

# Living on the Edge of the Edge: Palliative Care: A Harm Reduction Model for People Experiencing Homelessness in SF

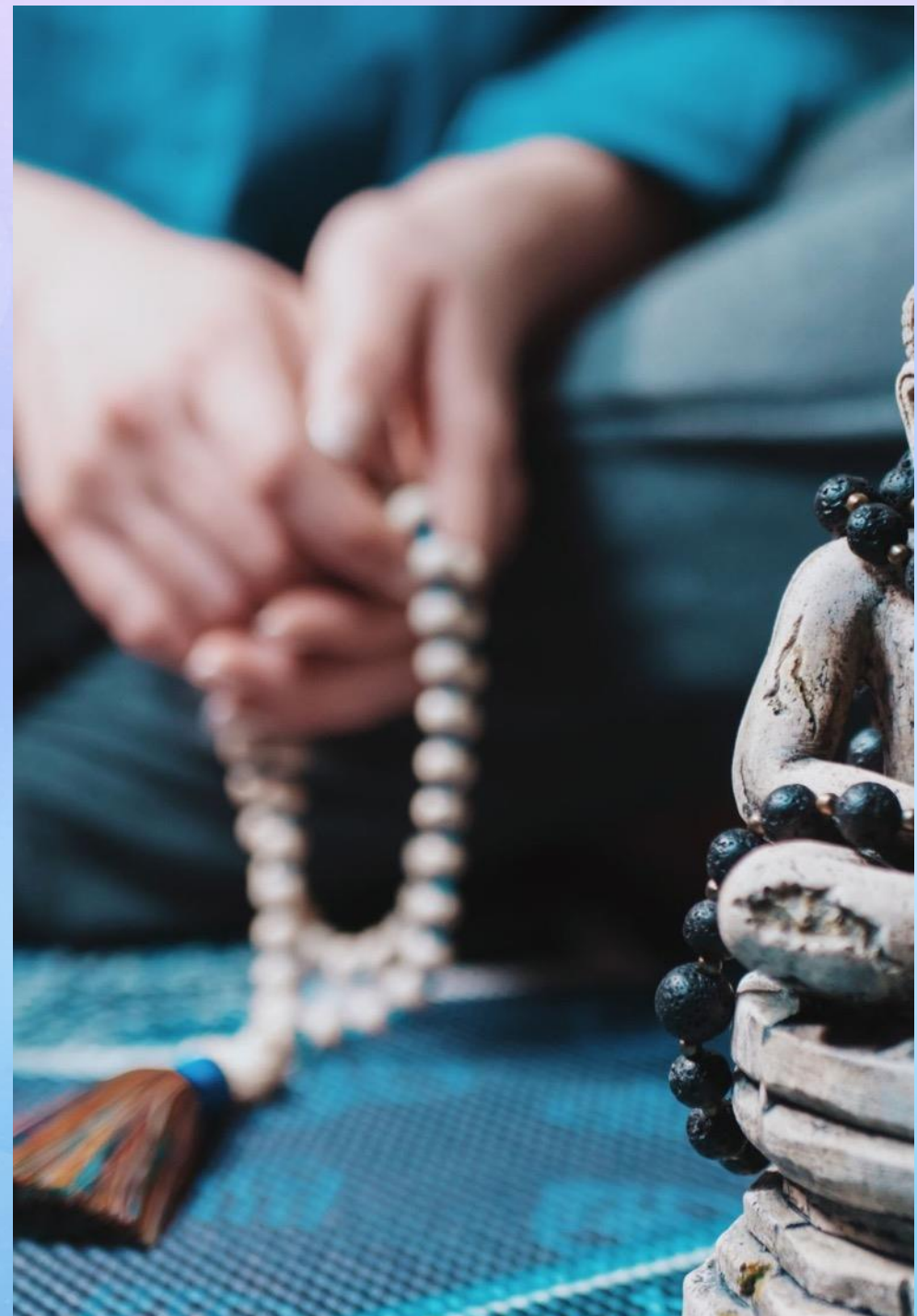
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# Our Mission Statement

Our Mission is to create a sacred space to hold the complexity of living and dying at the edge of life for people experiencing homelessness.

Our pts have complex medical and psychosocial needs coupled with deep relationships with substance use.





A background image showing two hands, one light-skinned and one dark-skinned, holding and pouring a stream of bright red soil from the top hand into the bottom hand. The scene is set outdoors with green foliage and a clear blue sky in the background.

