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HOW CAN WE FACILITATE ACCESS TO PALLIATIVE CARE FOR HOMELESS PEOPLE? A SYSTEMATIC REVIEW OF QUALITATIVE RESEARCH

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10.1136/bmjspcare-2016-001204.31

Introduction The Department of Health (2008) strives to provide palliative care at the time of need for everyone, regardless of “wherever the person may be”, “irrespective of social economic deprivation”. Homeless people face multifaceted challenges in accessing general health care, palliative care access may be additionally challenging. Given the complexities of providing care and support to this population, qualitative research exploring perspectives of homeless people and care

providers enhances understanding of the difficulties of palliative care provision to this vulnerable group.

Aims To identify what may facilitate access to palliative care for the homeless population and relate these factors to existing interventions.

Methods A systematic review of qualitative research using methods of thematic synthesis. Six databases were searched using terms to identify qualitative studies exploring perspectives regarding palliative care held by homeless people and/or care providers. Two reviewers completed key review processes.

Results Twelve articles were included. Core themes relating to the provision of palliative care from the perspectives of homeless people and care providers were identified. Recommendations for the provision of palliative care for homeless people included the importance of the development of trusting relationships, flexible and joined-up services and increased training and support for professionals. International interventions that incorporate these principles in practice are being tested, particularly those that utilise the experiences of formerly homeless people.

Conclusions Increasing awareness and flexibility may help facilitate access to high-quality palliative care for homeless people and so help to promote dignity and choice for this population as they reach the end of their lives.

REFERENCE

- 1 Department of Health. End of life care strategy: promoting high quality care for all adults at the end of life; 2008.