

01

Recognizing When Someone is Seriously Ill

Corresponds to Chapter 3 in the *Palliative Care Is... A collective response to death, dying, and grief in the inner city* Resource Guide.

Purpose of the Discussion

This discussion explores how frontline workers can recognize early signs of serious illness and patterns of decline in the people they support. In homeless and harm reduction settings, workers often notice subtle changes long before healthcare systems respond. The goal of this conversation is to help participants reflect on their experiences identifying when someone's health is deteriorating, understand how illness trajectories look in real life, and consider how recognizing these patterns early can help people access care and support they might otherwise miss.

Key Messages

- Workers often notice health changes before medical professionals do.
- Small changes in behaviour, energy, appetite, or functioning can signal that someone's health is deteriorating.
- Recognizing patterns of decline can help reduce confusion and help workers move from *reacting* to crises toward *responding* to them and supporting someone earlier
- Recognizing serious illness is not about diagnosing or labeling someone as "palliative," but about helping ensure people receive the care and support they need.

Before You Facilitate

- Reflect on how illness and declining health shows up in settings where participants work.
- Be prepared for participants to share experiences where they noticed someone becoming more ill but struggled to get support or have their concerns taken seriously.
- Remind yourself that the goal is not to teach participants how to diagnose illness, but to help them reflect on how they notice change and how they respond.
- It may also be helpful to think about local health care supports or outreach services that participants could connect with if someone appears seriously ill.

During the Discussion

- Encourage participants to reflect on the kinds of changes they notice in the people they support.
- Many workers develop a strong sense of when "something isn't right," even if they cannot immediately explain why. Reinforce that this instinct and familiarity with people's daily routines can be very valuable.
- Participants may discuss challenges like people minimizing their symptoms, healthcare providers dismissing concerns, difficulty accessing care, and the complexity of supporting people with multiple health conditions.
- These experiences are common and can be acknowledged openly, but try not to get hung up on system barriers – rather do your best to have a strengths-based approach (i.e. what we are doing, what we can do, what is in our control).
- You may also notice that participants begin sharing stories about people they have supported who experienced serious illness. Allow space for these reflections, as they often lead to meaningful learning.

Closing the Conversation

- Reinforce that participants already play an important role in supporting people through illness and decline.
- Emphasize the importance of collaboration between health care and community-based services.





Facilitator Note:

Explaining Illness Trajectories

The discussion guide introduces several patterns of decline (illness trajectories). These concepts are meant to help participants recognize patterns they may already see in their work.

You do not need to explain these trajectories in clinical detail. The goal is simply to help participants think about how illness can unfold over time.

You might introduce the section by saying something like:

"People don't all get sick in the same way. Sometimes someone's health declines steadily. Sometimes they go through cycles of getting sick, going to the hospital, and coming back a bit weaker each time. Other times, the decline is slow and gradual."

Encourage participants to focus on:

- patterns they have noticed in people's health over time
- signs that someone may be recovering less fully after each health crisis
- subtle changes that accumulate over months or years

Understanding these patterns can help workers recognize when someone may benefit from additional care, planning, or support earlier, rather than waiting for a crisis.

Discussion Guide

Trust your gut — if something feels wrong, it might be worth asking about.

Purpose

This discussion guide is designed to help frontline workers reflect on the importance of identifying serious illness early, recognizing patterns of decline, and advocating for appropriate care. By sharing experiences and discussing real-life scenarios, workers can develop practical strategies to support people who may otherwise be overlooked or dismissed in healthcare settings.



Introduction: Why it Matters

As frontline workers, you often spend more time with people than medical professionals do. You may notice small changes-someone isn't eating as much, is getting more tired, or just seems "off." These signs can indicate serious health concerns, but if they go unnoticed or unspoken, people may not get the care they need.

Many of the people you support are living with serious illness in the context of poverty, homelessness, addiction, racism, and discrimination. Additionally, some illnesses that are manageable for a well housed, well resourced person, may become serious for people in these more complex contexts. They face major barriers to care and are often dismissed in health care settings or blamed for their conditions. Recognizing when someone is seriously ill and helping access care or communicate their needs to healthcare providers can be the difference between receiving proper care or being ignored.

Frontline workers are often familiar with the contexts of people's lives (how they are living, what resources they have access to, etc) and so they are often the first to see changes. Early recognition of illness, and identifying someone as being on a "palliative trajectory," can open the door to support they might not otherwise receive.

