



@carolineshulman
@NiamhBMungos



End of Life?

Practical tools and a new approach to help you identify and support homeless people with advanced ill health

DR CAROLINE SHULMAN & NIAMH BROPHY

OVERVIEW OF WORKSHOP

Rationale for research & main findings

GROUP DISCUSSION: Multi disciplinary working

GROUP DISCUSSION: Engaging clients whose health is deteriorating

Feedback & Conclusions

Rationale

Why study end of life care in homeless people?

- ◆ High numbers of young deaths – average age of death 47
- ◆ Deaths often not planned for
- ◆ Uncertainty about how best to support homeless people as their health deteriorates
- ◆ Diseases, such as liver disease, often have uncertain trajectories

Palliative care & homelessness

"I think people are just resistant to the concept of them [homeless people] being palliative patients. You're dealing with people who're still relatively young, even in their 50s, that's still young...it's difficult"

General Practitioner

Main Findings

Complexities in planning

Challenges for hostels as a place of care

Difficulty identifying end of life care needs

Difficulty discussing preferences

Lack of options

What helps / what works well

Working with Complexity



A shift in Attitude?



What does this mean in practice?



CASE STUDY

MULTI DISCIPLINARY WORKING

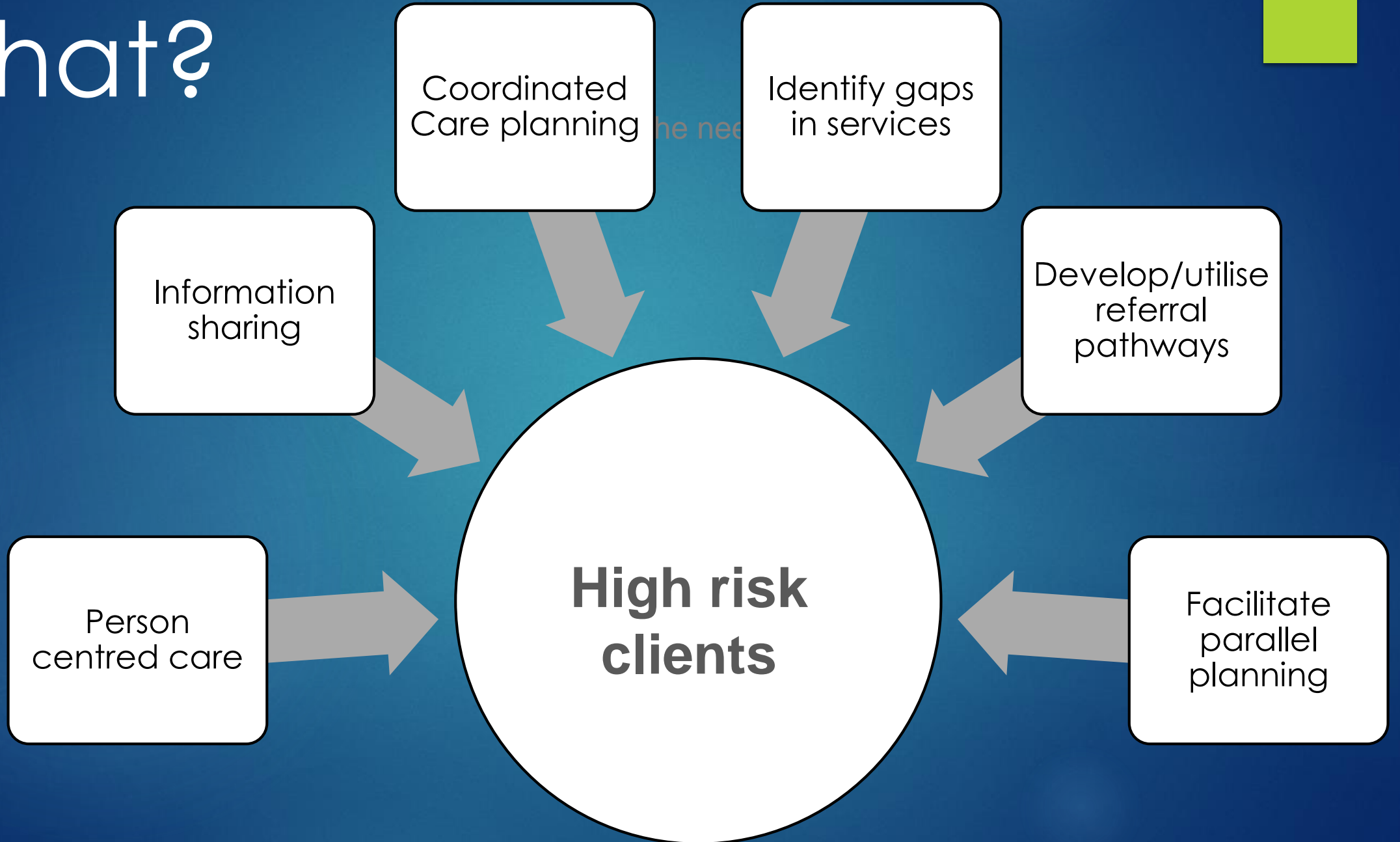
REVIEW MEETINGS FOR

HIGH RISK CLIENT

Who?



What?



When?

Every 4 weeks

1 hour lunchtime meeting

GROUP DISCUSSION

Time: 15mins

Could this approach be helpful for you?
If so, how could this be replicated in the area
your work?

Consider

