Holistic Care of a Palliative Patient Facing Homelessness. Use of a World Café to reflect and learn from our experiences.

Case History

People experiencing homelessness may be at higher risk of developing advanced cancer and can face difficulties accessing services, including palliative care

A 49 year old lady, Lisa*, was diagnosed with cancer in prison. She'd been vulnerably housed most of her life and street homeless just prior to hospice admission.
She had a history of substance use and was stable on Methadone.

There were concerns about admitting her to the hospice. Caring for her presented new challenges for us but we were able to support her in a number of ways:

Physical - complex pain management in a patient on methadone
Psychological- she was frightened of dying, even feeling she had brought the cancer on herself. We provided a great deal of emotional support.
Personalised care - she had very little in terms of belongings and was extremely distressed at the changes in her appearance due to cancer. We were able to get her toiletries, underwear, clothes from the hospice charity shops. And also a Christmas Tree for her room, for which she was delighted!
Spiritual care - she reconnected with her catholic faith and benefitted greatly from visits from the catholic chaplain.
Family - we supported her to reconnect with some of her family

Ultimately, her fundamental need was to feel safe. Towards the end of her life she was re-admitted briefly to hospital, from where she absconded back to the hospice, asking if she could 'come home please'.

After her death we held a 'World Cafe' event to reflect on, and learn from, our experiences.

*not her real name

World Café' Technique

This is a method of facilitating conversation in a large group of people and is considered particularly effective in connecting multiple ideas and perspectives on a topic[1]

Participants move round tables, each table having a host and a carefully crafted question to discuss.

At the end everyone comes together to share their insights, which can be recorded as notes or drawings.

The underlying principle is that a safe and hospitable space is created where people are encouraged to share their thoughts and experiences[2]

Conclusions

Staff who attended the World Café found it a valuable way to reflect and learn from our experience caring for this patient.

Powerful themes emerged, such as the meaning of 'family', the concept of 'dignity', dealing with stigma and supporting staff in challenging circumstances, advocacy and what it means to provide truly holistic care.

Learning that we will take forward in caring for all patients includes how we communicate openly about difficult issues, the difference we can make when we are truly person centred and our ongoing duty of care after death.

We published a case report about our experience in the BMJ Supportive and Palliative Care Journal

1. World-Cafe-Method_0.pdf
2. World Café. Art of Social Innovation. aositoronto.weebly.com

Themes

Reflect on when we provided truly holistic care for Lisa, what made this successful and what were the challenges?

- Realised her need to feel safe
- Flexible approach
- Support to reconnect with her faith
- Involvement of psychology team to help us take a trauma informed approach
- **Challenges** - caring for someone who faces stigma (eg from other patients/families)

What worked well in supporting Lisa's family, what have we learned about the meaning of 'family'?

- Supported to get in touch with estranged family members
- Family' can include friends and professionals that have known a patient for a long time.
- Some friends and family are unable to reliably care for a patient because of their own difficulties