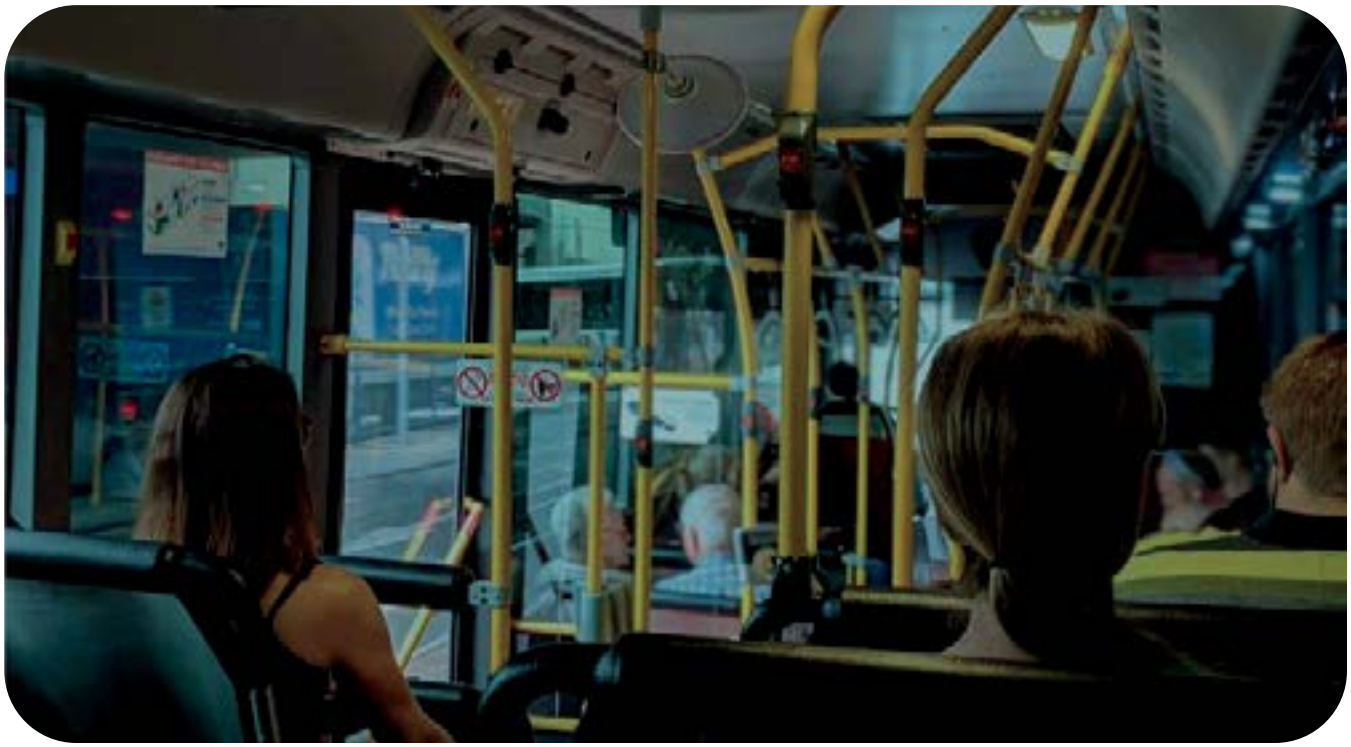
Case Scenario

James' Story

James is a 52-year-old man who has been living in a shelter for the past few months. He has a long his-tory of alcohol use and was recently hospitalized for a severe infection in his leg. Since being discharged, you've noticed some changes. He used to be social, sitting outside and chatting with others, but lately, he's been staying in his room more. He looks thinner, is coughing a lot, and seems confused at times. He says he's just tired, but something doesn't seem right.

Discussion Questions:

- What signs might tell you that someone like James is getting sicker?
- If James went to the emergency room today, what do you think would happen?
- What challenges might James face when trying to access care?



Recognizing Illness as Part of a Palliative Approach to Care



Many people we support live with serious illness alongside poverty, homelessness, racism, and stigma that can make illness worse. While their deaths may not be a surprise, they are often unsupported; not because people don't care, but because key signs of decline go unnoticed. As a result, many people who may be on a "palliative trajectory" (meaning they're living with serious, life-limiting illness) don't get access to the support that could improve their quality of life.

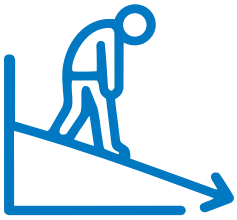
While palliative care 'services' in the health care system often have life expectancy eligibility require-ments, a palliative approach to care doesn't apply only to the final days of life. It can start early and focuses on comfort, dignity, and what matters most to the person. It includes managing symptoms like pain and shortness of breath, but also supporting housing, nutrition, social connection, and emotional needs.

