

Ethical Issues Raised by Patient Non-Adherence in the Homeless Population

Joyce Do

The Rivers School, USA

ABSTRACT

This paper delves into the ethical complexities surrounding patient non-adherence within the homeless population, exploring its multifaceted causes and profound consequences. Homelessness, exacerbated by systemic issues and societal neglect, engenders unique barriers to healthcare access and medication adherence. Drawing on principles of justice, autonomy, and beneficence, this paper advocates for equitable treatment, respect for autonomy, and proactive measures to enhance well-being. By addressing the underlying systemic injustices and implementing targeted interventions, healthcare professionals, policymakers, and society at large can uplift the dignity and improve the outcomes of homeless individuals. However, addressing patient non-adherence is just one facet of the broader challenges faced by the homeless population, underscoring the imperative for comprehensive societal action and reform.

Introduction

N.B. For reasons of clarity and brevity I will use “homeless” and “unhoused” interchangeably. However, I acknowledge the dangers of using harmful terms that can inaccurately define one’s identity.

This paper explores ethical questions raised by the issue of patient non-adherence in the homeless population. The homeless population includes those who are chronically homeless, experiencing temporary housing loss, escaping domestic abuse, or confronting various challenges. In 2022, the Department of Housing and Urban Development (HUD) counted around 582,000 Americans experiencing homelessness. That is about 18 per 10,000 people in the US.¹

Between 2020 and 2022, there was a 16% increase among individuals experiencing chronic homelessness.² Chronic homelessness is used to describe people who have experienced homelessness for at least a year—or repeatedly—while struggling with a disabling condition such as a serious mental illness, substance use disorder, or physical disability.³

¹ USA facts. “How Many Homeless People Are in the US? What Does the Data Miss?” *USAFacts*, 16 Mar. 2023, usafacts.org/articles/how-many-homeless-people-are-in-the-us-what-does-the-data-miss/. Accessed 2 Mar. 2024.

² Saldua, Mark. “Addressing Social Determinants of Health among Individuals Experiencing Homelessness.” *Substance Abuse and Mental Health Services Administration*, 15 Nov. 2023, www.samhsa.gov/blog/addressing-social-determinants-health-among-individuals-experiencing-homelessness. Accessed 24 Apr. 2024.

³ National Alliance to End Homelessness. “Chronically Homeless.” *National Alliance to End Homelessness*, Dec. 2023, endhomelessness.org/homelessness-in-america/who-experiences-homelessness/chronically-homeless/#:~:text=Chronic%20homelessness%20is%20used%20to. Accessed 24 Apr. 2024.

Homelessness is strongly linked to deteriorating physical and mental health. In March 2024, the measure known as Proposition 1, which includes \$6.38 billion for treatment and housing of homeless individuals with severe mental illnesses and addiction, was passed by voters in California. Despite a narrow 50.2% approval rate, this significant proposition underscores California's acknowledgment of the pivotal role mental health care plays in addressing homelessness.

Furthermore, the 2022 Annual Homelessness Assessment Report (AHAR) to Congress and the Continuum of Care Homeless Populations and Subpopulations Report states that 21% of individuals experiencing homelessness reported having a serious mental illness, and 16% reported having a substance use disorder.⁴ Recently, in 2023, a wide-ranging study released by the Benioff Homelessness and Housing Initiative at University of California, San Francisco, found that about two-thirds of the homeless people interviewed had serious symptoms of mental illness, yet only about 18 percent had recently been treated.⁵ These health challenges arise from multiple factors, including inadequate access to food and shelter and limited availability of resources and social services.⁶ In addition, distrust of the healthcare system and past experiences of discrimination from providers can deter unhoused individuals from seeking treatment.⁷

A 2022 study highlights the contrast in healthcare coverage between the general population and the homeless community. While 92.1% of people, or 304.0 million, had health insurance at some point during the year in the United States, only about 40% of homeless individuals were insured under Medicare and Medicaid. Shockingly, the remaining 60% lack any form of insurance, despite many being eligible due to their age or disability status.^{8,9} Health insurance allows access to free preventative healthcare services and mitigates the financial burden of healthcare expenses, both of which are crucial for unhoused and housed individuals.¹⁰

Moreover, in a retrospective analysis based on data from 615 homeless individuals, of whom 176 died in the analyzed period of 2010-2016, the average lifespan of a homeless individual was reduced by approximately 17.5 years compared to the general population. This stark disparity underscores the gravity of the health

⁴ Saldua, Mark. www.samhsa.gov/blog/addressing-social-determinants-health-among-individuals-experiencing-homelessness. Accessed 24 Apr. 2024.

