



COMPASSION. DIGNITY. COMMUNITY.

The Ottawa Mission Hospice at 20



MEETING THE NEED

People who are homeless¹ have a far greater risk of premature death than those who are not. In fact, they may die up to 20 years earlier than people who are not homeless.

The Ottawa Mission Hospice, also known as the Diane Morrison Hospice, was established in 2001. Until 2018, it was the only Hospice affiliated with a homeless shelter in North America. It was founded to provide care to those who are homeless grounded in:

COMPASSION &
KINDNESS

MERCY &
DIGNITY

COMMUNITY &
BELONGING

UNCONDITIONAL
ACCEPTANCE

“I’m glad I’m here. I’d be dead if not for the Hospice.”

PETER, 2001²

“The Ottawa Mission Hospice is the nicest place I have ever lived. No one in my entire life has ever cared for me this much.”

JACK, FORMER HOSPICE PATIENT

The Hospice was created to address the unique palliative care needs of people who are homeless, including:

- **A SIGNIFICANT BURDEN OF ILLNESS**, including physical and mental health conditions and addictions.
- **DIFFICULT LIFE CIRCUMSTANCES**, including unemployment and poverty, lack of family support, family violence, abandonment, sexual exploitation, and other factors.
- **BARRIERS TO ACCESS** such as:
 - » **Lack of access to palliative care** within the healthcare system overall and especially for those individuals who are chronically homeless with complex health and psychosocial conditions.
 - » **Difficulties in navigating the healthcare system.**
 - » **Incompatibility of traditional care settings** for vulnerable patients with multiple physical and mental co-morbidities and addictions.
 - » **Past negative experiences** with the healthcare system, leading to mistrust and avoidance.

“As a nurse, one of the frustrations you have on the job is not being able to spend as much time with the patient as you’d like. Here, I can do that. I consider it a privilege to be allowed in people’s lives when they’re making their last journey.”

INGE KELLY,
retired nurse and Hospice volunteer
from 2001 – 2018³



More generally, as failed public policy has spurred a significant increase in homelessness over decades, more people are in need of palliative care they cannot access.

The Hospice has grown from 6, to 15, to 21 beds over the past 20 years. It was first established to address the devastating impact of HIV/AIDS within the homeless community.

With advances in treatment, deaths from HIV/AIDS have declined significantly. Now, the causes of death for people experiencing homelessness are from the impact of addictions and mental health conditions, leading to high rates of cancer, Hepatitis C, and organ failure.

While the capacity of the Hospice has expanded, the need for its services is greater than ever before.

THE STORY OF TIM



In 1999, a long-term shelter client named Tim was dying of AIDS. He also suffered from addiction, and he said his last wish was to avoid hospitalization and remain with his friends. Mission staff cared for him and he spent his final days at The Mission, surrounded by his friends.

“Our small chapel could not hold the people that came to pay their last respects. We provided felt markers for people to write their messages on the gray cloth-covered casket. Messages of sorrow, of hope and of love were written in English, French and Inuktituk. ‘He died with dignity’ — this was written in large letters on the side of his coffin.

“His friends carried him to his final resting place. Out of respect for Timmy, some of them placed their caps in his coffin. Dignity and respect had come to this homeless person. We are thankful for his life, we will miss him. May God keep him in His care!”

REFLECTIONS BY STAFF ON TIM’S MEMORIAL, AUGUST 1999

THE FOUNDERS OF THE HOSPICE

While he did not die in hospital, caring for Tim without a dedicated space and healthcare practitioners convinced The Mission’s Executive Director Diane Morrison that our shelter needed a Hospice.

Around this time, Dr. Jeffrey Turnbull and Wendy Muckle were forming Ottawa Inner City Health (OICH) to provide healthcare to those who are homeless and street-involved. Wendy, a registered nurse and healthcare manager, has now been OICH’s full-time Executive Director since its beginning. After progressive positions in medicine, Dr. Turnbull retired in 2017 to be OICH’s full-time Medical Director.⁴

“Diane Morrison was very receptive, and in The Mission we found a willing partner to improve end-of-life care for people who were homeless,” notes Dr. Turnbull.

A federal grant for a pilot project enabled OICH and The Mission to establish the Hospice, just as AIDS was devastating Ottawa’s homeless community. By bringing care to those experiencing homelessness directly, the project sought to show that this model of care would be more accessible, appropriate and cost-effective, and that it would improve clinical outcomes.



UNCONDITIONAL ACCEPTANCE

The Hospice extends unconditional acceptance to people who are homeless by providing palliative care appropriate to their needs based on:

Mercy

People are accepted for who they are without judgement and are accorded dignity and respect.

