

Paradoxes in the medical care of homeless people

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France's specific schemes to provide healthcare

- Social security covering health expenses
- Specialised hospital departments
- Medicalised Housing
- Local networks of associations

Methods

- **Multi-sited ethnography**
 - Medicalised housing facility
 - Medical dispensary
 - Medicalised night patrols
 - Day center

- **Semistructured interviews**
 - Homeless people
 - Healthcare professionals

Three paradoxes

- Health issues and improvement of living conditions
- Healthcare ending up in the streets
- Reversal of chronic and acute treatments

Health issues and improvement of living conditions

This paradox lies in the contradictory improvement of the living conditions of homeless people when they are sick.

Health issues and improvement of living conditions

- Access to specific housing schemes and priority in emergency housing
- Higher income while panhandling
- Higher social income
- Temporary residence permit for sick people
- The *sick role* is more valued than the *homeless role*

Healthcare ending up in the streets

The second paradox lies in the antagonism between advanced medical care and insufficient social help

« There are some patients that we know, people we often see here... And when you see often someone, you end up thinking that... Well you take care of him but you know he will be back in the streets, you know he won't follow medical treatment right, he won't take care of his wounds properly, he will be in the streets, he will drink, he will be laying on the ground... So perforce, it's work done in vain... We still do it ! With the same attention than anyone else! »

Healthcare ending up in the streets

« It doesn't make any sense to treat people with chemotherapy and put them back in the streets, it would reduce our efforts to nothing. So we often have to keep people hospitalised for a few more nights, but they don't need hospital anymore, they need rest, we would send them home if we could! The problem is that one night in my service costs more than one room at the Hilton! But there is no social housing for them, so what can we do about it? »

Without proper long-term social housing, the health of homeless people is at risk and their recovery is compromised

Reversal of chronic and acute treatments

- Healthcare professionals treat iteratively acute health problems, as they would do it for chronic diseases
- They take care in an acute way of chronic diseases needing long-term care

Reversal of chronic and acute treatments

« Some of the homeless guys we always see in the streets, who are always in the streets, we know them here... We know them in the emergency department, they are our regulars! They are our chronic patients... »

This is only a temporary response to the lack of appropriate healthcare

Conclusion

Two kinds of vulnerability

Consequences:

- Difficulties to achieve complete recovery for homeless people
- Their health deteriorates over months or years
- Healthcare professionals feel their work is useless

Conclusion

Two kinds of vulnerability

Those paradoxes reveal the vulnerability of both homeless people and healthcare workers

The survival activities may lead homeless people to a form of self-abandonment

They do not feel legitimate to receive care

Conclusion

Two kinds of vulnerability

Healthcare professionals may feel powerless

They are less considerate and tend to reduce to the minimum the care given

Those practices create tensions with their care ethics and weaken their identity as healthcare workers