⁵ Hubler, Shawn. "Once a Sure Thing, Newsom's Homelessness Measure Barely Passes." *The New York Times*, 21 Mar. 2024, www.nytimes.com/2024/03/20/us/california-prop-1-homelessness.html. Accessed 24 Apr. 2024.

⁶ Wise, Caitlin, and Kenneth Phillips. "Hearing the Silent Voices: Narratives of Health Care and Homelessness." *Issues in Mental Health Nursing*, vol. 34, no. 5, 1 May 2013, pp. 359–367, <https://doi.org/10.3109/01612840.2012.757402>. Accessed 2 Mar. 2024.

⁷ Liu, Michael, and Stephen W. Hwang. "Health Care for Homeless People." *Nature Reviews Disease Primers*, vol. 7, no. 1, 14 Jan. 2021, pp. 1–2, <https://doi.org/10.1038/s41572-020-00241-2>. Accessed 2 Mar. 2024.

⁸ Bureau, US Census. "Health Insurance Coverage in the United States: 2022." *Census.gov*, 12 Sept. 2023, www.census.gov/library/publications/2023/demo/p60-281.html#:~:text=Highlights. Accessed 2 Mar. 2024.

⁹ Jain, Sachin H. "Homelessness Is a Healthcare Issue. Why Don't We Treat It as One?" *Forbes*, 17 Apr. 2021, www.forbes.com/sites/sachinjain/2021/04/17/homelessness-is-a-healthcare-issue-why-dont-we-treat-it-as-one/?sh=75a82eeb77e3. Accessed 2 Mar. 2024.

¹⁰ Healthcare.gov. "See How Health Insurance Coverage Protects You." *HealthCare.gov*, www.healthcare.gov/why-coverage-is-important/#:~:text=Health%20insurance%20protects%20you%20from. Accessed 2 Mar. 2024.

challenges faced by those without stable housing. Furthermore, homeless males have an average age at death of 56 years, while homeless females have an average age at death of just 52 years. Most deaths occurred in conditions of cold stress, particularly from hypothermia. Deaths from hypothermia occurred thirteen times more frequently among the homeless population compared to the general population.¹¹

In 2012, a study found suicide rates to be 10 times higher for a homeless cohort. In addition, more than half of unhoused people have had thoughts of suicide or have attempted suicide.¹² The data reveals the extreme stress that homelessness presents on one's mental health, which demonstrates the urgency of improvements of healthcare in this vulnerable population.

In addition, Black Americans have the highest rate of homelessness among the nation's racial and ethnic groups. In 2018, 54 out of every 10,000 Black people in the United States were homeless. In New York, 208 out of every 10,000 Black people were homeless and Massachusetts is number one in the country in its rate of Hispanic/Latinx homelessness, with 107 per 10,000 unhoused.¹³ With these marginalized communities simultaneously facing disparities in wealth, education, employment, and higher rates of incarceration, the effects of homelessness will further exacerbate existing systemic issues.

Finally, the homeless population must navigate a multitude of challenges such as managing their physical and mental health, acquiring health insurance, avoiding death by the elements, and facing systemic racism. Homeless individuals, many who are victims of an unjust and unethical system, are worthy of justice and compassion, and their living situation does not define their inherent worth as a human being. Thus, society as a whole and communities with unhoused people have an obligation to alleviate the health disparities present within this vulnerable community, with a focus on the issue of patient non-adherence, which is closely tied to their unique living circumstances.

Overview of Patient Non-Adherence

Non-adherence, a complex phenomenon, includes both intentional and unintentional refusal by patients to follow prescribed treatment recommendations.¹⁴ Intentional non-adherence involves deliberate actions by patients and is typically linked to their motivation levels, whereas unintentional non-adherence stems from factors such as limited resources or capability to adhere to medication regimens.¹⁵

¹¹ Romaszko, Jerzy, et al. "Mortality among the Homeless: Causes and Meteorological Relationships." *PLOS ONE*, vol. 12, no. 12, 21 Dec. 2017, p. e0189938, <https://doi.org/10.1371/journal.pone.0189938>. Accessed 2 Mar. 2024.