Compassion

People are treated with kindness and a commitment to alleviate physical, emotional and spiritual suffering.

Safety

People are protected within a secure place where their needs are continuously met.

Warmth & Comfort

People are provided a caring environment to rest and reflect on their lives.

“The mission of the Hospice was to put sick people into good beds. It has grown to include putting real meaning into lives.”⁵

The Hospice sustains a positive culture for patients through providing a person-centred atmosphere that celebrates the life of our patients.

Patients have personal effects in their rooms, and special celebrations include patients’ birthdays and holiday parties. Other facets include the HappyMail program, which distributes handmade cards and letters to patients.

These traditions alleviate patients’ fears that they will be forgotten by ensuring that those left behind remember them.



“Many went outside to have a final smoke and then came back in and died. They knew. Their friends here wanted and needed a way to remember them. They do it by coming into the chapel and seeing their names.

DIANE MORRISON, 2007⁶



REFLECTION BY STAFF AT JAMES' MEMORIAL SERVICE, 2003

James, like so many of our patients, was a very special person. He looked at the world in a different way and appreciated things that we might have overlooked.

He loved his music and could spend hours in his room listening to his music and loved to give us news on what was happening in the world of rock. He also kept us up to date on world news and often had strong opinions.

But most of all, he was a loving, gentle man, and was sensitive to the needs of other Hospice patients.

He looked at us as a family, and made sure that there were many photos at our last Christmas party. He was grinning in most of the photos.

He appreciated the Hospice and Mission staff and would often appear with a bouquet of flowers.

We like to think that he found his place in our Hospice family. He was well known and liked and we miss him very much.



“He had value to someone in his life, that his life had meaning to somebody, he would not be forgotten.”

MARG SMEATON,
Coordinator of the Hospice (2004)
and later Manager of Health Services
for The Ottawa Mission⁷



Dear Mission Hospice Staff,

I chose this card because you are providing Richard with a bright CLEAN home.

Lisa and I thank you so much for your generous welcome.

Richard is very secure in your ultra caring and compassionate treatment.

The family has been totally assured that Richard's choice was best for all concerned.

Your telephone arrangements and listening to our concerns re: Richard have been a real source of comfort to all concerned.

What a blessing all of you are.

Sincerely,

Teresa Fraser, April 2007

“Jack has few material things of value. What matters to Jack from day to day: The trademark lemons, the meds that extend his life, the resilient goldfish that are as tough as he is.

“They're all I've got. Everyone else has died.”

JACK, 2004⁸

Our clients have experienced great challenges in their lives and find it hard to trust others.

The Hospice team⁹ offers them a safe and welcoming place during the most difficult time of their lives.

The team has a variety of skills and expertise, including an understanding of people living with trauma, serious mental illness, and addictions.

Staff take the time to listen and interact with patients, allowing them to share their emotions about their lives, for which they are grateful. This ongoing relationship helps patients feel valued.

This pioneering model of palliative care within a shelter for people who are homeless includes medical, psychosocial and spiritual support, and it's now emulated by other service providers.

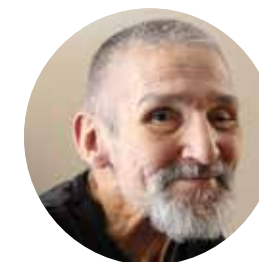


The Hospice provides both terminal palliative¹⁰ and chronic palliative¹¹ care.

When chronic patients receive care, proper nutrition, and other supports, their health can improve, and they can return to where they were living before or in new accommodation. So this model has proven that homeless people who are very ill can in fact get better with the proper care and supportive services.

“Congratulations to the entire team at the Diane Morrison Hospice at The Ottawa Mission. Over the past three years, you have been so generous and so supportive in helping us open Journey Home Hospice. We look forward to our continued friendship.

MATTHEW DURHAM, DMin
Executive Director, Hospice Palliative Care
& Community Development, Journey Home Hospice



“Overwhelmed with gratitude”

JEFF

Ottawa-born Jeff was friendly and gracious. In his younger days he spent time on the stage, and then had a career in food services. Later in life, when Jeff struggled, he would stay with us at The Mission: he knew he was always welcome. When he could no longer take care of himself due to illness, he thought of our Hospice. When he arrived, Jeff was gravely ill, but under our care, his health improved.

