

EFFECT OF A MEDICAL STUDENT-LED END-OF-LIFE  
PLANNING INTERVENTION IN COMPLETION OF  
ADVANCED DIRECTIVES AMONG  
HOMELESS PERSONS

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by  
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## ABSTRACT

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Importance – The homeless face higher rates of morbidity and mortality than the general population, and have lower rates of end-of-life care planning. An effective and sustainable intervention, to provide living wills and durable power of attorney, is required to protect the autonomy of a vulnerable population.

Objective – To determine if medical student-led 1:1 counseling is as effective as social worker-led counseling as reported in the literature, determined by rate of advanced directive completion.

Design – A focus groups and educational sessions on EOL care and ADs were conducted at 2 shelters, after which participants were offered the opportunity to sign up for a 1:1 counseling session with a medical student volunteer. Rates of sign-ups and completion were recorded.

Setting – 2 North Philadelphia homeless shelters, requiring either an Axis I or current substance abuse diagnosis for residence.

Participants – A convenience sample of 20 homeless men were approached; 10 enrolled in the study.

Interventions – Educational sessions, focus groups, and 1:1 AD completion counseling sessions

Main Outcomes – Interest in and completion of an advanced directive.

Results – 9 participants signed up to complete ADs after an informational session. At the conclusion of the study, 8 of them (88.8%) completed ADs. 40% of the total participants completed an AD.

Conclusions – Similar rates of advanced directive completion were achieved with the student-led intervention compared to a previous intervention in the literature. Further study with a larger sample including homeless women should be conducted to provide a generalized conclusion.

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## CHAPTER 1

### INTRODUCTION

In recent years, the medical community has given greater attention to palliative and end-of-life (EOL) care [1, 2]. However, as noted by numerous researchers, the EOL needs of the homeless and underserved are less proportionately represented in the literature [3-10]. Studies have shown that the homeless face higher rates of chronic medical illnesses, mental illnesses, and substance abuse than the general population [11-15]. Through the summation of these factors, estimates point towards a far younger average age of death and a 4.5-10 times greater death rate than the average population [16, 17]. However, this population still faces significant barriers in achieving healthcare, palliative care, and EOL planning [3, 7-10, 18-22].

Research on EOL care and how it pertains to the homeless and underserved is relatively sparse. Of note, John Song and colleagues published a series of studies conducting an intervention to assist in the completion of advanced directives (ADs) with the homeless [5, 6]. Song's social worker-led intervention was successful in assisting homeless men and women complete ADs. However, little other research has been done in assisting the homeless with EOL care education, planning, and counseling. Given multiple studies that show the homeless are interested in EOL planning and completing ADs, the investigators felt more effort needed to be directed towards intervention [2, 5, 6, 20, 23].

Song's study used social workers to help the homeless complete ADs, sorting them into groups where they worked with their subjects one-on-one, or having the

subjects use an ADs planning worksheet on their own. In the end, 37.9% of those in the 1:1 group completed ADs, as opposed to 12.8% in the self-directed group [5].

With this level of success in mind, the investigators felt similar rates of success could be achieved, and also hoped to compare the attitudes of the homeless in a larger city. The investigators hypothesized that medical students could serve as a more sustainable and cost-effective resource for helping the homeless complete ADs. At medical schools across the country, there are outreach groups composed of and run by medical students who provide education, clinical care, and support to the homeless and underserved in their communities [24, 25]. Given the consistent presence of many of these student groups, those residing in the shelters often develop great rapport with the student volunteers, and may be more receptive with a student to receive help completing an AD. The investigators hypothesized that rates of completion of ADs would be similar to those in studies that used social workers.

With this, the investigators hope to expand on the study developed by Song by seeing if similar results can be repeated through a student-led intervention. This research hopes to find an alternative, sustainable system that allows for homeless men interested in ADs to be able to complete them, thereby protecting the autonomy of a group without means to access this care.

## CHAPTER 2

### METHODS

Two focus groups were conducted at North Philadelphia homeless shelters, which required either an Axis I (N=10) or current substance abuse (N=10) diagnosis, with shelter residents to discuss dying, EOL care, and ADs. Participants gave informed consent, and were given a signed copy of the consent for their records. Participants were notified that although there was no compensation for participation in the study, a living will would be completed with them one-on-one, free of charge, and that copies could be made and sent to relatives, physicians, case managers, or clergy, if needed. The study was approved by Temple University's Institutional Review Board.