Frontline workers like you are key to this approach. You often know people's baselines and can spot when something changes. Your social knowledge is critical in identifying people who may benefit from a palliative approach and helping them get the care they need and deserve.

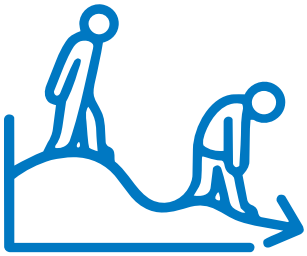
Discussion Questions:

- How do you recognize when someone's health is deteriorating? What signs make you worry?
- What can get in the way of noticing people who could benefit from a palliative approach to care?
- Have you ever supported someone who needed more care but didn't receive it because their illness wasn't taken seriously? Were there actions that you took that helped that situation?
- What misconceptions exist about palliative care in contexts of homelessness and structural vulner-ability?
- Have you seen someone get better care once a palliative approach was in place? What helped make that happen?

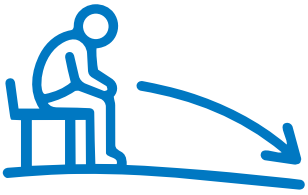
Understanding Illness Trajectories and Patterns of Decline



Steady Decline



Roller Coaster Decline



Slow Decline

People experience illness and decline in different ways. When we can recognize the pattern, it can help us know when to lean in with more support, help people plan ahead, and advocate for care.

1. **Steady Decline**

   Seen in some cancers, people may manage symptoms for a long time (sometimes even years), then decline more quickly. In conditions of unstable housing, poor nutrition or without access to care, their health can worsen rapidly.

2. **Roller Coaster Decline**

   (Most common in homelessness settings) People go through waves of being sick, getting treatment, and bouncing back, but not quite to where they were before. Over time, they recover less fully after each health crisis. Eventually, these episodes become more frequent, more serious, and harder to bounce back from. Common in people with chronic illness like heart, kidney, or lung disease.

3. **Slow Decline**

   Subtle and gradual. Seen in conditions like dementia, Parkinson's, or general frailty. May look like increased tiredness, more falls, changes in memory, poor balance, difficulty doing daily activities. In your settings, slow decline may start at a younger age and unfold quicker.

Recognizing these patterns helps us move from reacting to crises, to supporting someone more proactively.

Discussion Questions:

- Thinking back to people you've worked with, do any of these patterns remind you of someone? How did their health change over time?
- How might understanding different patterns of decline help you in your work supporting individuals in your settings?
- What are some signs of declining health that are often overlooked in the people you work with?
- What are some challenges you might face identifying patterns of decline?

When you notice patterns of decline in people you support, what are the next steps you would take in your role?

Putting It Into Practice: Illness Trajectories in Real Life



An optional exercise: Use these short case examples to reflect on how different patterns of decline might show up in your work. For each, consider what clues were present, how you responded, and what challenges emerged.

- Andre is 47 and recently diagnosed with cancer. He lives in supportive housing but has missed several appointments. You notice he's more tired, eating less, and his hygiene has slipped. He tells you, "I'm just worn out."
- Lisa has COPD and is housed in a rooming house. She has been in and out of hospital several times over the last year. After each visit, she seems weaker and takes longer to recover. She's now having trouble managing stairs and says, "I just can't catch my breath anymore."
- Peter is in his early 60s and has been living on and off the street for years. He's becoming more forgetful, sometimes seems lost in familiar places, and has had a few minor falls. He brushes it off, saying, ''I'm just getting old."

Discussion Questions:

- What made you think this person's health was changing?
- Which illness trajectory does this case seem to reflect (steady, roller coaster, slow)?
- Do you think this person could be on a palliative trajectory?
- What challenges might you face in acting on this concern, in your role?

In contexts of homelessness and structural vulnerability, we often work with people experiencing multiple illnesses that can make illness trajectories difficult to pinpoint. Someone with a terminal illness may also be dealing with other chronic conditions or wounds that do not fully heal. It is not uncommon to be supporting people who are overdosing and sustaining progressively worse brain injuries that are impact their daily functioning and decision making.

- Do any of these complex examples sound familiar to you in your work? Are there any complex cases you have found challenging that may be helpful to work through?
- What should we be considering in these complex cases to recognize whether someone could be on a palliative trajectory?

Closing Reflection

Trust your instincts! If something feels wrong, it probably is. Recognizing these patterns isn't about labeling someone as "palliative" or assuming they are dying; it's about making sure they get the care and dignity they deserve while they're still here. By noticing, being curious, and responding in ways that make sense for you and your role, you are doing your part to help prevent people from being ignored or left to suffer.