For Jeff, the Hospice was a special place: beyond being clean and bright, and having good food, the staff made all the difference. **“I am often overwhelmed with gratitude for the care I'm receiving here. The nurses are fantastic — they are very knowledgeable, kind and compassionate. Anyone who is struggling should know that the doors at The Mission are always open.”**

Jeff lived in our Hospice for over two years. A deeply religious man, Jeff sought comfort from reading the Bible, along with National Geographic and other texts. Jeff passed away in 2020, shortly after his 58th birthday.

At his memorial, his sisters talked about how the intergenerational trauma of residential schools and breaking up Indigenous families to place children into foster care impacted their family. Although split up, they found each other and were close. In his last days, Jeff's sisters stayed with him continuously until he died. They expressed their gratitude to Hospice staff for Jeff's care; in turn, they expressed their gratitude for the opportunity to care for him.





“I am still an Artist: I hear the Spirits.”¹²

NORMEE

Normee was born in Great Whale River in Hudson’s Bay in 1948. A prolific Inuk painter and tapestry-maker, his work is included in collections within the National Gallery of Canada, the Canadian Museum of History, other public collections, and two children’s books: *Arctic Childhood* (1977), and *Arctic Memories* (1987).

As a child, Normee was forced to attend residential school. In 1971, he left the North to spend time with his sister and her family in Ottawa. Wanting to return later that decade, he found that his community had been flooded for a hydroelectric dam, so he stayed in the South.

Because of his experiences with trauma, Normee struggled with addictions and homelessness. When Dr. Turnbull found him living under a bridge in 2000, he convinced Normee to come to the Hospice, and he was the first patient to be admitted.

When he was first admitted, Normee was expected to live less than five weeks. But his will to live, combined with excellent care, allowed him to recover much of his health and resume his work as an artist in the last years of his life.

Sadly, two years before his death in October 2009, Normee lost both his legs, and eight fingers had to be amputated. After he died, 150 people attended his memorial service in our chapel, a testament to the love and respect Normee inspired within the homeless community and our shelter.



“Understanding my life”

LUC

While many patients within the Hospice die within months, others do not. One of these is Luc, a gentle man of 58 years.

Luc grew up in Gatineau, Québec, the son of civil servants. He developed a love of and ability for hockey that took him to play for one season in the Central Canada Hockey League and another two in the Québec Major Junior Hockey League in the early 1980s, even going up against Mario Lemieux. He provided for his family by playing professional hockey and also coaching the game he loves.

Tragically, after his son Steven died, his overwhelming pain sent him spiralling into divorce and addictions. Sometimes

he stayed in our shelter and visited Chaplain Timothy and our drop-in addictions treatment program.

After bypass surgery, he was convinced to stay at our Hospice to recover. Staff colleagues also arranged for him to receive dialysis twice a week.

“I wasn’t expecting to come, but I’m glad I did. I enjoy talking to Timothy. It helps me make sense of my life.”

Luc is moving into his own apartment in supportive housing after he’s discharged from the Hospice. He looks forward to having his children and grandchildren visiting him in his new home.



A CIRCLE OF CARE

The provision of care within the Hospice is based on ensuring the dignity of all people reflective of their inherent value as human beings.

Personal support workers provide essential support to Hospice patients through assistance with activities of daily living such as feeding and bathing, as well as listening to patients and being present with them.

“We assist clients with personal care, feeding, medication and basically activities of daily living. The love and desire to help and assist people in need always draws me to my work.

I feel a majority of our clients have a good death. Helping them take the fear out of death is a good feeling; sometimes I can hear a client saying they are scared of dying alone, so I take the time to hold their hand and listen and gently explore with them what specifically frightens them and how I can help them address it and prioritize their wishes. It’s the best feeling for me.

This work is very important to me because I believe each one of us is important and has to be treated as such without being judgmental.”

DORIS,
a Carfor personal support worker at the Hospice

“My passion is to help the needy and dying by assisting in daily living by giving care and providing clients quality care so they can die with dignity. By assisting I get satisfaction.”

MARIAM,
a Carefor personal support worker who has worked in the Hospice since its beginning

“The Mission Hospice treated my brother Rob Dewar with respect and kindness and with an acknowledgement that he was a unique person with unique needs, and they catered to him in what can only be called a loving fashion. It was wonderful knowing that in his final moments he was surrounded by people who truly cared for him as well as his family.”

IAN DEWAR,
brother of Robert, 2006.¹³

Pat is a peer support worker with OICH. These workers draw on their lived experience of homelessness, mental illness or substance use to help support people in need through their healthcare journey. She helps lessen the anxiety of patients through tasks such as running errands, accompanying them to appointments or the hospital, and even sitting with them as they die. *“It’s a privilege to be allowed into our patients’ lives.”*



“I know I’m making a difference”

WEN

Wen is the nurse supervisor with the Hospice. She works with a palliative care physician, nurses, client care workers, mental health care providers, the Mission’s spiritual care team and volunteers. Wen performs many functions, including pain and symptom assessment and management. “Patients may be treated on site or referred to a specialist.”

