner ER, Wall MM, et al. Effect of an end-of-life planning intervention on the completion of advance directives in homeless persons. Ann Intern Med. 2010;153(2):76-84.
- Song J, Bartels DM, Ratner ER et al, *Dying on the streets: Homeless persons' concerns and desires about end of life care*, Society of General Internal Medicine 2007, 22:435-441
- Song J, Ratner ER, Bartels DM, Alderton L, Hudson B, Ahluwalia JS. *Experiences with and attitudes toward death and dying among homeless persons*. J Gen Intern Med. 2007;22(4):427-434
- Song J, Wall MM, Ratner ER et al, *Engaging homeless persons in end of life preparations*, J Gen Int Med 2008, 23(12):2031-45
- Song J, Ratner ER, Bartels DM. Dying while homeless: is it a concern when life itself is such a struggle? J Clin Ethics. 2005;16(3):251-261.
- Sumalinog et al, Advance Care Planning, Palliative care, and end-of-life interventions for Homeless People: A Systematic Review, Palliative Medicine 2017 31(2), 109-119
- Tarzian AJ, Neal MT, and O'Neil JA, Attitudes, experiences, and beliefs affecting end-of-life decision-making among homeless individuals, J Pall Med 8(1):36-48
- Tedeschi B, Dying on the Streets: As the Homeless age, A Health Care System Leaves Them Behind, STAT Online News, 2/17/2016, statnews.com
- Tobey M et al, Homeless Individuals Approaching the End of Life: Symptoms and Attitudes, J Pain Symptom Manage, 2017 Apr;53(4):738-744
- Wyatt K, Social Model Hospice Homes May Revolutionize End-Of-Life Care in the U.S., Huffington Post The Blog, 6/23/15