CHCA Project ECHO Home-Based Palliative Care

All Teach, All Learn

Bridging the Knowledge Gap in Home-Based Palliative Care

Case Study: Equity, Access and Inclusion at End of Life

Case Study: M.L.

- Age: 80
- Gender: Female (she/her)
- Diagnosis: Advanced COPD and metastatic lung cancer
- Setting: Halifax, Nova Scotia – Home and community care supported through Nova Scotia Health's Continuing Care Program
- Living situation: Resides with son, daughter-in-law, and two grandchildren;M.L. is widdowed.
- Care Plan: After repeated hospitalizations, M.L. wishes to remain at home, surrounded by family
- Care team:
  - Local home care nurse and personal support worker (PSWs) through the regional health service, case manager
  - Primary care provider (family physician)
  - Specialist palliative care team through acute care centre oncology program
  - Interpreter services and virtual support through the Chinese Community Association of Nova Scotia

Presenting Situation:

After a series of chest infections and a significant decline in her health over recent weeks, it is becoming clear M.L. is approaching her end of life. Limited energy, breathing difficulties, and reliance on home oxygen almost entirely restrict M.L. to her bed. M.L. has expressed a strong desire to remain at home surrounded by family, just as her parents did. Her family emphasizes harmony, respect for elders. The family is firm in their belief that speaking directly about death could disrupt spiritual balance and bring "bad fortune" into the home.

Situational and Care Challenges

Early in care, communication gaps and differing beliefs about death created tension.

The team recognized that language, immigrant experience, and cultural attitudes were shaping the family's engagement with care. M.L's son requested that all medical updates go through him, and causes her team to worry about this limiting M.L.'s autonomy.

The family is reluctant to display hospice equipment or speak of dying, believing it will hasten death or disturb spiritual peace.

Traditional customs and practices are especially important to M.L. such as the burning of incense as a daily offering. This has raised safety concerns with her team about the use of incense near oxygen equipment.

The care team recognizes that M.L.'s language, immigrant experience, and cultural attitudes are shaping the family's engagement with care, and are working hard to deliver a person- and family-centred approach.

Discussion points:

The team feels that M.L. could have unmet needs, including physical (pain), cultural and spiritual, particularly when the approach is influenced by local "norms" and services.

- What steps could be taken to ensure that the best care plan is in place for M.L. and considers a holistic approach?
- What are the obvious barriers that the care team may have considered, but are there barriers and needs that may not be obvious?

Canadian Home Care Association

Since 2021, the CHCA Project ECHO Home-Based Palliative Care has been delivering evidence-informed content and case studies to tackle the competency challenges faced by providers across the country. Through Virtual ECHO Sessions and our online resource HUB, we breaking down major barriers to high-quality care at home. By engaging home and community care providers and palliative care specialists, we are building the skills, knowledge, and attitudes needed to meet the needs of patients, their families, and caregivers.

The Canadian Home Care Association (CHCA) is a national non-profit association focused on strengthening integrated home-based care. Representing public and private organizations across the county the CHCA partners with members to address pan-Canadian priorities through advocacy, awareness, innovation, and knowledge exchange.
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