Wen also ensures medications and supplies are available. If patients suffer from addiction, they may be enrolled in the managed alcohol or managed opioid program to control their symptoms.

“If the patient is depressed but physically stable, I’ll arrange for a mental health care provider, a volunteer, or our Chaplain to visit them.” Wen also supports patients’ families. *“Some patients are estranged from their families, so ‘families’ for them are not through blood ties, but through friendships and other forms of support.”* This is important for patients given their vulnerability on a physical, emotional and spiritual level. Despite their fragility, “patients strive to maintain their independence.”

“It’s a challenging job, but I know I’m making a difference for patients and their families by reducing suffering and providing comfort. Staff and volunteers here are caring and compassionate, and patients and families appreciate it.”



“It’s so peaceful here”

RAYMOND

Raymond was a gentle 63-year-old from a farm in Manitoba who passed away on December 30, 2020. When he was seven, his mother moved in with his new stepfather, who drank, and his mother began to drink too. Alcohol fueled fighting between them, and the beatings from his stepfather. Raymond also had polio as a child, but he recovered.

From a Cree background, Raymond’s mother ensured that he didn’t go to residential school but instead a day school. But that didn’t protect him against discrimination and abuse.

Raymond held several jobs across the country. Sadly, as he moved in search of new jobs, new homes and a new life, his own problem with alcohol increased. This affected his ability to keep a job and have relationships with his five sons.

Raymond developed health problems as he grew older. After he came to Ottawa, he moved into supportive housing run by the Shepherds of Good Hope called The Oaks, which has a managed alcohol program. Eventually he became unable to look after himself and moved into our Hospice in 2020.

Tragedy continued to follow Raymond: he sadly lost both his sisters and his granddaughter. Still, he found solace in his relationship with his youngest son and his brother.

Raymond also found comfort in his relationships with Hospice staff. *“It’s so quiet and peaceful here. There’s no pressure. The staff are so accepting, likeable and helpful. Kevin helps me with my shower and Pat runs errands for me to the corner store. I really appreciate it.”*

RELIEVING PHYSICAL PAIN AND TREATING ADDICTION is also fundamental to the care provided by our Hospice.



Many patients are burdened by serious and painful conditions such as cancer, and pain and symptom management is essential to ensure their comfort.

Given the high prevalence of addiction, managing addiction is also critical. *The Managed Alcohol Program (MAP)*^{14,15} and *Managed Opioid Program (MOP)*^{16,17,18} developed by OICH employ a harm reduction approach through providing patients small amounts of each substance throughout the day. The physical and psychological symptoms associated with their addictions are controlled, and their quality of life improved.

Spiritual pain and loneliness are among the profound afflictions borne disproportionately by people who are homeless. Many are estranged from their families and have few or no friends.

When they arrive at our Hospice, our circle of care surrounds them, including spiritual support.²⁰ Chaplain Timothy, his assistant Chaplains, and Hospice volunteers²¹ listen to their stories and provide comfort, alleviating their fears.

Grief support is central to the work of the spiritual care team. When a patient dies, a memorial is held in our chapel.²² A patient’s family members,²³ friends,²⁴ Hospice volunteers and staff colleagues come together to provide solace to one another.

The patient is remembered as guests share stories about their loved one’s life, and as Chaplain Timothy shares *“Life Through My Eyes,”* a reflection comprised of details about the patient’s life shared with the spiritual care team.

For patients with few or no family members or friends, or depending on the family’s wishes, an interment is sometimes held at The Mission’s plot at Beechwood Cemetery.



“It’s so important for the community of staff and people in the Hospice. If a person is there for a year or year and a half, they may be there when 25 to 30 people pass away. When you’re waiting to pass away yourself, seeing and hearing at the memorials how people talk about life through their eyes is a really big part of closure for people who are in palliative care, to be able to say, ‘Hey, I can share my emotions, I can share my feelings about my life. When I pass away, I’ll be celebrated. This is my home, my last home.’ So all of that put together is what’s most important.”

CHAPLAIN TIMOTHY,
OTTAWA MISSION SPIRITUAL CARE TEAM

“They had never held a memorial service at the Union [Ottawa] Mission for Men — until Friday. More than 100 street people and their supporters met to remember someone they knew as Chico [Gary Loranger].

