



Palliative Care and Social Services in the Safety Net

Will Kennedy

CareOregon/Housecall Providers

The National Academies of Sciences, Engineering, and Medicine

July 19th, 2018

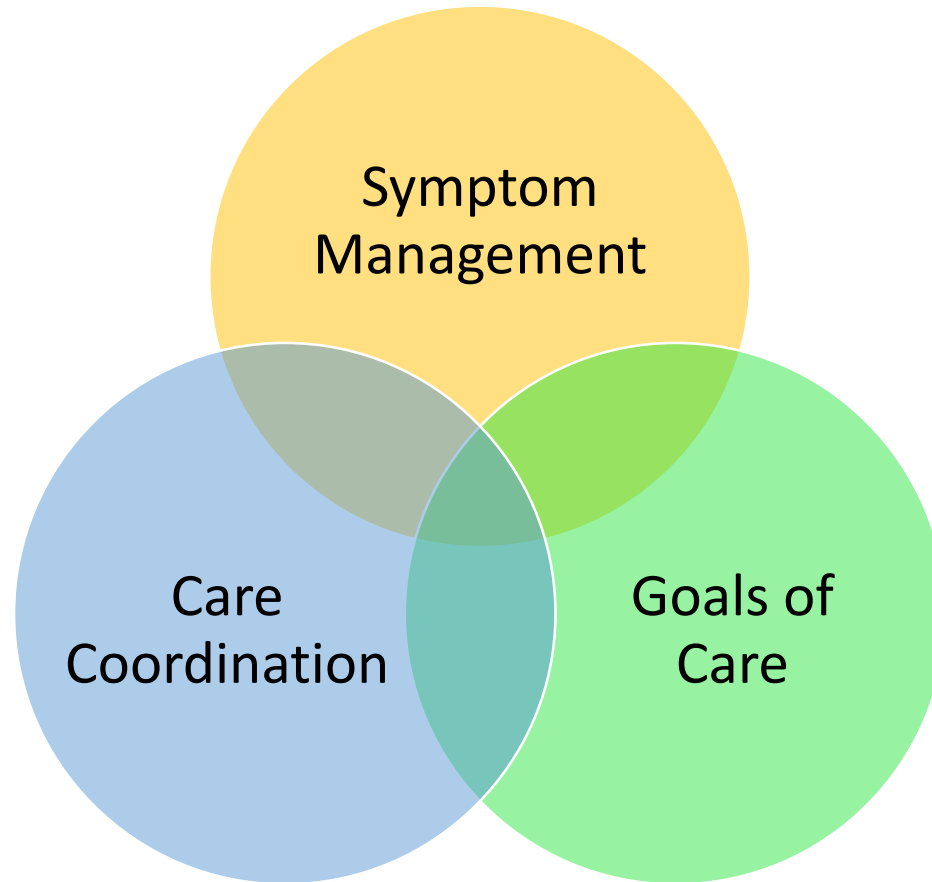
*“All of us here in this Yard, at one time or another, have seen human tragedies that broke our hearts, and yet we did nothing – not because we didn’t care, but because we didn’t know what to do. If we had known how to help, we would have acted. **The barrier to change is not too little caring; it is too much complexity.**”*

