

**Webinar Q&A**  
**Exploring Trauma Informed Palliative Care for Populations Experiencing Structural Vulnerability – Friday August 14, 2020 @ 4 pm ET**

Remaining Questions	CPC Exchange
<p>Anonymous 04:25 PM</p> <p><b>When you are working with someone who has a PG&amp;T, but they have a history of having lifetime choices being taken away from them, how do you use this PG&amp;T for treatment decisions?</b></p>	<p>There were several questions submitted during the webinar that the panelists were unable to answer due to the time restrictions of the webinar.</p> <p>Please continue the discussion by joining the <a href="#">Canadian Palliative Care Exchange</a> and posting your question as a discussion topic.</p> <p>There is no cost to participate.</p> <p>Join now to share and learn alongside your colleagues from across Canada: <a href="http://www.cpcexchange.ca">www.cpcexchange.ca</a></p>
<p>Colleen 04:42 PM</p> <p><b>Just wondering if there are any stats on the number of homeless people who have FASD? Advance Care Planning may be difficult to complete.</b></p>	
<p>Dr. Paul-André 04:42 PM</p> <p><b>What about colleagues who have experienced trauma?</b></p>	
<p>Anonymous 04:45 PM</p> <p><b>I am wondering if the panelists are familiar with contracts or other agreements for patients who use drugs during their hospice admission and misuse prescribed drugs on site that are provided in facility? Any suggestions to help set boundaries for the patient &amp; team to reduce harm &amp; trauma?</b></p>	
<p>Olga 04:53 PM</p> <p><b>How could death doulas support this work?</b></p>	
<p>Anonymous 04:21 PM</p> <p><b>When patients avoid institutional settings at all cost and have mistrust or delusions around care plans, they may decline all care offered. This can</b></p>	

<p>result in what looks like a lot of suffering and can feel like "condoning a neglectful situation", if we don't do anything. What can we do? Can we Form 1 dying people who are suffering? No not really..... how do you reconcile patient control/choice and choice to suffer/avoid intervention with your efforts or failed efforts? Does choice trump suffering? seems like it does.</p>		
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<p>Dr. Paul-André 04:55 PM</p> <p><b>War veterans and trauma?</b></p>		
<p>Diana 04:57 PM</p> <p><b>Please speak to moral injury and burn-out in hospice and palliative healthcare providers.</b></p>		
<p>Dr. Paul-André 05:10 PM</p> <p><b>Also, trauma with the LBGT community?</b></p>		
<b>Question</b>	<b>Answer</b>	<b>CPC Exchange</b>
<p>Tara 04:18 PM</p> <p><b>Our region is exploring opportunities around trauma-informed</b></p>	<p>This question was answered in the webinar. Go to 54:52 in the recording.</p>	<p>If you'd like to continue this conversation, head to the <a href="#">Canadian Palliative Care Exchange</a> and create a</p>

<p><b>bereavement support for individuals who are structurally vulnerable. Would love to hear ideas!</b></p>		<p>discussion topic or contribute to a conversation already taking place.</p> <p>There is no cost to participate.</p> <p>Join now to share and learn alongside your colleagues from across Canada: <a href="http://www.cpcexchange.ca">www.cpcexchange.ca</a></p>
<p>Anonymous 04:33 PM</p> <p><b>How can informal caregiving and grieving present with people experiencing homelessness?</b></p>	<p>This question was answered in the webinar. Go to 58:10 in the recording.</p>	
<p>Amy 04:53 PM</p> <p><b>The PC philosophy includes grief and bereavement, how is the PC community of practice supporting vulnerable populations on their grief journey?</b></p>	<p>This question was answered in the webinar. Go to 1:00:24 in the recording.</p>	
<p>Anonymous 04:53 PM</p> <p><b>Do you think COVID fall out with increase palliative funding?</b></p>	<p>This question was answered in the webinar. Go to 1:03:35 in the recording.</p>	