- Identification & Consent
- Who and what could help
- Information to be shared
- Challenges
- Benefits



FEEDBACK AND ACTION POINTS

“It’s making sure that we are sharing the load where applicable. I think...we are a very effective team and sometimes we...individuals...might take on more than they need to. I think that palliative care, end of life care is something which is so multidisciplinary. We are incredibly good at what we do but we cannot solve all of the problems for end of life care on our own”

Specialist nurse practitioner



Engaging clients about their
deteriorating health

Why it might be difficult



Uncertainty of
prognosis

Denial - from
all sides

Concern about
fragility &
removing hope

Lack of
confidence

Lack of options
to offer

What to talk about

Engaging clients whose health is deteriorating

Hopes/concerns about the future



Treatment/
Support needed

Motivation for change



Important
relationships

Insight into illness



Advance planning



“For people who aren’t engaging... Self-discharging, in and out of hostelsnobody feels they completely know that person...and having those... very difficult conversations, well ...sometimes people feel that someone else should be doing it... no one feels qualified... So...if someone comes into hospitaland we only have a 5 minute chat – should I have had that conversation with them...?”

Health Care Professional

GROUP DISCUSSION

Time: 15mins
Sharing and Learning

From your experience, how do you engage clients whose health is a concern?

Discuss

- What you talk about
- Strategies for engagement
- Challenges
- Who and what helps