-Bill Gates

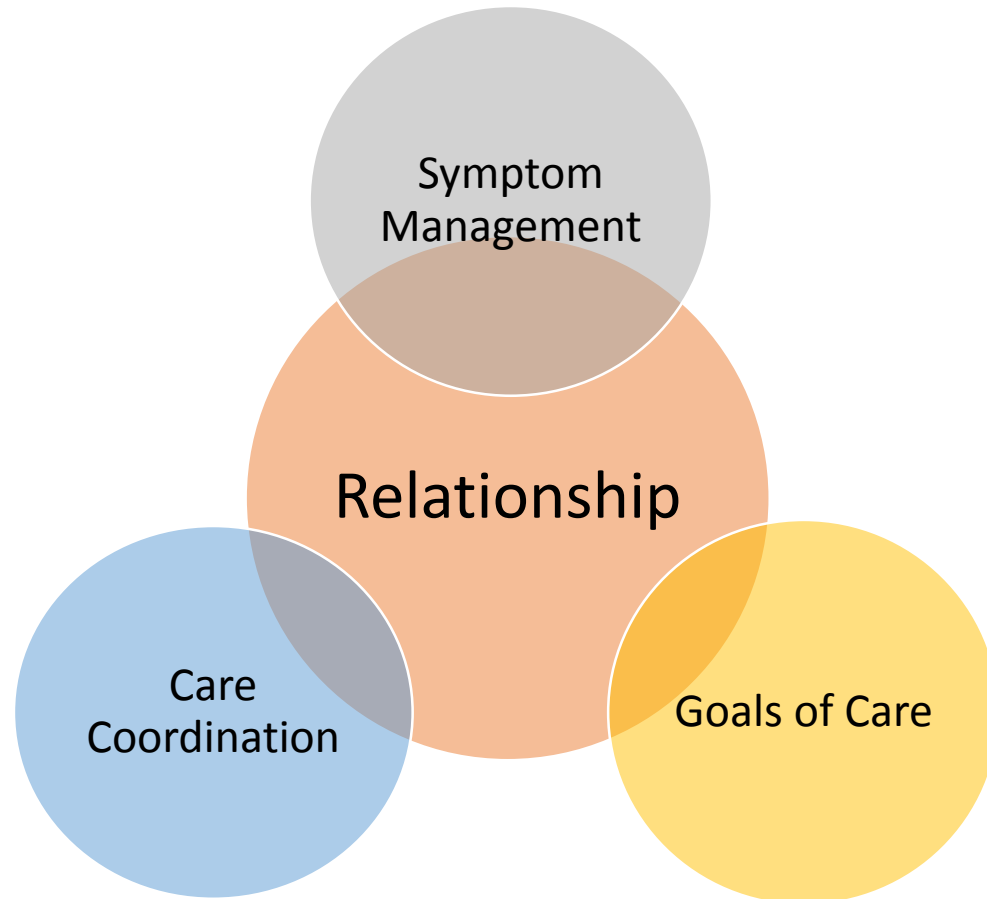
Paul's Story

- 50 years old, diagnosed with metastatic lung cancer
- History of leaving the hospital abruptly “against medical advice”
- Job loss, addiction, divorce, estrangement from his children...life became a “downward spiral”
- Physically frail and lived an isolated life in a single room hotel
- Agreed to aggressive therapy without understanding outcomes
- Had heart attack, lost housing due to missing rent
- Surprised and angry when told “...nothing else could be done.”
- Eventually accepted diagnosis but refused hospice as “giving up”