# **What is Traditional Hospice & Palliative Care?**

- **People on palliative care and hospice often live longer than people with life limiting illness not on palliative care**
- **Hospice provides comfort without curative care while palliative care provides comfort with or without curative care**
- **Traditional palliative care: For patients with end stage medical illness**
  - **Focusing on comfort and symptom management**
  - **Identifying and supporting patient's goals**

# Defining Street Medicine Palliative Care

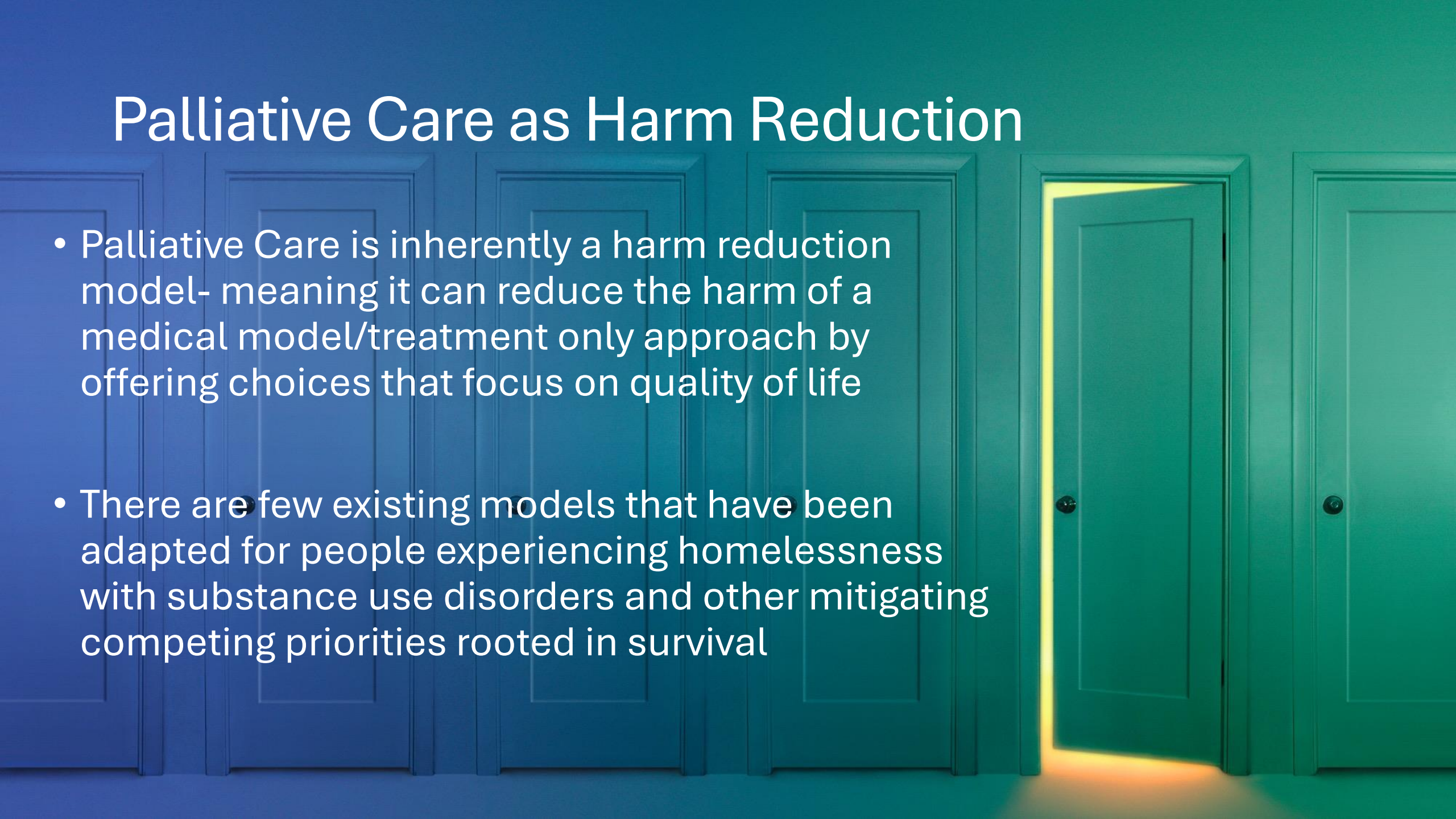
- **Many of our patients are struggling to “live” with their health diagnosis, but they don’t technically meet criteria for traditional palliative care.**
  - **We support them with palliative care any way**
- **If people want treatment, we work with them to remove barriers**
  - **Chemo in a tent.**
- **If people do not want to do the medically recommended treatment, we create a plan which works for them.**
  - **Osteomyelitis care on the street**





# Palliative Care as Harm Reduction

- Palliative Care is inherently a harm reduction model- meaning it can reduce the harm of a medical model/treatment only approach by offering choices that focus on quality of life
- There are few existing models that have been adapted for people experiencing homelessness with substance use disorders and other mitigating competing priorities rooted in survival