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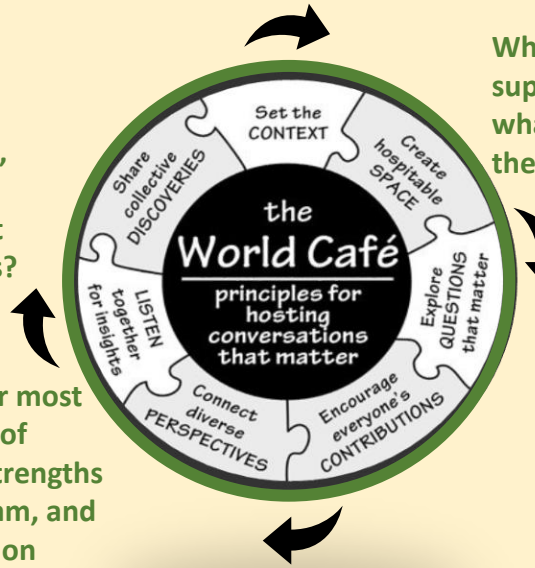
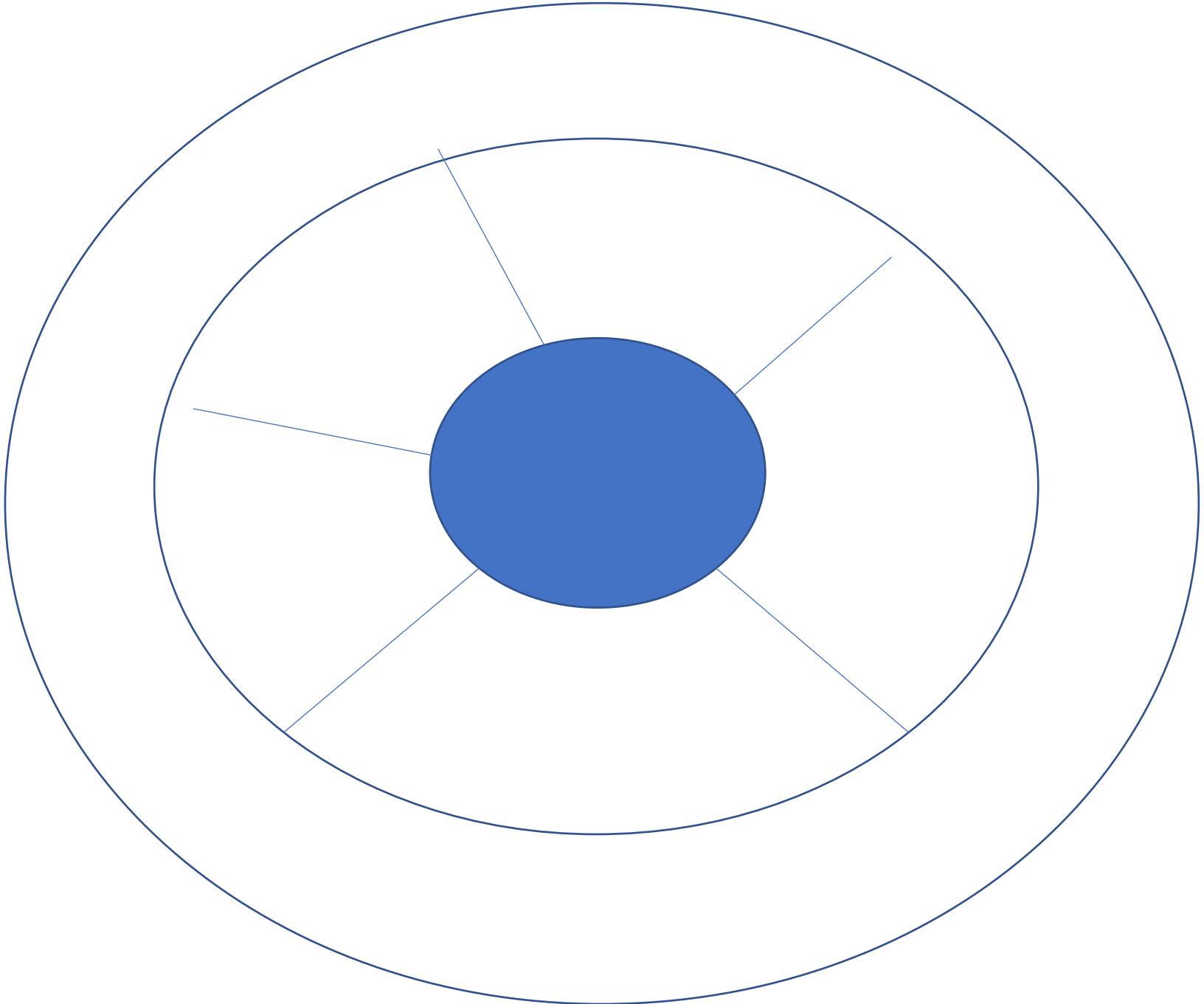


Thinking about a time when we upheld Lisa's dignity. What did dignity mean for her? How did we ensure she felt valued and respected?

- She needed to feel warm and safe
- Appearance was important to her – we got her toiletries, clothes and underwear
- Care after death – we still did her makeup and eyelashes
- Hospice held her funeral reception and now have plans to offer this to other families.

What have been our most powerful moments of advocating. What strengths do we bring as a team, and how can we champion equitable access to care?

- Recognised her as a person deserving of dignified, non judgemental care.
- Communicated openly as a team sharing concerns and challenging each other.
- Shared our learning with the Hospice and Trust Board, and with regional colleagues.
- Seeking out further opportunities to learn about palliative care for people experiencing homelessness.
- Published a case report



Ultimately, her fundamental need was to feel safe. Towards the end of her life she was re-admitted briefly to hospital, from where she absconded back to the hospice, asking if she could 'come home please'.

Some of the themes that emerged were around the meaning of 'family', the concept of 'dignity', dealing with stigma and supporting staff in challenging circumstances, advocacy and what it means to provide truly holistic care.