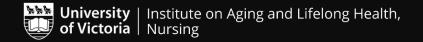


The End of Life in Marginalized Populations

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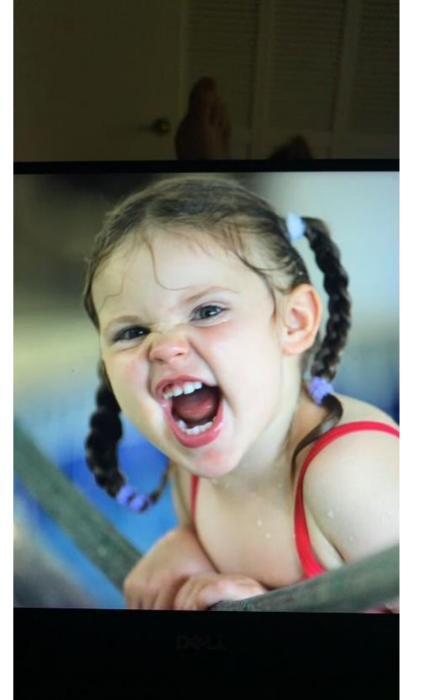




Territorial Acknowledgement















Equity in Palliative Approaches to Care (ePAC) Inner-City Action Team

























WORDS MATTER



HURTFUL

- The mentally ill, psycho, crazy, lunatic
- Schizophrenic,
 Bipolar

PEOPLE FIRST LANGUAGE

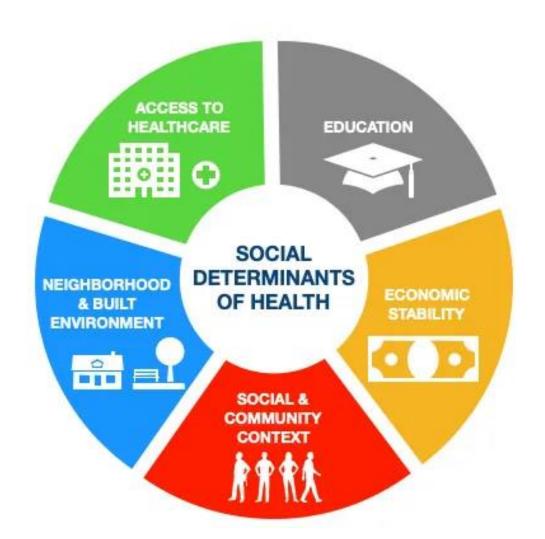
- People with mental health conditions
- A person living with Schizophrenia or Bipolar Disorder

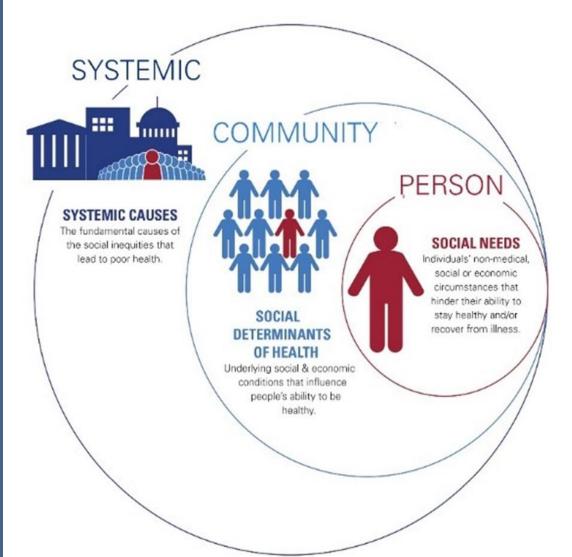




Language is the vehicle for sharing knowledge and understanding, and a means by which we can express and communicate our values to others.

Language frames how society thinks about people who experience structural vulnerability. It also frames how people at the margins think of themselves.







Inequities affect all people but they have especially strong impacts upon the health of those living in poverty. Adding social sciences evidence – the understanding of social structures and of power relationships – we have now accumulated indisputable evidence that "social injustice is killing people on a grand scale."



