Editorial

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Mortality and Homelessness

By Dalma Fabian, FEANTSA Policy Officer

Thousands of homeless people in Europe are at risk of dying prematurely. The true number is most often unknown as the experience of homelessness is not necessarily recorded on death certificates. As a result, the huge impact homelessness has on people’s health and wellbeing, morbidity and mortality often go unnoticed.

That is why we decided to dedicate this issue of Homeless in Europe to raise awareness of the extremely high rates of multiple morbidity and extreme low age of mortality among homeless people. People experiencing homelessness face excessive health inequalities: they have high rates of chronic mental and physical health conditions which are often accompanied by substance abuse problems. While they are the most in need of care, homeless people are the least likely to get them because of the several barriers they face when accessing healthcare.

The statistics are striking: in England, the average age of death for homeless men is 47 years old and for homeless women, it is even lower at just 43 years old. This is compared to 77 years old for the general population. In Denmark, people who live on the street die an average of 20 years earlier than the general population. In his article, Robert Aldridge, one of the authors of the recent Lancet study, highlights that homeless women are 12 times more likely to die than other women of the same age in the general population and men are eight times more likely to die. The article also identifies social and health interventions which are effective in improving the health of homeless people. One such intervention is the provision of housing which is clearly a major social determinant of health. As Nicolas Clement, former President of Morts de la Rue puts it, homelessness is what kills and life on the street is the main cause of death for homeless people. Even if we improve healthcare and make it accessible, available and adequate for people experiencing homelessness, their health outcomes will not improve if they do not have safe and secure housing. Espacio Salud implemented by RAIS in Madrid, responds to this need and offers an innovative housing model bridging social and healthcare as well as palliative care, as explained by Jorge Ferreruela Diaz and Rafael Fernández Manda in their article.

The reality is that people experiencing homelessness are very sick and suffer from life-limiting illnesses which indicates a clear need for palliative care for this population. Palliative care is about meeting the biopsychosocial needs of patients facing serious life-threatening diseases and their caregivers. Palliative care is a human right implied from the international human right to health. But so often homeless people are either very far from receiving access to mainstream palliative care or are even denied it. One of the most important access barriers is stigma and the fear of being discriminated and treated with lack of respect because of their homelessness.

What comes across from the articles written in this issue by authors from around Europe is that a multidisciplinary and partnership approach brings greater benefits for homeless people with a life-limiting illness. In addition, psycho-social support was found to be a crucial part of a comprehensive care delivery for people who are homeless and suffering from a terminal illness in a study by the Universitat de Barcelona which is summarized and reviewed here by Laura Guijarro and Joan Uribe.

LETTERS TO THE EDITOR

We would like to give you the chance to comment on any of the articles which have appeared in this issue. If you would like to share your ideas, thoughts and feedback, please send an email to the editor, emma.nolan@feantsa.org.

The articles in Homeless in Europe do not necessarily reflect the views of FEANTSA. Extracts from this publication can be quoted as long as the sources are acknowledged.
Anna Klop’s article shares a Dutch example of how effective cooperation between the homeless and the palliative care sectors allows professionals to share their specific expertise and to learn from each other. The article also highlights the importance of including experts by experience with their unique perspectives in any consultation or services.

One obstacle for providing quality end of life care for homeless people is the lack of knowledge about their end of life preferences, concerns, needs and wishes, as explained by Wendy Ann Webb in her article. This also shows how crucial it is to look at one’s end of life care needs in a social context and recognise the complexities of being homeless.

Last but not least, prevention. We have included a valuable suicide prevention toolkit developed by Homeless Link. The homeless sector has an important role to play in suicide prevention, with so many homeless people at risk and often un-supported. Homeless sector staff therefore need to be trained in suicide prevention and organisations should be aware of how to prevent suicide. It is an inspiring example that can be replicated elsewhere.

Many homeless people have experienced multiple loss and grief that change their perspective on death and dying and make it even more difficult for them to communicate about this. Leaflets can guide staff on how to initiate conversations about being homeless at the end of life.1 Homeless sector workers should also be trained so that they understand how important their role can be for homeless people who are dying and that they are better equipped to meet the end-of-life care needs of their clients/users. Staff in homeless services and service users should also be given support to help them cope with the loss of service users, often to a violent death.

Bereavement services should be accessible for homeless people to help support them when needed. In several cities across Europe, public memorial services are organized for homeless people who have died to honour them. This is important in itself and also to raise public awareness about homeless deaths. We hope that this issue will also draw attention to the urgent need to increase access to healthcare and support for homeless people to approach end of life with dignity.

Homeless people approaching their end of life should be supported to enhance their quality of life. Resources should be available to help homeless people understand their rights related to end-of-life care, and also to help them voice how they wish to be cared for, by whom and where, and what their wishes are for before and after they die are.

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1 https://www.dyingmatters.org/page/homeless-people