

The Tragedy of Dying Homeless

What you need to know

Those who are experiencing homelessness die at a higher than average rate. There is also a higher prevalence of chronic illness. Despite these realities, there is a lack of end-of-life care available for those experiencing homelessness in Canada.



What is this research about?

Deaths among homeless people occur at higher than average rates. This is partly due to higher rates of AIDS, cancer and hepatitis and also due to lack of access to regular healthcare services. Homeless people in Canada are entitled to public healthcare services; however, they can often be hard to access. There are barriers that prevent treatment, follow up and compliance with treatment.

Barriers include poverty and substance use as well as lack of: a telephone, a mailing address, or transportation.

A large number of homeless people are found dead in public places. They may also be found in residential dwellings, arrive dead to Emergency Rooms, or die after arriving at hospitals. People who are terminally ill and are experiencing homelessness, may not

receive adequate care. They expressed concern with dying alone and not having their end-of life wishes met.

Regular hospices may not be able to assist with the needs of homeless clients. These needs often include alcohol and substance abuse. In Canada, there is only one hospice that provides end-of-life care specifically for those who are homeless.

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www.homelesshub.ca
for more information

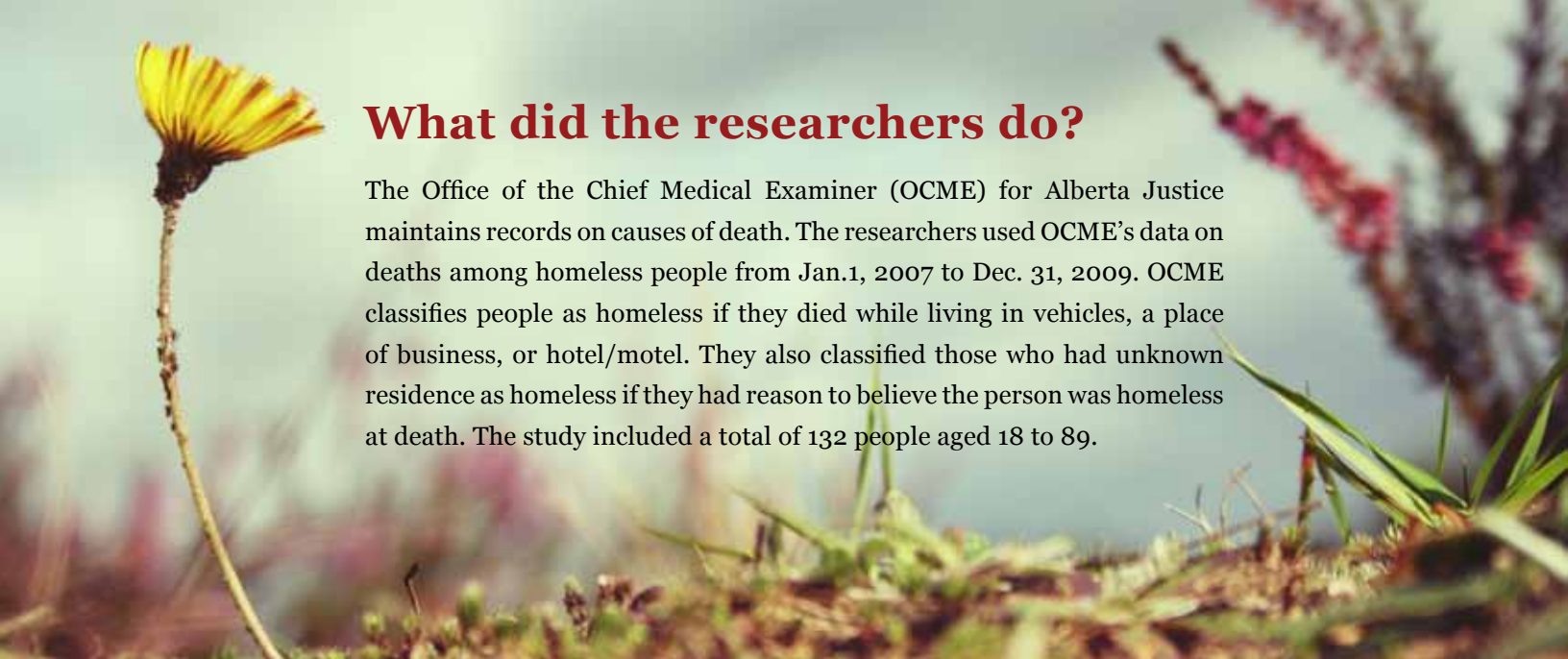
KEYWORDS

Homelessness, hospice, mortality, palliative care, shelter, Hepatitis, HIV, chronic illness

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What did the researchers do?

The Office of the Chief Medical Examiner (OCME) for Alberta Justice maintains records on causes of death. The researchers used OCME’s data on deaths among homeless people from Jan.1, 2007 to Dec. 31, 2009. OCME classifies people as homeless if they died while living in vehicles, a place of business, or hotel/motel. They also classified those who had unknown residence as homeless if they had reason to believe the person was homeless at death. The study included a total of 132 people aged 18 to 89.

What did the researchers find?

Drug and alcohol-related deaths made up 45.5% of deaths. This includes both acute and long term complications such as liver failure.

Natural deaths made up 19.7% of deaths. This includes heart disease, pneumonia, cancer, diabetes, and peritonitis.

The suffering associated with deaths from these causes can be eased by appropriate medical management, and a comfortable setting.

HOW CAN YOU USE THIS RESEARCH?

Policy makers should consider the perspectives of those experiencing homelessness when implementing healthcare policy. It is important to take into account the different needs for those who are unable to access key services.

Service providers should consider the needs of these individuals who are suffering from chronic illness,

or who face negative prognosis. Special effort should be made to assist with end-of life planning and providing resources.

Researchers can expand this study to include other cities. Additional studies should consider people who have experienced homelessness, and who are chronically ill within the hospital setting.

The Canadian Homeless Research Network (CHRN) has partnered with the **Knowledge Mobilization (KMB)** Unit at York University to produce Research Summaries on the topic of Youth Homelessness in Canada. CHRN focuses on education, networking and knowledge mobilization in order to move towards effective long-term solutions to homelessness.

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