LEAVE NO ONE BEHIND

EQUITY IN ACCESS TO PALLIATIVE CARE

World Hospice & Palliative Care Day

Zaman, M., Espinal-Arango, A., Mohapatra, S., & Jadad, A. (2021). What would it take to die well? A systematic review of systematic reviews on the conditions for a good death. *The Lancet Health Longevity*, 2(9), e593-e600.

dying at the preferred place

relief from pain and psychological distress

emotional support from loved ones

autonomous treatment decision making

avoidance of futile life-prolonging interventions and of being a burden to others

right to assisted suicide or euthanasia

effective communication with professionals

performance of rituals

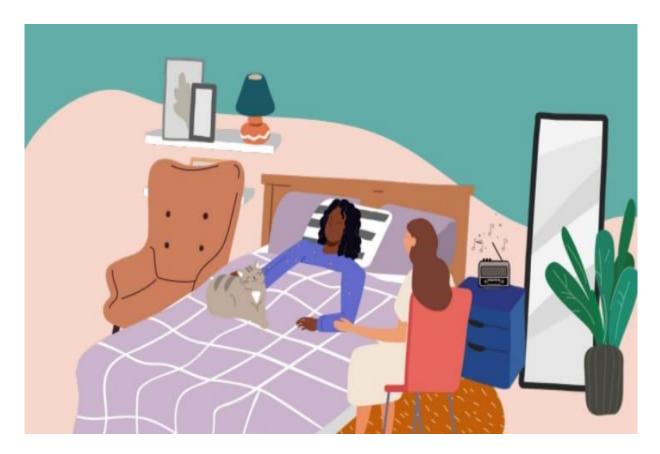


Image from Irish Hospice Foundation: https://hospicefoundation.ie/wp-content/uploads/2023/09/Dying-Well-at-Home-Report-Irish-Hospice-Foundation.pdf

What does a "good death" look like in the context of inequities?

, ,

What Does A "Good Death" Look Like in the Context of Inequities?

dying at the preferred place

relief from pain and psychological distress

emotional support from loved ones

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avoidance of futile life-prolonging interventions and of being a burden to others

right to assisted suicide or euthanasia

effective communication with professionals

performance of rituals



















NATIONAL*POST

One third of Canadians fine with prescribing assisted suicide for homelessness

Roughly the same number told a poll they were fine with approving MAID for someone whose only affliction was poverty

Tristin Hopper

Published May 16, 2023 . Last updated 6 days ago . 3 minute read

274 Comments



A homeless encampment in Vancouver. A new Research Co. poll finds that 28 per cent of Canadians are fine with approving a homeless person's request for assisted suicide even if they

What does a "good death" look like in the context of inequities?

Invited Editorial



Closing the health equity gap in palliative care: The time for action is now

Palliative Medicine
2023, Vol. 37(4) 424–425
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Kelli Stajduhar¹ and Merryn Gott²

In order to "leave no one behind," the Worldwide Hospice Palliative Care Alliance's 2021 campaign called for governments and policymakers to prioritize equity-focused palliative care and to tackle structural inequities in end-of-life experience and bereavement. The campaign was reflective of a broader shift to address health equity driven by the recognition that, despite decades of research and health interventions, vast disparities exist in health outcomes and health care experiences both between, and within, countries. In her widely cited paper on equity in health, Whitehead¹ explains that health inequities are avoidable and potentially remedial differences in health

palliative care services, responds to the needs of the dying.

The collection of papers in this special issue of *Palliative Medicine* highlights recent evidence and practices, as well as the potential of research methodologies under-used within palliative care. It also points to some of the thorny issues that the field of palliative care faces in its efforts to close the health equity gap and the hard work required to get there. Indeed, the field of equity-focused palliative care is in its infancy. Modern day palliative care was developed to improve the quality of dying for those with cancer, with greater attention paid in recent years to others

Addressing the social and structural determinants of health is a first-line palliative care intervention in contexts of inequity and is a major contributor to a "good death".

Pan-Canadian Research Collaborative

PCOAT

Palliative Care Outreach and Advocacy Team

(Edmonton, AB)



PEACH

Palliative Education and Care for the Homeless

(Toronto, ON)

ICHA Inner City
Health Associates



PORT

Palliative Outreach Resource Team

(Victoria, BC)





CAMPP

Community Allied Mobile Palliative Partnership

(Calgary, AB)



PACT

Palliative Advocacy & Care Team

(Thunder Bay, ON)











Ensure equitable approaches to palliative care, taking into account intersecting vulnerabilities?



Intervene early enough to promote physical, emotional, social and spiritual well-being so that people who are dying and their chosen family can live the best quality of life up until the time they die?



Prioritize **what matters most** as people are coming to the end of life?



