**Dying with dignity: Bringing an essential service to Toronto’s marginalized homeless and vulnerably housed**

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**Abstract**

Homeless persons and the vulnerably housed live significantly shorter lives and experience higher rates of chronic disease, mental illness and polysubstance abuse. Despite the high mortality and morbidity, this vulnerable and marginalized population continues to have difficulty accessing essential services such as palliation and end-of-life care. More needs to be accomplished in this area, as dying with dignity is a right that all Canadians should share.

I received the call on a sunny street corner in Vancouver. A voice on the other end of the phone introduced himself as Dr Naheed Dosani, a palliative medicine doctor from the University of Toronto. I recalled the name; it belonged to the preceptor of my upcoming palliative medicine elective in Toronto, Ontario. Dr Dosani’s next few sentences were unexpected; he asked me what I knew about palliative medicine, what I knew about Toronto’s homeless and finally what I knew about the “PEACH” program. Embarrassingly, I knew very little on the subject and “PEACH” to me was a delicious fruit. As I struggled to answer these impromptu questions, my eyes gazed over a dishevelled man sleeping against the wall of a nearby coffee shop—oddly only seconds prior this man was just part of the scenery. Luckily, Dr Dosani did not question me further; instead, he informed me that I was in for a “different” experience. He certainly was not wrong. I left on a flight to Toronto the next day not knowing that the next two weeks would expose me to the realities of a marginalized homeless population and challenge my perceptions of palliative healthcare in Canada.

PEACH, as it turned out, stands for Palliative Education and Care for the Homeless. Launched in July 2014, PEACH is an initiative headed by Dr Dosani, a young palliative medicine doctor from Toronto, and an interdisciplinary team of nurses and social support workers. As a mobile support and consultation service for the homeless and vulnerably housed in the City of Toronto, PEACH serves a unique population that is more likely to experience higher rates of cancer, heart disease, infectious disease, psychiatric illness and substance abuse when compared with the general population1. Furthermore, I was shocked to learn that homeless persons have a mean age at death reported to be between 34-37 years—that is considerable as the average Canadian can hope to live to about 81 years2. Despite the significant morbidity and mortality, the homeless and vulnerably housed continue to face barriers to accessing healthcare services1. Half of Toronto’s homeless do not have access to a family physician and many die without access to healthcare providers specifically trained in end of life care3. In the spirit of universal healthcare, PEACH strives to provide equal access to palliative care services to a homeless population which is often marginalized and considerably vulnerable in our complex healthcare system.

As one could imagine, this was a lot to take in. After months of inpatient electives in internal medicine, neurology and ICU, visiting homeless persons on the streets and in shelters to provide palliative services was a bizarre concept. Furthermore, as a stark contrast to our work with the homeless we also spent days at Brampton Civic Hospital, part of the William Osler Health System, providing palliative services in a more traditional and mainstream healthcare setting. I could not have asked for a more reflective experience in medicine. One day we would be doing a consultation in a downtown Tim Hortons for a forty year old male withering away from polysubstance abuse and untreated HIV, while the next day we would see a ninety year old female in her large, immaculate home in suburban Toronto, surrounded by loving family. The contrast was striking and the stories even more moving. I can recall the agony and despair in the eyes of a loving husband whose wife lay dying in a clean hospital bed with all the comforts modern medicine can provide. Conversely, I can recall the look of suffering in a gentleman with end-stage colon cancer I met in a downtown Toronto shelter. The man was living in an unhygienic environment, without supports and the kind of love that anyone approaching end-of-life would deserve. Further, he was not connected to the basic community home care services (e.g. nursing & personal support worker visits, medical equipment), that would help him to pass with dignity and comfort. I couldn’t help but wonder why the stark contrast in care?

It is estimated that 30,000 people in Canada are homeless on any given night3. Further, we know from research that homeless persons and those vulnerably housed have increased morbidity and significantly decreased lifespans when compared to the general population1,2. Would it not make sense then that this rather large population have more opportunities to access essential services such as palliation and end-of-life care? The reality is that they just don’t have those opportunities. The PEACH program is in its infancy with one palliative medicine specialist working just one day a week to provide services in an area with an overwhelming need. Why as a society do we fall short in providing essential services to a population with such great need? The answer is complex and I honestly don’t have one myself. The fact of the matter is that homeless persons and those vulnerably housed are marginalized by our healthcare system—whether it be because of lack of social support, financial means or purely stigma and discrimination. Services such as palliation are just not offered or thought to be unimportant. Yet, it took me two weeks of visiting homeless shelters, hearing the stories of the terminally ill and witnessing the conditions in which the homeless die in Canada to recognize that there is a major problem here and more must be done. The E in PEACH stands for education and although the focus is patient-centered care, the larger message here is that palliation and end-of-life care is not just a right for those with houses and social supports, but a right that all Canadians should be able to access.

**References**

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