It was Diane Morrison who felt that Chico deserved a memorial. ‘The (homeless) people need a way to grieve.’ She also wanted to show the Lorangers their son had friends who miss him.

‘I’m amazed at the people who are here today,’ John Loranger said tearfully at the service.”¹⁹

“I would like to thank The Ottawa Mission for the memorial service for my brother, Robert, which provided an opportunity for healing. I was touched by the number of people in attendance. It was good to know that he had people who cared for him, liked him, nurtured him and nursed him through his pain and suffering, and consoling that he had a ‘family’ at The Mission.

The service provided an opportunity to reunite with my niece and a nephew that I had never met.

I extend my heartfelt thanks to the staff, volunteers and clientele that showed unconditional love and kindness to Robert. Because of their warmth and caring I have peace of mind.”

SINCERELY YOURS IN GRATITUDE, BRUCE AMISSON

**AT ITS CORE,
THE HOSPICE
IS A COMMUNITY**
grounded in connection
and belonging between
patients, caregivers,
families and friends.



At the most difficult time in their lives, patients are supported by this circle of care, ensuring that they will not die alone. For many patients, the Hospice is their last home, both in terms of physical safety, but also in terms of emotional and spiritual comfort. Those left behind carry those who have passed on in their hearts and minds.



*“Changing minds
through compassion”*

YETTY

Yetty works as the Administrative Coordinator within The Mission’s Hospice. Before this, she worked at The Mission’s Health Clinic. Within the Hospice, she supports the nursing team while performing other duties like connecting with patients’ families, assisting with burials and cremations, and helping patients with tasks such as money management. For chronic palliative patients, she even connects them to supportive housing. *“Since they are stable, they can have a better quality of life in the community.”*

Patients come from all backgrounds. “There’s a fine line between who is homeless and who is not,” she explains. For Yetty, it’s an honour and a privilege to work with patients, many of whom have experienced trauma. For most, the Hospice is their last home, and providing care means gaining their trust. *“Here we provide a supportive environment where no one dies alone.”*

Yetty also notices changes in the perceptions of patients’ families. *“Some are uncomfortable that we’re in a shelter due to the stigma concerning homelessness. When they see how we treat patients, that judgement fades away. I love that we change people’s minds through compassion.”*

So many patients within our Hospice have been hurt by people close to them, by institutions, and by complete strangers. This has left them with deep wounds of sadness, and a desire to avoid further hurt by distrusting others.

Some patients, in an attempt to protect themselves, have made choices that have hurt themselves and those they care about.



Over time, as patients receive the physical, emotional and spiritual care they need, many gradually learn to let go of these wounds and trust others and themselves. This allows them to understand their lives, forgive those who have hurt them, and forgive themselves if they have hurt others. As they face their own mortality, they can find peace and acceptance.



*“The power of
unconditional
acceptance”*

ITEE

On March 5, 2019, a memorial service was held for Itee. Many of her family members, friends and care providers were in attendance — more than 60 people in all.

Itee was an Inuit woman who came from a large family in Nunavut. Two of her children, her sister, and many nieces and nephews came to her service, offering stories of unending love, warmth and kindness — stories that were echoed by friends and neighbours whose lives were touched by Itee.

Itee had borne significant burdens of colonialism and discrimination (and their unwelcome companions, tragedy and loss), but she had done so with remarkable courage, resilience and empathy towards others. This power of unconditional acceptance, supported by a merciful spirit, was very much in evidence at her service. Many spoke of Itee’s influence on them, which nourished their own ability to deal with loss. It was a moving experience to hear about the life of someone who, although often marginalized by others, nonetheless always smiled and greeted everyone with “Good morning,” and treated everyone with respect.

Itee loved to be outside. On her corner down the street from The Mission she would often spend time enjoying her independence and community. Everyone passing by that corner daily, including many of us at The Mission, will not forget this as we pass by her corner, remembering with fondness her smile and the sense of inclusion she embodied. Itee’s powerful lesson of openness and acceptance is her unending legacy at The Mission.



“I want to be with people at the Hospice, offering compassion, listening, spiritual care and support in whatever way I can.

But it is so mutual! I feel I receive that compassion, interest, affirmation and nourishment, just through listening to the lives of the people I visit here.”

SISTER NINA,
HOSPICE VOLUNTEER





“An indomitable spirit”

HENRY

On April 11, 2019, another memorial service was held for Henry, who had also lived in our Hospice. Originally from New Glasgow, Nova Scotia, Henry was a gay man of Indigenous and African-Canadian descent. He loved many people, and also loved his two dogs, Mia and Minime, with complete devotion.

