Palliative Care and the Vulnerably Housed



What does The Lighthouse offer?

We have a clinic on site. There is limited palliative care. We have GP's and other health care professionals working out of The Lighthouse.

There is no full time medical person on staff.

We have two facilities. One is an emergency shelter. The second is short term housing for people wanting help to get settled into permanent housing.

Inside Intel

Our community of people are not used to advocating for themselves. They are used to life happening to them.

They also <u>expect</u> bias toward them and specifically from the medical community... not you of course!

Most people will have no Power of Attorney so this should be addressed early in the process.

Inside Intel

There is a strong likelihood that there is a medication issue, whether under or over-taking it.

Many people have lived their lives in chaos and have not had conversations about end-of-life care, or, about options available to them.

At the same time, many people are only facing recent trouble and are more able to advocate or have thought these things through.

Inside Intel

Common medications you might see:

- anti-anxiety medications
- serotonin/reuptake inhibitors
- antipsychotic medications
- antidepressants
- opioid and non-opioid pain medications
- diabetic medication
- heart medication

A Scientific Look

45% of those with Opioid Use Disorder (OUD) die from liver or heart disease, or cancer.

Palliative care is less likely to be available in either a clinic or a home setting for those with OUD.

On average, palliative care begins 35.8 days later for those who live with OUD.

Jenny Lau, Mary M. Scott, Karl Everett, Tara Gomes, Peter Tanuseputro, Sheila Jennings, Rebecca Bagnarol, Camilla Zimmermann and Sarina R. Isenberg CMAJ April 29, 2024 196 (16) E547-E557; DOI: https://doi.org/10.1503/cmaj.231419

Medical Reality

Hepatitis C= 28x's more likely

Heart Disease = 5x's more likely

Life expectancy is about half... 34-47 years

Cancer = 4x's more likely

Specific Needs of Clients

An invested advocate

Kindness

Over-explain information and next-steps. Workers may not all have the same information.

Be careful of acronyms and jargon.

Embrace uncomfortability

3 Cautions

- 1. Assume everyone wants to live as badly as you do.
- 2. There is a difference between bad choices and bad people.
- 3. Make sure your belief in the dignity of life extends to all people.

3 Immediate Needs from Care Providers That May not Cost a Dime

- 1. Be accessible

 2. Be flexible
 - 3. Be humanistic

A word from Bruce

The one who lets his demons win
The one we think we're better than
A challenge great as I recall
Our orders said to love them all

