





Photograph: William Ciccocioppo

Cloak of care*

*Palliative care: from Latin *palliare*, to cloak

PhD student Laura Fairley is a palliative home-care nurse for Toronto's street population. But how do you provide end-of-life home care for the homeless? First you have to find them

By Lucianna Ciccocioppo

The gritty cold streets of Toronto are “home” for a large population, one of the largest in Canada. You may pass by them everyday—their faces rough roadmaps of their arduous outdoor life, their bodies too hollow to hold even hope. Many are living with mental health issues and substance addictions. Add to these a lack of identification, distrust of anyone who basically isn't “one of them” and sporadic contact with health-care providers, and disease diagnosis occurs much later than the average Canadian. It can also nosedive into a terminal illness quickly as the disease progresses.

This community, however, doesn't “fit” in the traditional palliative care units of hospitals. The care, then, has to reach out to them.

“Finding people is a big challenge, and continually finding them too,” says Laura Fairley, RN, BScN oT4. “There's a transitory nature to people's lives, based on the hostel and emergency shelter system.” This system discharges people during the day, refuses those intoxicated or under the influence of drugs, and may have a limit on duration.

Then there are those who haven't passed over a doorstep in years, the ones who live in city ravines, under bridges, over sidewalk heat vents. “If people can't prove they've lived in Ontario for at least three months, then identification becomes a problem, and they may have difficulty accessing care. People can deteriorate and die in three months,” says Fairley.

She's come across these experiences early in her career as a street outreach nurse with St. Michael's Hospital which specializes in inner city health care and research. “I found it to be really meaningful work; you have to be really creative, really intuitive. Not only do you have your usual nursing responsibilities of care, but you have to think of how to actually provide it, sometimes in bizarre locations.”

Fairley remembers giving someone an injection in the public washrooms of the Eaton Centre, a major shopping mall in downtown Toronto, “because that's where the person was and that's where this person wanted to meet me. You have to make it happen in a way that maintains dignity and privacy,” says Fairley.

Outreach nursing can be overwhelming, she says. That's why she channels her raw emotions through poetry [see “Remember Me” page 38]. At times Fairley had to leave people in difficult situations to go on to find another patient, lingering thoughts of their progressive illness and slow and painful death troubling her.

But that's something Fairley wants to change. She began a collaborative master's degree in nursing and women's studies, and landed a job at Perram House, an end-of-life care Toronto hospice for the homeless



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or underhoused seeking palliative care. Perram serves people with less than six months to live, mostly cancer patients.

The number of people coming to Perram House, and how ill they were, desperate for symptom management, made Fairley think: what's happening out there in the community? Where and how they died, what kind of care they received, who was providing the care and how much—all these questions piqued her interest. As an outstanding master's student, she was fast-tracked mid-way before completion into a doctoral program at the Bloomberg Faculty of Nursing, where she hopes her research will dig up the answers.

Using a method called institutional ethnography, Fairley is investigating how homecare is organized through practices and various texts, such as the Palliative Performance Scale, and how this affects nurses' ability to provide care in homeless populations. Nurses use this scale to assess clients and determine how many hours of nursing care are needed and how many personal support workers to assist them.

"What's imbedded in the scale are assumptions on ability to perform daily activities, such as washing and getting groceries. But for a homeless person who's living on the street, finding somewhere to take a shower involves a whole lot of other steps, which wouldn't be included in the text but would affect measurement outcomes and therefore the type of care," says Fairley.

Her PhD research will focus on the unique health-care needs of the homeless with terminal illnesses, and how the Toronto community deals with such issues. "From there, I'll look at the institution of homecare and how these two subjects perhaps don't mesh well together."

Fellow University of Toronto grad student and street outreach nurse, Laura Hanson, who is currently working on her MN, says the need for such research is urgent. "This is the kind of information you can take to the city or province and say, 'These are the issues homeless people are experiencing in palliative care.' To expand services and get the resources required would be the ultimate goal, and not just for palliative care."

A better understanding of homeless issues means homecare nurses who wish to do street outreach can be better trained. "You need to know where the homeless hang out daily, otherwise you're wasting a lot of time trying to find them." After several unsuccessful attempts, the patient can be discharged from the homecare program due to financial constraints. That means expending more resources to deal with an illness at the very end, instead of treating someone throughout the trajectory of the disease. "You're not playing 'catch-up' but addressing issues as they come up," stresses Fairley.

Her experiences in street outreach will serve her well in connecting with the homeless, developing a rapport with them and learning about their experiences for her research. "I think when you identify yourself as a nurse, there's a level of trust that often isn't there with other professionals. I know when it's time to stay, and time to go." More importantly, she can continue her advocacy work with her clinical nursing expertise, to help link the people she meets to appropriate health-care services.

"I'm trying to accomplish practice change," says Fairley. She wants a change that reorganizes community services for the homeless that deals with end of life—to help give them a dignified death. ††