¹² Bonner, Adrian, and Claire Luscombe. "Suicide and Homelessness." *Journal of Public Mental Health*, vol. 8, no. 3, 20 Nov. 2009, pp. 7–19, <https://doi.org/10.1108/17465729200900016>. Accessed 24 Apr. 2024.

¹³ "Demographic Data Project: Race." *National Alliance to End Homelessness*, endhomelessness.org/demographic-data-project-race/#:~:text=Among%20the%20nation. Accessed 24 Apr. 2024.

¹⁴ Jones, Sue. "The Noncompliant vs the Non-Adherent Patient | the Cooperative of American Physicians." *Www.capphysicians.com*, 11 May 2016, www.capphysicians.com/articles/noncompliant-vs-non-adherent-patient. Accessed 2 Mar. 2024.

¹⁵ Molloy, Gerard J., et al. "Intentional and Unintentional Non-Adherence to Medications Following an Acute Coronary Syndrome: A Longitudinal Study." *Journal of Psychosomatic Research*, vol. 76, no. 5, May 2014, pp. 430–432, <https://doi.org/10.1016/j.jpsychores.2014.02.007>.

Adherence varies throughout patients' treatment journeys and may manifest in behaviors such as not filling prescriptions, not initiating treatment, using medication incorrectly, or prematurely discontinuing treatment. This multifaceted issue arises from patients questioning treatment necessity, communication challenges with healthcare providers, or treatment complexity. A meta-analysis of 569 studies found an average nonadherence rate of 25% in patients. While adherence rates are highest among patients with certain conditions like HIV infection or cancer, they tend to be lower among those with pulmonary disease, diabetes, or sleep disorders. The severity of illness often correlates with adherence, with patients facing more serious conditions typically adhering more closely to their prescribed medication regimens.¹⁶

The issue of patient non-adherence is imperative to investigate as non-adherence rates have remained nearly unchanged in the last decades.¹⁷

Factors Contributing to Non-Adherence

Non-adherence to medication regimes among homeless individuals is influenced by a myriad of factors, stemming from their unique socioeconomic status and healthcare challenges. One example is the absence of stable housing that prioritizes basic needs such as food and shelter over healthcare. This prioritization, which is sometimes misconceived as negligence or non-adherence, reflects individuals' fundamental fight for survival.¹⁸

Moreover, non-adherence to medication in homeless patients is common in behavioral health treatment, with around 42% of patients discontinuing their antidepressants within the first month and 72% stopping after three months. Reasons for this non-adherence include concerns about adverse effects, forgetfulness, lack of social support, insufficient knowledge, and poor communication between patients and physicians.¹⁹ This breakdown in communication can be attributed to various factors as patients exhibit diversity in education, intelligence, and language proficiency, leading to potential misunderstandings. For instance, explanations comprehensible to native English-speaking college graduates may be entirely unintelligible to those who did not complete highschool or for whom English is a second language. This discrepancy underscores the importance of clear communication in healthcare settings.

Moreover, the issue of health literacy further exacerbates communication barriers, especially within the homeless community. Research indicates that higher levels of health literacy were associated with being

¹⁶ Hugtenburg, Jacqueline, et al. "Definitions, Variants, and Causes of Nonadherence with Medication: A Challenge for Tailored Interventions." *Patient Preference and Adherence*, vol. 7, no. 7, July 2013, p. 675, <https://doi.org/10.2147/ppa.s29549>. Accessed 2 Mar. 2024.

¹⁷ van Dulmen, Sandra, et al. "Patient Adherence to Medical Treatment: A Review of Reviews." *BMC Health Services Research*, vol. 7, no. 1, 17 Apr. 2007, <https://doi.org/10.1186/1472-6963-7-55>. Accessed 2 Mar. 2024.

¹⁸ Wise, Caitlin, and Kenneth Phillips. "Hearing the Silent Voices: Narratives of Health Care and Homelessness." *Issues in Mental Health Nursing*, vol. 34, no. 5, 1 May 2013, pp. 359–367, <https://doi.org/10.3109/01612840.2012.757402>. Accessed 2 Mar. 2024.