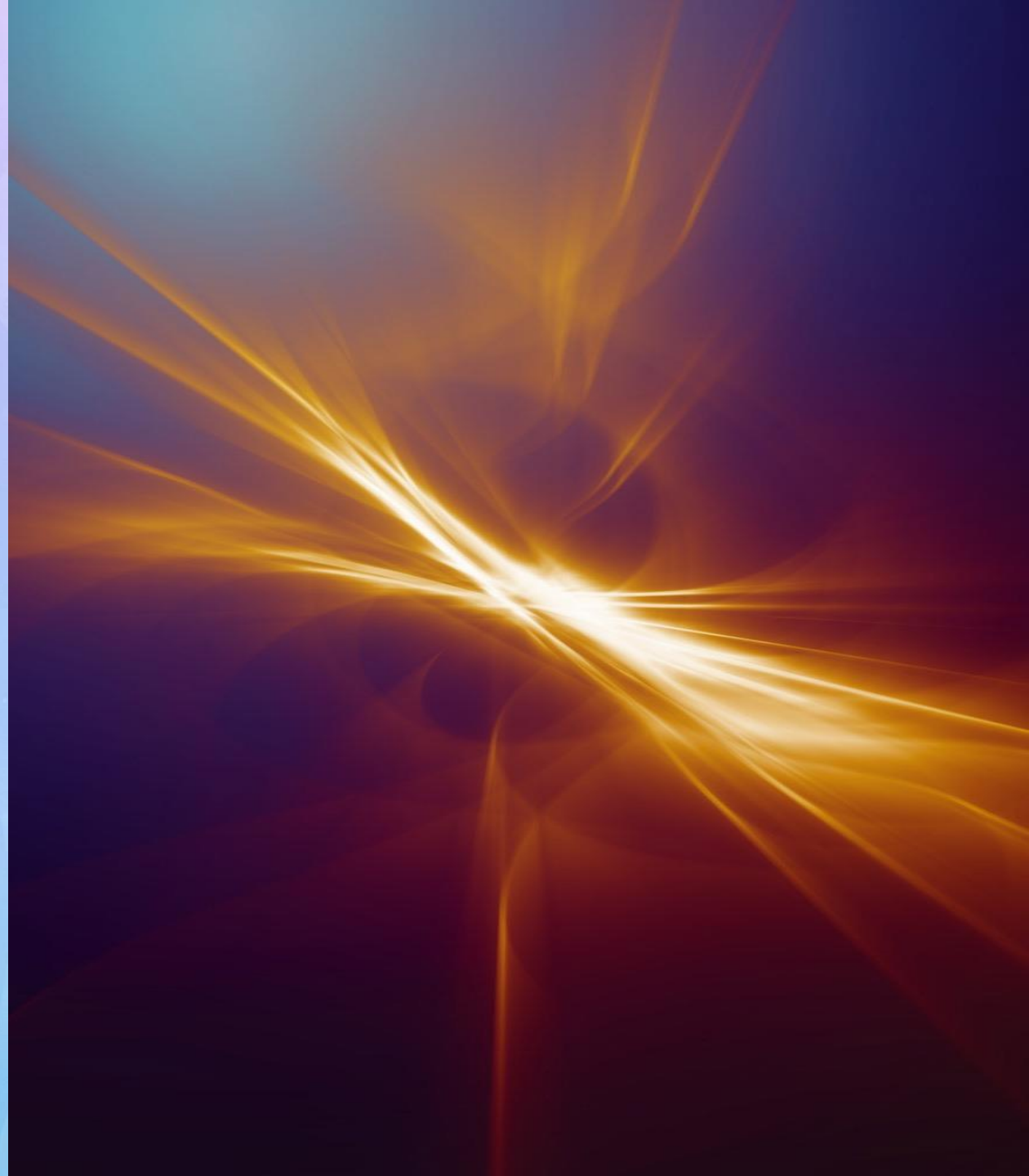
# **Street Medicine Palliative Care Project: A more formal version**

- Who are we?
- How did this project begin?
- Our patients are the inspiration



# Our Framework

- Outreach and Engagement
- Clinical Care Coordination
- Trauma-Informed Patient Centered Care
- Inquiry
- Closure



# Skills and competencies our team works on

- Reading the air- *non-verbal communication*
- **“The deep end”**
- Accelerated time-lines while moving slow
- Listening
- Communication
- **“Minding the straddle”**
- Partnering with community organizations, hospitals, and hospice agencies





# Making end of life care opiates work for people who use substances

- Keep in mind that “it can work”
- It requires flexibility, an open mind, checking bias, and a lot of open communication
- It is a dynamic process
- Necessitates meaningful and trusting relationships with patients and hospice care providers
- **People who use drugs deserve to have their pain needs met**



# Goals of Care Conversations:

- **Goals of Care conversations help define what is most important to patients in their living and dying process.**
- **Requires *Courage***
- **This does not have to be an advanced directive or POLST. It can start with something as simple as who is the emergency contact**
- ⑩ **Verbal and non-verbal communication around care is welcomed and valuable (ex. Patient states they want care but never show up)- aka “*read the air*”**
- ⑩ **Build a relationship. Your relationship and rapport is the key to it all**
- ⑩ **Name the straddle: reflecting to the patient honestly and transparently about what you see, in ways that make sense.**
- ⑩ **Interpretation is advocacy: Make sure charting reflects person’s desires**