FEEDBACK AND ACTION POINTS

Parallel Planning

Hoping for the best, planning for the worst

Hopes/concerns about the future



Treatment/
Support needed

Motivation for change



Important
relationships

Insight into illness

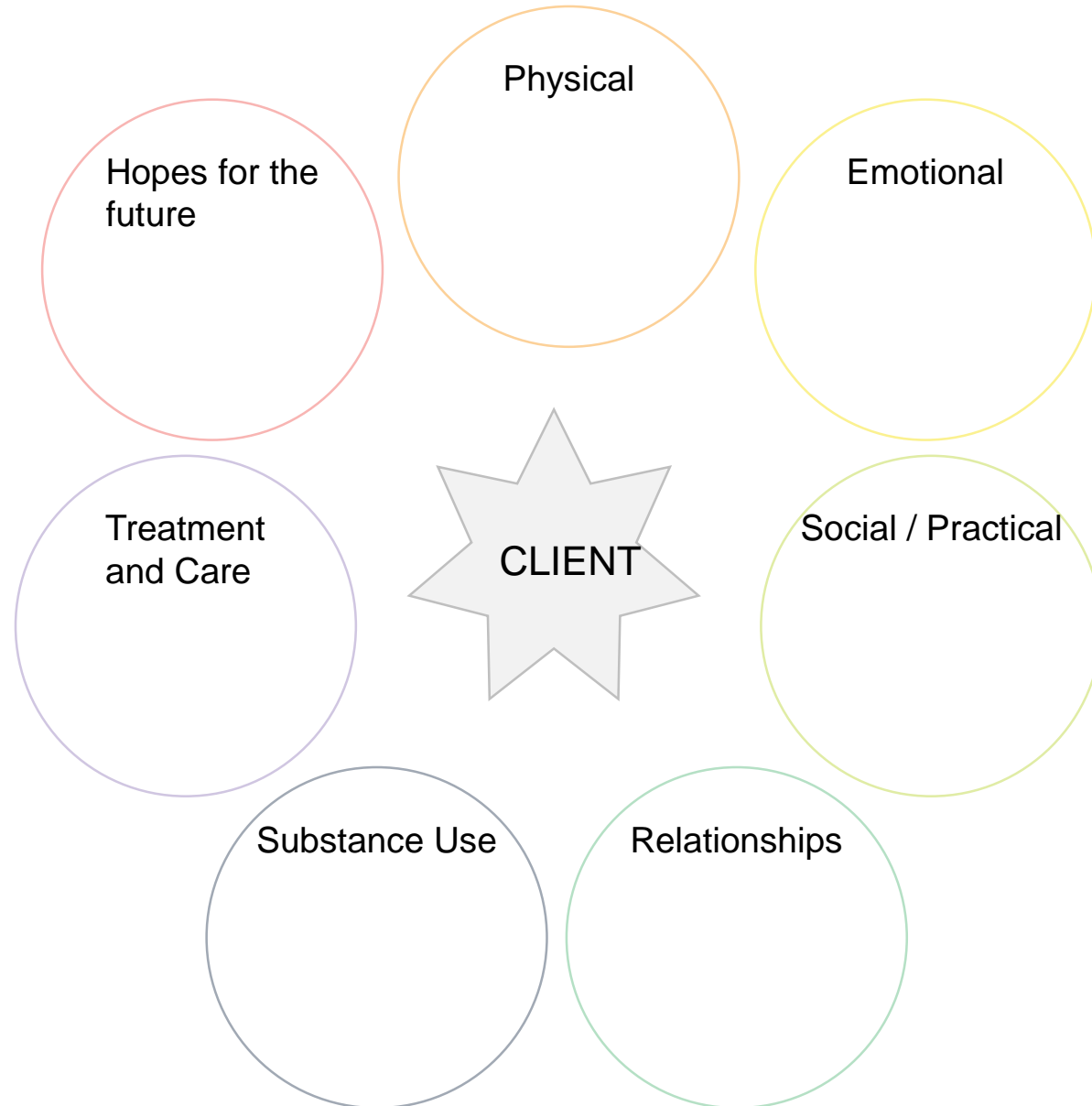


Advance planning



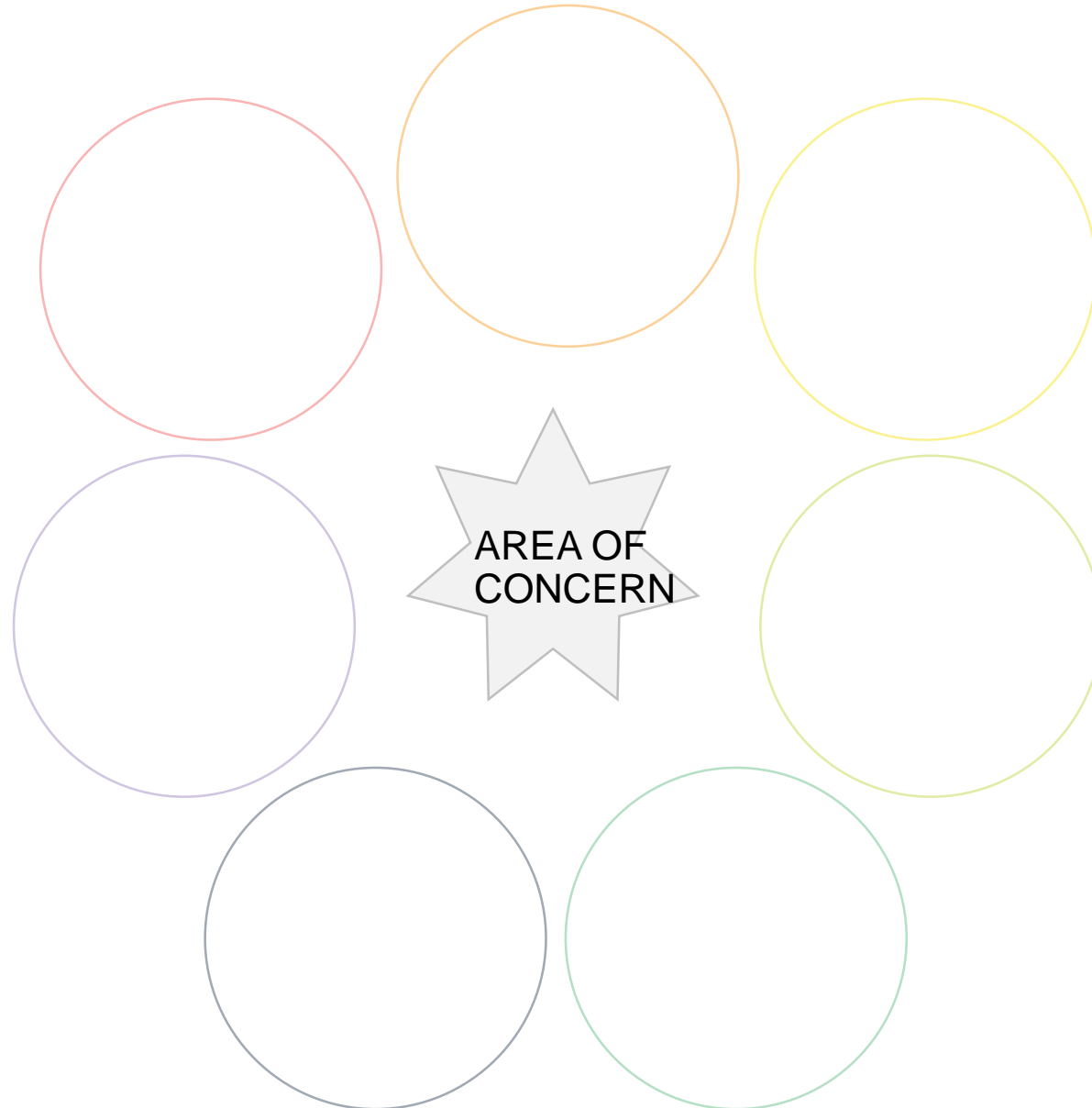
Support and concerns mapping

- Place client towards centre of the map
- Locate important issues to address
- Colour lines according to client's priority



Support and concerns mapping

- Place clients area of concern towards centre of the map
- Locate important issues to address
- Colour lines according to priority



Questions to consider

PHYSICAL

- Do you have thoughts about where things are going with your illness?
- What do you understand about your current health situation?
- What are your main concerns?
- What would you like to see happen next?
- Have you been having trouble attending appointments, is there anything I can do to help you with this?

SUBSTANCE USE

- Do you wish to reduce your drinking/substance use?
- Say you struggled to stop drinking, what do you think might happen in the next 3/6/9 months?
- Would you like to go to detox/rehab?
- Can we make a plan to meet again in a few days/weeks/months, and see where you're at with everything then?

RELATIONSHIPS

- Who are the people you trust the most?
