

The Problem with "Vulnerability" in Palliative Care

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Objective

Ontario's health care system is transforming. In 2019, the People's Health Care Act was established and dismantled 14 Local Health Integration Networks (LHINs) originally created to coordinate and integrate services at a local level--including palliative care services. This presentation explores the impact of these changes on access to palliative care and ascertains how these changes can potentially affect patients, family members and providers by looking at how new policies are implemented.

References

Amy S. Katz, Billie-Jo Hardy, Michelle Firestone, Aisha Lofters & Melody E. Morton-Ninomiya (2019) Vagueness, power and public health: use of 'vulnerable' in public health literature, *Critical Public Health*, DOI: [10.1080/09581596.2019.1656800](https://doi.org/10.1080/09581596.2019.1656800)

Stienstra, D., & Chochinov, H. M. (2012). Palliative care for vulnerable populations. *Palliative & supportive care*, 10(1), 37–42. <https://doi.org/10.1017/S1478951511000563>

Methods & Approach:

By using an equity lens, this paper unpacks and examines the often inequitable relationships of power inherent in decision making processes. For example, those needing palliative care are often labelled as a “vulnerable group”. However, what do we mean by the term “vulnerable”? The term “vulnerable group” is often ill defined and thus, presents a significant barrier to those looking to implement change. By using the term “vulnerable group” as a blanket term to describe all palliative patients, policymakers erase and ignore the specific cultural, economic, and social needs of individual patients. Uncovering these inequities and erasures is the first step in designing and implementing policy around this issue that is truly transformational.

Preliminary Conclusions

The first step to implementing policy is to think carefully about what barriers (or facilitators) may exist and affect how policy is developed and implemented. In terms of palliative care in Ontario, this means re-thinking what the term “vulnerable group” means and how this impacts the delivery of care.

“Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual” (WHO.)