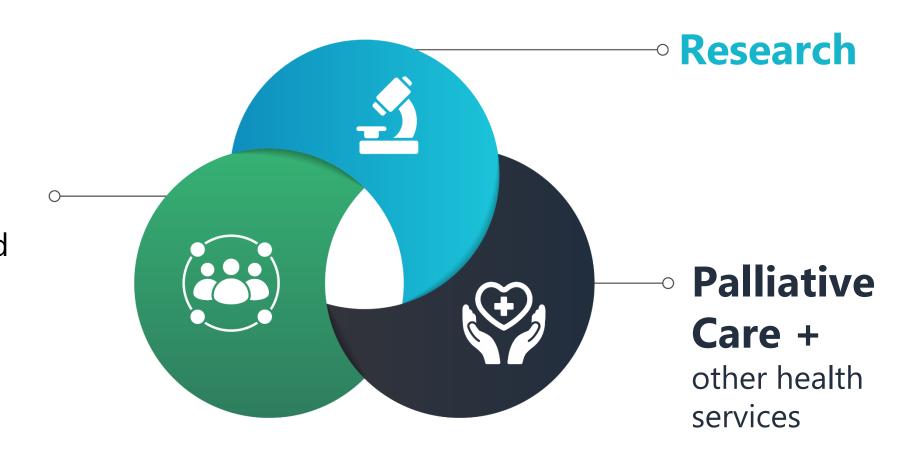
Capitalize on the assets in our community and within our citizens to support equity-oriented palliative approaches to care and allow people to **live in the community** (if they wish) as they are dying?





Community:

People With Lived Experience + workers + community organizations

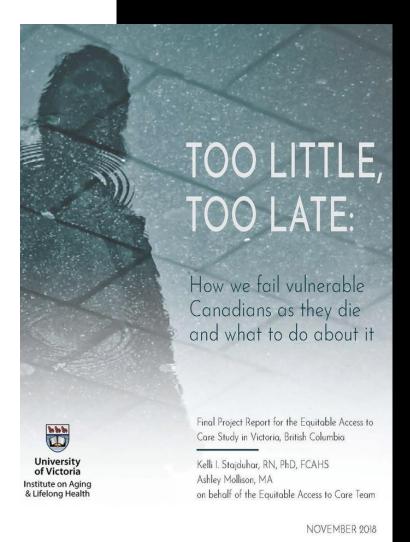












3 year study in Victoria BC, 2014-2017

Followed 25 people positioned as structurally vulnerable on a dying trajectory, support persons, service providers

Ethnography: 300+ hours of participant

observation; 147 interviews

Interviewed support systems and key stakeholders

Knowledge mobilization and translation events in community

RECOMMENDATIONS





- Address barriers in formal health care settings that prevent people from receiving diagnosis, treatment, support, and care.
- Integrate palliative approaches to care where people experiencing structural vulnerability live and die.
- Support non-traditional families (e.g., street family, inner city workers) and include them in decision-making processes and strategies.

ommonry expopment Anti colonial foundation Capacity *Continued hearning t * Community Lourning * Bereaument Loss +Grief avity-Informed Possiative Care egal Evidence Informed stounded in Boole of promity

Palliative Outreach Resource Team (PORT)



Address barriers in formal health care settings that prevent people experiencing structural vulnerabilities from receiving diagnosis, treatment, support, and care.

- Bridge the gaps
- Serve people with life limiting condition who are having difficulty accessing palliative supports
- Consultation model in partnership with existing services



Engaging workers and street family

Integrate palliative approaches to care where people experiencing structural vulnerability live and die.

Support non-traditional families (e.g., street family, inner-city workers) and include them in decision-making processes and strategies.



ePAC Retreat

Friday, November 10 10am-4pm

Gallery Room, Brentwood Bay Resort & Spa 849 Verdier Ave, Brentwood Bay















Sneaking someone's cat into the hospital

#thisispalliativecare

Finding a banana for someone who can't eat solid food

#thisispalliativecare

Giving someone Christmas in October

#thisispalliativecare





Going to the store to get cigarettes when someone can't go themselves

#thisispalliativecare

Helping someone get access drugs to help manage their pain

#thisispalliativecare

Getting an artist the tools to do their craft

#thisispalliativecare



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Innovating Care:

Research and Action for Public Health and Palliative Care

4th International Research Seminar EAPC Reference Group on Public Health and Palliative Care



June 17-19, 2025



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