

Abstract Preview - Step 3/4

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Topic: Palliative care in specific groups

Title: **What Do Previously Homeless People in London, UK, Think about Advance Care Planning (ACP) and End of Life Care (EOLC)? A Qualitative Investigation**

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Text: **Background:** The mean age of death of homeless people in the UK is 47, and many die with complex unaddressed needs, frequently complicated by substance misuse. However, little research has explored the thoughts or personal experiences of homeless people regarding end of life care (EOLC) or advance care planning (ACP).

Methods: As the first stage of a wider study, we conducted semi-structured interviews and focus groups with people with past experience of homelessness, exploring their own thoughts and experiences, their perceptions of the experiences of other homeless people, and the implications for care and support of currently homeless people, particularly those with substance misuse issues, who consequently risk death related to liver disease.

Results: We interviewed eight people with personal experience of homelessness, all currently working with homeless people in London. Five then took part in a focus group. While recognising the potential value of ACP, most participants, similarly to the general population, did not wish to think about it while the need was perceived as still hypothetical. Instead, they preferred to focus on hope and keeping optimistic that people with liver disease, even when seriously ill, would recover and not die. Their main concern was that professional caregivers, rather than offering ACP to specific individuals, should persevere with providing ongoing compassionate care to all homeless people. They suggested this would enable the development of trust over time, which they saw as a prerequisite for initiating any discussion of EOLC or ACP.

Conclusions: Homeless people may be considered more vulnerable and more in need of ACP than the wider population. However, our previously homeless interviewees thought that homeless people primarily need compassionate care and support, not ACP discussions, unless the end of life is extremely pressing. Ongoing caring relationships may build trust and so facilitate broaching EOL issues with homeless people.

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