Sadly, he had incurred horrific physical, psychological and sexual abuse as a child, and carried deep trauma within him as a result. Despite this, his capacity for joy and his resiliency guided him through his life. And, as he would say when he encountered the indignity of prejudice resulting from ignorance, malice or discrimination, *“I refuse to be insulted.”*

Henry’s loving husband, Pierre, and over 75 close friends came together in the chapel to tell stories of how he, despite his own trauma and ill health, would do everything he could to support them, especially in times of crisis. One young trans person spoke movingly of how the despair engendered by prejudice and hostility caused her to contemplate self-harm, and how Henry eased this pain by supporting her unconditionally.

When Itee passed away, Henry brought flowers to her memorial service despite his own imminent passing.

Community meant everything to Henry. This could take many forms, such as sharing a meal or bearing witness to his profound faith in God in the last days of his life with Chaplain Timothy at his bedside. Henry’s indomitable spirit is his enduring legacy.



“Home at last”

JUDY²⁵

For most of her life, Judy was known as Dale, who spent over four decades in men’s prisons. Dale’s childhood was marked by “girl feelings,” as well as violent physical and sexual abuse by a family member. To protect himself, Dale turned increasingly to alcohol and drugs, as well as violence and crime, including armed robbery and murder.

In prison, Dale gave up drugs and alcohol, which brought his remorse to the surface, as well as Judy. In 2014, she told a prison psychologist that she was a woman. Upon her release that year, Judy entered The Mission’s Food Services Training Program and was honest about her past. She “tried to appear tough, but underneath was soft,” noted Chef Ric. “She wanted to belong, to be part of something,” noted Chef Kristyn. Judy got a job after finishing the program. In 2017, at age 67, Judy had gender reassignment surgery. In 2019, she entered the Hospice. *“Her independence was important to her, as well as the colour pink, and keeping her room tidy. She was very caring with other patients,”* notes Yetty.

On her last birthday, Hospice staff had a party for her, joined by patients, volunteers, other staff, and her sister. *“She was emotional because she thought she wouldn’t have another birthday. She could see that she was loved,”* notes Wen. *“After returning to the Hospice from hospital, she said she was ‘home.’”*

Judy died hours apart from her best friend, another Hospice patient, in early 2020.

THE NEED HASN’T ENDED



Expanding the model

The Ottawa Mission Hospice has been a leader in palliative care for those who are homeless for two decades. While other models have arisen, a 2015 review of palliative care services for people who are homeless concluded that “current palliative care services are ill equipped to care for this vulnerable population and most programs are built upon an infrastructure that is prohibitive for the homeless to access its services.”^{26,27}

While time has passed, the level of need has not abated. *“There’s still a desperate need for palliative care services for disadvantaged community members. While the illnesses are different, the level of need is not,”* states Dr. Turnbull.

Multiple co-morbidities²⁸ make it very difficult for these patients to access care appropriate to their needs. OICH was exploring bringing palliative care directly to people with precarious housing such as rooming houses, but the pandemic has suspended this work. *“We need to provide palliative care outreach services in the community to people who are living*

in very difficult environments. We also need more dedicated spaces such as the Hospice to reach these patients,” Dr. Turnbull points out, noting that many at high risk of COVID-19 are either chronic palliative or acute palliative patients.

The Ottawa Mission Hospice has demonstrated that low-barrier, evidence-based, patient-centred care for people who are homeless meets their needs and can in some instances improve their health. It has also proven cost-effective through diverting these patients from the acute care system (see appendix).



THE ORDER OF SAINT LAZARUS OF JERUSALEM

The Military and Hospitaller Order of Saint Lazarus of Jerusalem (OSL), known simply as the “Order,” is one of the most ancient of the European orders of chivalry which dates back to the time of the Crusader knights.

Today, the Order is an international self-governing and independent body that is nonpolitical and nondenominational, with membership open to all men and women who are practicing members of the Christian faith in good standing within their respective denominations. As a Military Order of Mercy, it also continues to promote, preserve and maintain the Christian faith.

As a modern charity, the Order is dedicated to the care and assistance of those who are poor and sick, and to the advancement of palliative and hospice care through advocacy, assistance, education, publications and facilitation of the development and evolution of hospice and palliative care in Canada.

As part of its work, the Order has been a steadfast supporter of The Ottawa Mission Hospice since its beginning 20 years ago.