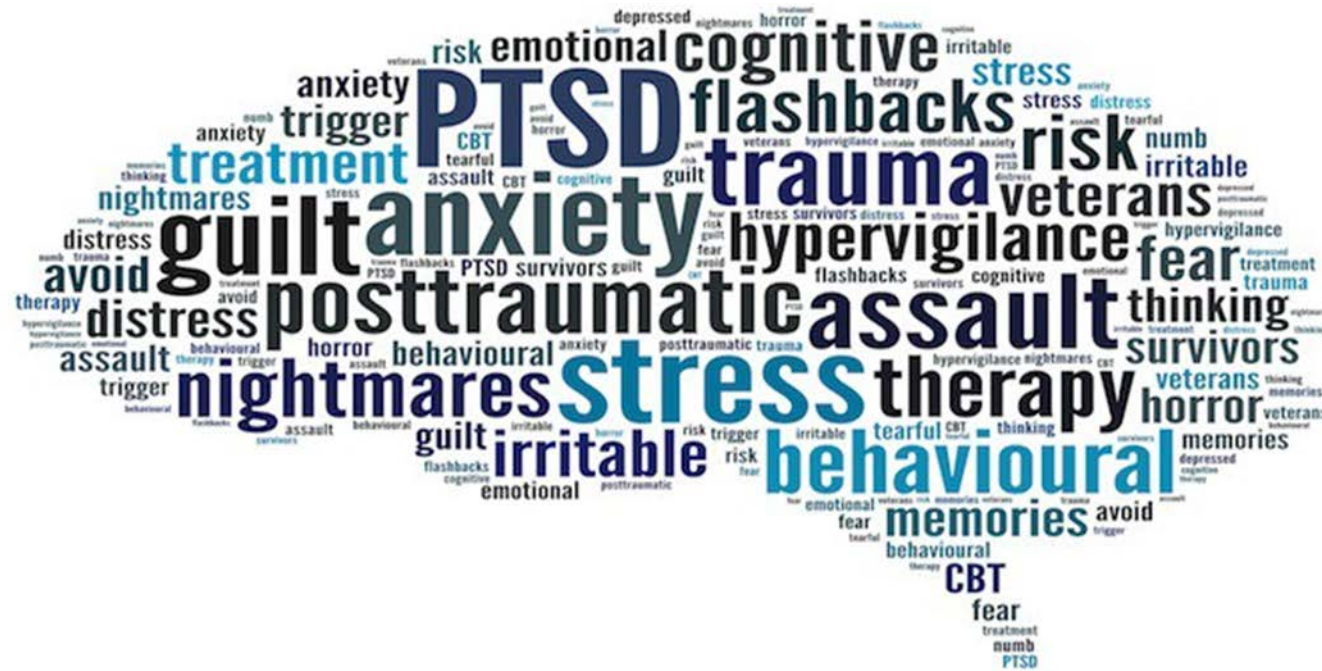
Traditional Palliative Care



Safety Net Palliative Care

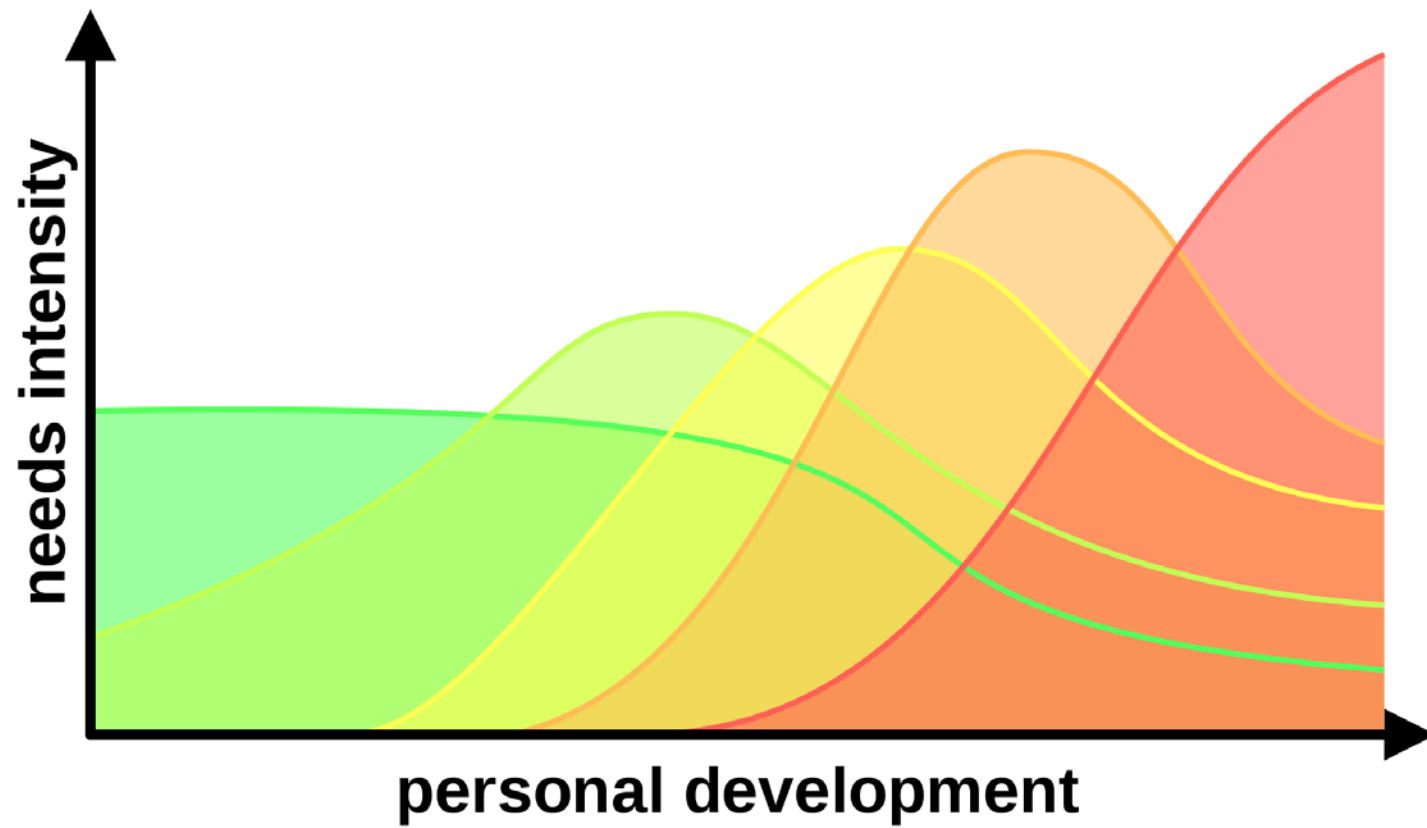


Traumatic Life Experience



“Relationships are the agents of change
and the most powerful therapy
is human love.”

— **BRUCE D. PERRY, MD**



Physiological needs

Safety needs

Love / belonging

Esteem

Self-actualization

Mental Health
Addiction
Lack of Social Supports
Food Insecurity
Housing
Health Literacy

hidden barriers

- No insurance
- Complicated Eligibility Requirements
- Discrimination
- Cultural Incompetence
- Disorganized Services
- Inaccessible Service Locations
- Provider Attitudes
- Distrust of System
- Prior Bad Experiences
- Disabilities
- No documents/No Transportation
- Language/Illiteracy
- Disorganized Lifestyle
- Complex Health Problems

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Applying Motivational Interviewing Techniques to Palliative Care Communication

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Unpacking Paul

- Lived with terminal cancer, refused hospice, isolated, and walked out of the hospital several times for unclear reasons.
- Required building trust through a dedicated palliative care team, with the understanding that they would be with him until death.
- Eventually, he disclosed abuse from his uncle as a child.
- Before he died in supportive housing, he remarked about his care, “I used to be falling and now I am not.”
- Paul experienced a peaceful death.