Following the focus groups, participants were asked if they would like to sign up for a one-on-one counseling session to fill out an AD with a medical student volunteer familiar to them (co-author AC). Of the 10 attending the focus groups, 9 signed up to complete an AD. Participants were given a planning sheet to look at in between the focus group and their counseling session, to remind participants of key EOL decisions that would be covered in the AD counseling session. Subjects were informed that they had one month to complete the AD at a planning session. At the planning sessions, the investigator and participant sat in a private area of the shelter and filled out the AD. Study participation was completed at this point.

8 participants were African American, 1 was Caucasian, and 1 was Latino. All subjects were male. The average age of participants was 44 with a range of 23 to 55. None of the subjects endorsed current active psychosis. Little other demographic

information was collected to compound trust between the investigator and participants, as a previous study had done [20].

## CHAPTER 3

### RESULTS

20 shelter residents attended the educational sessions on ADs. Of those, 8 declined to participate in the study, 1 refused as he already had an AD, and 1 was ineligible to participate due to active psychosis. Of the remaining 10 participants, all 10 participated in the focus groups, with 9 signing up to complete ADs. At the conclusion of the eligibility period, 8 completed ADs. Overall, 40% of the present residents present completed an AD, and 88.8% of those who signed up to complete an AD completed one.

## CHAPTER 4

### DISCUSSION

These results provide several results relevant to clinical care. First, homeless people are willing to engage in discussions about EOL, as well as completing ADs. Practitioners, especially in the hospital setting, should realize that this may be the only chance their patients have to discuss their EOL life wishes with a person who has relevant training. Numerous studies have shown that homeless persons want to discuss EOL care with their physicians, and physicians should keep in mind that they may be among few people considered trustworthy to someone in a homeless situation [1, 23, 26]. Furthermore, poor health literacy is a prominent issue in this population, and lack of knowledge of one's condition has been shown to serve as a barrier to discussions about EOL care [19, 27]. Extra time spent with these patients can offer them greater autonomy in choosing which care they prefer at EOL.

On an educational level, coursework in palliative care and EOL should remain emphasized in the curriculum of medical students, as well as other health professionals [27-29]. As the population in the United States ages, demand for these services will increase, and medical students and residents should be well-trained in how the EOL system works, what treatment options are available, which other healthcare professionals are available for consults, and what non-medical interventions they can make. With a fill-in-the-blanks style AD, like was used in this study, or the popular Five Wishes prompt, medical students on their clinical rotations can engage with their patients to discuss their EOL concerns and desires [30]. This experience could improve knowledge of and confidence in the practice of palliative medicine, as well as give greater perspective

towards the attitudes and struggles of homeless and underserved, which are underrepresented in the literature and in curriculums. Since medical students carry less patients and have more time to attend to their patients than attending physicians or residents, they also can serve to improve health literacy with these patients, to ensure that their patients have sufficient insight into their conditions and can make better-informed EOL decisions.

There are several limitations to this study. A low sample size limits generalized conclusions which can be drawn from the data, and does not reflect the rates of completion that would be present in participants without an Axis I or current substance abuse diagnosis. However, the demographics in terms of mental illness are consistent with a 2012 study performed by Project HOME, a Philadelphia based homeless advocacy organization [31]. The participants in this study were living in transitional housing/halfway houses and may differ from those living on the street or with unsteady housing, however, many homeless in Philadelphia are living in some form of transitional housing, and comprise a significant amount of the homeless population. Further studies should reach a wider population, including women, who form a significant portion of the homeless population.

In conclusion, homeless men were equally as likely to complete ADs under a student-led counseling session, as they were in Song's study which used social workers. This also confirms the results in Song's study, showing that homeless men are interested in preparing ADs for EOL care, thereby offering greater autonomy to those who may not have the resources or time to seek this help on their own. Physicians should ensure EOL discussions are conducted with their homeless patients, to ensure that these needs are

attended to and discussed with the goal of improved understanding between the two parties and the development of agency in their patient.

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