Andrew Wilder, MOM, OStJ, OLI, MMLJ, a member of the Order’s Ottawa Commandery, speaks passionately about the importance of this support. *“By supporting the Hospice, we are resourcing an institution that caters to those in our community who are often ignored and underserved. The Hospice provides an essential service to one of the most vulnerable populations in our city. Without the Hospice, these services would not be available at all, and our being able to help a portion of the community that would not otherwise be provided palliative care is something that the Order takes great pride in.”*

Andrew notes the unique nature of the patients of The Mission’s Hospice. *“Sometimes seeing with your own eyes makes you realize the needs of others. It’s not until someone dies close to you who requires palliative services that you realize how great this need is. Taking it one step further, realizing there are those who don’t have family, or don’t have the resources or the money to get the assistance when it’s needed in their last days of life: That’s where the motivation comes from to help out and pull our community together.”*

The Mission is profoundly grateful for this ongoing partnership with the Order to meet the needs of our most vulnerable community members. **On behalf of our patients: Thank you so much for continuing to support our Hospice to provide mercy, dignity and compassion.**

By providing ongoing support to The Ottawa Mission and the Diane Morrison Hospice, the Order is fulfilling its mandate by fostering and continuing a tradition of care that has endured for centuries. The members take great pride in doing this.

THE COST-EFFECTIVENESS OF HOSPICE CARE

Five years after the opening of our Hospice, a review of its cost-effectiveness was undertaken.²⁹ Information concerning a cohort of 28 consecutive terminally ill homeless patients who died at our Hospice was gathered, including demographics, diagnoses at admission and course of treatment. The burden of illness for each patient was assessed, including medical and psychiatric diagnoses, addictions, as well as their functional status³⁰ and symptom management. An expert panel was formed to identify alternate care locations and, using standard costing scales for care, direct versus alternate care costs were compared.



This analysis determined that compared to the acute care system where the cost per patient would have been \$900 per day, care within the Hospice cost \$70 per day.

OVER THE COURSE OF ONE YEAR, COST SAVINGS FOR CARE WITHIN THE HOSPICE WERE PROJECTED FOR THIS COHORT AT \$1.39 MILLION DOLLARS.

So, in addition to being accessible and providing care appropriate to the need, The Ottawa Mission Hospice model of care is also cost-effective.

In the intervening two decades, the work of the Hospice has evolved from primarily an AIDS Hospice with a set configuration of services and costs for treating terminally ill patients to the services and costs associated with a mixture of acute and chronic palliative care, with AIDS no longer a factor.



The Ottawa Mission and OICH are exploring options to update the analysis of the cost-effectiveness of the Hospice care model based on this evolving context. This requires a different methodology to accurately reflect the current work of the Hospice, combining both acute and chronic palliative care.

- 1 Homeless in this report refers to people who have no home or who are precariously housed.
- 2 Kelly Egan. "Ottawa Mission celebrates 10 years," Ottawa Citizen, June 1, 2011.
- 3 Nathalie Trepanier. "Giving dignity," The Ottawa Sunday Sun, October 14, 2001.
- 4 Dr. Turnbull provides his services free of charge to OICH.
- 5 "Dying with Dignity," The Ottawa Sun Special 16-Page Report, December 5, 2004.
- 6 Earl McRae. "Mission Remembers," Ottawa Sun, February 1, 2007.
- 7 "Dying with Dignity," The Ottawa Sun.
- 8 "Dying with Dignity," The Ottawa Sun.
- 9 The team consists of staff from The Ottawa Mission, OICH, Carefor and the Champlain Local Health Integration Network.
- 10 A life expectancy of 3 months or less.
- 11 A life expectancy of 1 year.
- 12 Ron Corbett. "'I still hear the spirits,'" Ottawa Citizen, April 14, 2007.
- 13 "Letters of the Day," The Ottawa Sun, February 2, 2007.
- 14 A *Managed Alcohol Program* has existed in Ottawa since the early 2000s. It is a proven form of harm reduction that is effective in decreasing alcohol consumption and the use of crisis services (e.g., emergency department visits, interactions with police, etc.). See Tiina Podymow, Jeff Turnbull, Doug Coyle, Elizabeth Yetisir and George Wells "Shelter-based managed alcohol administration to chronically homeless people addicted to alcohol," CMAJ, January 03, 2006 174 (1) 45-49; DOI: <https://doi.org/10.1503/cmaj.1041350>.
- 15 MAPs exist in other parts of Canada where they have also proven effective in reducing the harms associated with alcohol addiction, including improvements in health and general quality of life and also fewer emergency department visits. See for example Kendall Hammond, Lynda Gagne, Bernie Pauly, Tim Stockwell. "A Cost-benefit Analysis of a Canadian Managed Alcohol Program." A report prepared by the Centre for Addictions Research of British Columbia for the Kwae Kii Win Centre Managed Alcohol Program, February 2, 2016.
- 16 OICH started the first MOP in Canada in 2018 in Ottawa. People in the community addicted to heroin are given pharmaceutical-grade heroin (hydromorphone) to control their addiction and improve their quality of life; they are also provided housing. In the first year of this program, there were no overdoses or deaths. See Faculty of Medicine, University of Ottawa. "Dr. Jeff Turnbull recognized for unrelenting work with Ottawa's most vulnerable patients." (No date)
- 17 MOP is a critical tool in managing the risk of overdose given the increasing toxicity of the drug supply with fentanyl and other substances across Canada. In 2020, over 6,200 people died due to opioids, or about 17 deaths per day. "Advocates say safe drug supply needed to combat spike in opioid overdose deaths in Canada," Global News, July 28, 2021, updated July 29, 2021.
- 18 The ongoing pandemic has increased the health risks for people who use drugs. There's an increased risk of withdrawal because of a disruption to the supply chain of illicit drugs, and using drugs alone while in self-isolation increases the risk of overdose. See Ontario HIV Treatment. "Possible benefits of providing safe supply of substances to people who use drugs during public health emergencies such as the COVID-19 pandemic." Rapid Response Service, #147, April 2020.
- 19 Peter Hum. "'Child of the Street' dies," Ottawa Citizen, April 23, 1991.

