Introduction to homelessness and end of life care

Very little is known and few interventions have focused on improving end of life care for underserved populations. Several hundred thousand to several million people in the United States are homeless on a given night; about 7.5% of the US population will be homeless at some point in their lifetime. The number of homeless individuals in Minnesota in 2009 was estimated by the Wilder Research Foundation to be 9,452 youth and adults (46% of the homeless adults had a chronic health illness). Homeless persons suffer from greater morbidity than any other impoverished population, face great barriers to health care and die at 3–10 times the rate than the general population. Advance directives or living wills are documents written by individuals that specify what actions should be taken for their health in the event they are no longer capable to make decisions for themselves. Advance care planning may be beneficial to homeless and other impoverished populations characterized by their health and their personal and health care relationships.

Brief overview of study (methods)

Recruitment: 262 individuals were recruited from 8 different sites and programs that serve the homeless in Minneapolis, Minnesota. Individuals were required to be at least 18 years old, speak English fluently, have decisional capacity, and/or have been homeless or at risk during the previous 6 months.

Intervention: All participants were given the opportunity to complete an advance directive through one of two interventions:

- Minimal intervention (MI): Individuals were given advance directive forms, educational information, and the means to return the advance directive form to study staff.
- Guided intervention (GI): Participants were given the opportunity to return on a subsequent day to receive one-on-one advance care planning counseling from social workers and study staff.

Outcomes: Advance directive completion was higher in the guided intervention group (37.9%) than in the minimal intervention group (12.8%).

To assess the effectiveness of the interventions a site-specific follow-up was conducted three months after recruitment in which individuals who had filled out a survey similar to the one they completed at baseline (12% of individuals were re-interviewed in the study).

Advance directive analysis: Advance directives were coded by two investigators and subsequently audited by a single investigator (all investigators met on a later date to discuss discrepancies that arose).

Treatment Discussion

If they had a reasonable chance of recovery, most people (94%) indicated that their advance directive that they would want to receive all life-sustaining measures. Many (53%) specified that they wanted a family member or other surrogate to decide.

If completely dependent, most people (98%) indicated that they wanted a surrogate (usually a family member) to make decisions for them. Discussions of family were a common and recurring occurrence throughout the advance directives, since it is usually thought that most homeless people are estranged from family. In fact, 95% of the individuals in the study appointed a family member as their designated health care agent in their advance directives.

If permanently unconscious, 55% of people wished to receive treatment and suffering from a terminal illness 66% of people wished for severe treatments. These preferences are significantly lower than those expressed in other populations with results ranging from 76%–84% of individuals wishing for fargo treatments when asked about similar discomforts. (This is most likely a result of mistrust between homeless people and health care professionals).

Dignity-based questions

When asked "To respect my dignity, people who care for me could do the following," many people (54%) responded that they simply wanted to be treated respectfully. For example, one person wrote, "Do not treat me as a sick person, treat me as a human being." When asked "Thinking back over my life, I am most proud of these things," people gave many specific and poignant responses. 27% of people were proud of their children, 23% were proud of other members of their family, 19% were proud of personal traits and 19% were proud of their accomplishments. A surprising result was that health maintenance activities are very important to the homeless, 91% said their goal was to stay healthy or improve their health; 70% listed specific healthcare maintenance activities as their goal. (One person said to "keep up with appointments and check medical records after test results.

Healthcare Goals

References


