THE GOOD WISHES PROJECT:
AN END-OF-LIFE INTERVENTION FOR INDIVIDUALS LIVING IN HOMELESSNESS

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OBJECTIVES

1. Review the literature on the **gap in palliative care** and the needs of homeless and vulnerably housed populations

2. Exploring the applicability of the **Three Wishes Study** to the homeless and vulnerably housed population

3. Provide an introduction to **PEACH** and the **Good Wishes Project**

4. Review our study methodology and preliminary results
A GAP IN PALLIATIVE CARE

Individuals with low SES, particularly those living in homelessness, have:

• High morbidity and mortality
• Barriers to accessing palliative care
  • Prohibitive infrastructure
  • Stigmatization and mistrust
  • Inadequate or vulnerable housing
  • Often limited social or family support
  • Lack of adoption of harm reduction strategies
• Poor outcomes

“Toronto Street Sleeper” by Andy Burgess
PALLIATIVE CARE NEEDS OF THE HOMELESS

Unique end-of-life concerns:

- Stigmatization in health care systems
- Common fear of dying anonymously\(^7\)
- “Profound loss of self” associated with homelessness\(^8\)
- Belief that their wishes will not be respected, that care will be poor at end of life\(^9\)
- Lack of finances, access to basic needs

First patient of PEACH, THE CANADIAN PRESS/Chris Young
A CALL FOR DIGNITY-CENTERED CARE

“I’d like my doctor to scan me, to grope for my spirit as well as my prostate. Without such recognition, I am nothing but my illness.”

– Anatole Broyard, essayist and former editor of the New York Times Book Review

Dignity and the essence of medicine: the A, B, C, and D of dignity conserving care

Kindness, humanity, and respect—the core values of medical professionalism—are too often being overlooked in the time pressured culture of modern health care, says Harvey Chochinov, and the A, B, C, and D of dignity conserving care can reinstate them.
IMPROVING PATIENT CARE

Original Research

Personalizing Death in the Intensive Care Unit: The 3 Wishes Project
A Mixed-Methods Study

Deborah Cook, MD; Marilyn Swinton, MSc; Feli Toledo, MDiv; France Clarke, RRT; Trudy Rose, BA, MTS; Tracey Hand-Breckenridge, MDiv; Anne Boyle, BScN, MD; Anne Woods, MD, MDiv; Nicole Zytaruk, RN; Diane Heels-Ansdell, MSc; and Robert Sheppard, MD
Wishes

• humanizing the environment, personal tributes, family reconnections, rituals & observances, paying it forward

Found the project personalized the dying process in the ICU through three related domains\(^2\):

• dignifying the patient
• giving the family a voice
• fostering clinician compassion
Palliative Education And Care for the Homeless

- To meet the pain & symptom, psychosocial and goals of care needs of homeless and vulnerably housed patients with life-limiting illnesses

- Street and shelter, community-based service in collaboration with Toronto Central CCAC (Community Care Access Centre)
THE GOOD WISHES PROJECT

• Aims to personalize the end-of-life experience, provide comfort and dignity

• Partnership between ICHA’s PEACH program and Haven Toronto, founding donation from the Sovereign Order of St. John of Jerusalem, Knights Hospitaller

• Began enrollment June 2016

Eligibility criteria:
• Consent
• Client of the PEACH program
• estimated prognosis 12 months (previously 3-6 months)

• How does it work?

http://www.haventoronto.ca/the-good-wishes-project/
OBJECTIVES

PRIMARY:
Elicit provider perspectives on the utility of the Good Wishes Project in the delivery end-of-life care to individuals who are homeless or vulnerably housed

SECONDARY:
a) Determine if the 3 Wishes Project can be successfully and feasibly adapted to a population of homeless and vulnerably housed individuals at end-of-life

b) Determine the challenges of adapting the 3 Wishes Project to a population of homeless and vulnerably housed individuals at end-of-life and develop recommendations to address them

c) Elicit the differences in adapting the 3 Wishes Project to a population of homeless and vulnerably housed individuals at end-of-life
Mixed-methods study conducted with multiples sites (i.e.: shelters and community agencies) in partnership PEACH in downtown Toronto.
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<th>Table 1: Patient demographics (n=27)</th>
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“GOOD WISHES”

40 wishes made

24 completed

9 pending

7 not done (including not deemed appropriate or not able to be completed)

Figure 1: Wish Status at 14 months
**Figure 2: Categorization of Wishes (Pending and Completed)**

- **End-of-Life Preparations:**
  - Funeral planning and preparations
  - Ambulance fees
  - Rent

- **Basic Needs:**
  - Clothing
  - Home furniture
  - Home appliances
  - Glasses
  - Dentures
  - Groceries
  - Phone bills

- **Entertainment:**
  - Electronic device
  - Musical instrument

- **Paying it forward:**
  - Gift for friend
  - Donation to charitable organization

- **Personal Connections:**
  - Visits with family
  - Meals with family, friends, providers
  - Celebration of life dinner
The Good Wishes Project has thus far been found to have utility in *four main domains*:

- Prioritizing the patient’s agenda
- Establishing trust and rapport in a marginalized population
- Enhancing dignity
- Meeting basic needs
“.. we carry a certain *power and privilege* with us and with that comes our agenda. And *our agenda may not always match up with the patients’ agenda*, especially when we were dealing with the marginalized and vulnerable population. And so this added another piece to our arsenal to be able to match an agenda up so that we might be able to come back and serve the population more.”
“One of the massive barriers between professionals and those that they help, is the professional distance, it builds a barrier and it leads the client to feel as though they’re just a number… [with the GWP came] a massive change in their demeanor, their body language, their posture; they were just so open to having us visit..”
“.. these clients have had **difficult lives**, not to say that other people haven’t, but you know you’re **often feeling neglected or not worthy of care and support** and to be able to **make them feel like they’re a unique, special person** and is like such a beautiful thing to witness”
“.. I think there needs to be a sense that on the front lines, that **everything** is about sustenance and daily survival. And if there’s a gift, it does not surprise me that most of our patients, or many of them, put these **gifts towards a more practical use around the social determinants of health or daily sustenance** or functional supports, rather than extravagant gifts. “
PROGRAM EVALUATION
ENABLERS OF SUCCESS

• Utilizing connections from pre-existing relationships

• Sharing responsibility with front-line providers

• A rewarding experience for providers
“.. when you’re doing day-to-day role it’s one thing, but when you get to do something that you know will make them smile… this is something that [they] wanted, and you’re part of that. It’s really rewarding. It doesn’t feel like you’re doing something extra. It feels like you should have done this all along.”

“.. it also renewed my efforts in the field of [my profession], which is exceedingly difficult at times. And you know the heart, kindness, the generosity of these men and women that I worked with really galvanized why I got into [my profession] to begin with”
CHALLENGES & RECOMMENDATIONS

Defining a wish

Establishing criteria for acceptable wishes, sharing with front line workers

Third party as an “extra hoop”

Increased involvement of front line providers

Timeliness of gifts

More staff for behind the scenes

Distribution of workload

Prioritizing memorialization
LIMITATIONS & FUTURE DIRECTIONS

- Data still preliminary – more perspectives to be gained!
- Utility of project from perspective of providers, not participants themselves
- Funding source and partnering organization - may not be easily applied to other populations/groups
“….They became the visible ones.”
Thank you!
REFERENCES


QUESTIONS?

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