- 20 The origins of The Ottawa Mission beginning in 1906 are in the Christian faith. Everyone is welcome at the shelter, including our Hospice, including those of different faiths, and those with no faith. Spiritual support, including memorials, have incorporated elements of different faiths and traditions, including Islamic and Indigenous traditions as requested.
- 21 Due to the ongoing pandemic and the need to restrict the number of people entering the shelter, friendly visits by Hospice volunteers have shifted to virtual visits to keep these volunteers and patients safe.
- 22 The pandemic has also meant changes to the way The Mission holds memorials. While COVID-19 restrictions remain in place, we have moved to memorials outside our shelter, interments at our beautiful plot for Mission residents at Beechwood Cemetery, as well as memorials over Zoom.
- 23 Both from birth and also chosen family.
- 24 This includes those made within our Hospice.
- 25 For some trans individuals, referring to them by their birth name or their sex assigned at birth can be painful. Judy referred to her old life under her former name, "Dale." Out of respect for Judy, this profile also uses "Dale" when talking about her former life.
- 26 BMC Palliat. Care. 2015; 14: 62. Published online 2015 Nov 18. doi: 10.1186/s12904-015-0059-2.
- 27 While palliative care services for people who are homeless have opened in Canada since 2015, such as *Journey Home Hospice*, it is not enough to meet the need.
- 28 In addition to serious physical and mental health conditions and addiction, there is an emerging concern in terms of the provision of care for people who are homeless is cognitive impairment. This can occur due to surviving a fentanyl overdose within a toxic drug supply, head injury, prolonged and sustained substance use such as alcohol consumption, all of which impairs executive decision-making and can be associated with devastating conditions such as dementia.
- 29 The results of this analysis showed that:
 - Patients had a mean age 49 years.
 - Their average length of stay in the Hospice was 120 days.
 - **43%** had liver disease, 25% had HIV/AIDS, 25% had a malignant tumor and 8% had other health conditions.
 - **82%** of patients had an addiction to drugs or alcohol and a mental illness.
 - Patients were at the lower end of functional status, being unable to care for themselves and requiring institutional care.
 - **71%** of patients required pain management with continuous opiates.
 - The majority reunited with family.See Tiina Podymow, Jeffrey Turnbull, Doug Coyle. "Shelter-based palliative care for the homeless terminally ill," Palliat Med. 2006 Mar;20(2):81-6. doi: 10.1191/0269216306pm1103oa.
- 30 Through the Karnofsky scale, which assesses the ability of a patient to function. The scale ranges from carrying on normal activity and working with no special care required to being unable to care for oneself and requiring the equivalent of institutional or hospital care.

This report has been compiled from both public archival sources such as newspaper articles, Ottawa Mission newsletters and Impact Reports, personal communication with staff from The Ottawa Mission Hospice and Ottawa Inner City Health, and messages from the families of patients. All public sources external to The Ottawa Mission are referenced accordingly.

“For me, aside from the professional gratification I receive as a physician, I also feel part of this community and extended family. Working with my colleagues in the Hospice, I know that they share my values and my goal to provide the best possible care. Over the course of my career, this has been the most rewarding and meaningful work I have done.”

DR. JEFFREY TURNBULL



Diane Morrison **HOSPICE**

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