- Who would you like to be there if you got ill (again)?
- Who would you NOT want to be there if you got ill?
- Would you like to get in touch with family?

TREATMENT AND CARE

- Do you feel you need any extra support with your care (nursing or personal care)?
- Are you having any difficulties getting around?
- If you became very ill, where would you want to be cared for? Here at the hostel, in a hospital or a hospice?
- Would you like to talk to your GP/doctor about what treatments you want/do not want?

EMOTIONAL

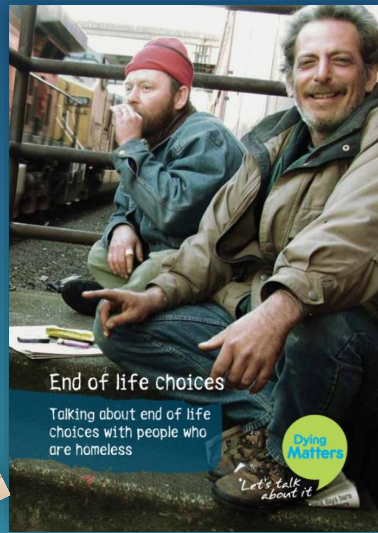
- How are you feeling about your recent diagnosis/hospital admission/poor health?
- I've noticed you seem a bit withdrawn lately, can I help with anything?
- Would you like to tell me about your concerns/worries?
- What do you feel would help right now?

HOPES FOR FUTURE

- What is most important to you at the moment?
- Are there things you have always wanted to do?
- Would you like support to reconnect with family?

SOCIAL / PRACTICAL ISSUES

- How do you feel about staying at the hostel?
- Have you thought about making a will or letter of wishes?
- What do you want to see happen with your possessions/pets after you die?
- Have you ever thought about how you'd like to be remembered?



Thank you for listening!

Dr Caroline Shulman
Caroline.shulman@nhs.net

Niamh Brophy
Niamh.Brophy@mungos.org



Any questions?