¹⁹ Coe, Antoinette B., et al. "Medication Adherence Challenges among Patients Experiencing Homelessness in a Behavioral Health Clinic." *Research in Social & Administrative Pharmacy : RSAP*, vol. 11, no. 3, 2015, pp. e110–e120, <https://doi.org/10.1016/j.sapharm.2012.11.004>. Accessed 24 Apr. 2024.

housed and with lower levels of drug use.²⁰ In addition, a 2006 study conducted in central North Carolina, examining medication barriers among homeless women, revealed that those with low health literacy faced greater challenges in administering medication to their children compared to those with higher health literacy.²¹ This finding underscores the dangers of low health literacy, extending beyond individual consequences to affect the health and well-being of family members, particularly children. Finally, individuals with limited health literacy frequently struggle to comprehend health education materials provided by healthcare professionals or pharmacists. This difficulty may extend to monitoring their symptoms effectively. Also, they may have concerns about developing dependency on long-term medications and hold misconceptions about the efficacy of medications over prolonged use.²² With better health literacy education, knowledgeable patients could be more inclined to follow through with treatments and take control of their own health.

Furthermore, the homeless population faces additional barriers contributing to non-adherence including limited or no prescription insurance coverage, lack of storage space for medications, limited privacy, and lack of transportation to pick up their medications. More factors include younger age, illicit drug use, and depression or stress.²³ These challenges underscore the complex social, economic, and psychological factors affecting medication adherence.

Finally, an overwhelmed patient often struggles with self-care, particularly when facing complex and stressful life situations such as homelessness. These situations can leave individuals feeling exhausted, unable to fully manage a chronic illness, and alone, with disaffiliation from social networks worsening non-adherence among homeless individuals.^{24,25}

Consequences of Non-Adherence

Non-adherence poses a significant issue as it can result in heightened healthcare expenses and unfavorable patient outcomes. According to the New England Healthcare Institute (NEHI), medication non-adherence contributes to approximately \$290 billion annually to medical expenditures.²⁶ Furthermore, in a study from an academic county hospital in Seattle, Washington, medical records from 2012 to 2018 were reviewed of 133

²⁰ Farrell, Susan J., et al. "Examining Health Literacy Levels in Homeless Persons and Vulnerably Housed Persons with Mental Health Disorders." *Community Mental Health Journal*, vol. 56, 19 Dec. 2019, <https://doi.org/10.1007/s10597-019-00525-2>.

²¹ Sleath, Betsy L., et al. "Literacy and Perceived Barriers to Medication Taking among Homeless Mothers and Their Children." *American Journal of Health-System Pharmacy*, vol. 63, no. 4, 15 Feb. 2006, pp. 346–351, <https://doi.org/10.2146/ajhp050070>. Accessed 24 Apr. 2024.

²² Mantel, Jessica. *REFUSING to TREAT NONCOMPLIANT PATIENTS IS BAD MEDICINE*. 1 Oct. 2017.

²³ Coe, Antoinette B., et al. "Medication Adherence Challenges among Patients Experiencing Homelessness in a Behavioral Health Clinic." www.ncbi.nlm.nih.gov/pmc/articles/PMC3733792/, Accessed 24 Apr. 2024.

²⁴ Kleinsinger, Fred. "Understanding Noncompliant Behavior: Definitions and Causes." *The Permanente Journal* vol. 7,4 (2003): 18–21.

²⁵ Unni, Elizabeth J., et al. "Medication Non-Adherence in the Homeless Population in an Intermountain West City." *INNOVATIONS in Pharmacy*, vol. 5, no. 2, 1 Jan. 2014, <https://doi.org/10.24926/iip.v5i2.342>. Accessed 2 Mar. 2024.

²⁶ Coe, Antoinette B., et al. "Medication Adherence Challenges among Patients Experiencing Homelessness in a Behavioral Health Clinic." www.ncbi.nlm.nih.gov/pmc/articles/PMC3733792/, Accessed 24 Apr. 2024.

non-small-cell lung cancer (NSCLC) patients, including 22 (17%) who were homeless during treatment. Homeless NSCLC patients with localized cancer missed more appointments post-diagnosis (26% vs. 16%), and homeless patients with advanced NSCLC had shorter median survival (0.58 years vs. 1.30 years for housed patients). The study also revealed that homeless patients with localized lung cancer lost contact with the medical team (i.e., lost to follow-up, moved out of the area, or transitioned to hospice) at twice the rate of housed patients, leading to poorer outcomes. Moreover, the transient nature of homelessness raised concerns about follow-up care. All housed patients completed therapy, while two of the nine homeless patients could not. The reason for this disparity is suggested by the nearly doubled rate of missed appointments by homeless patients compared with housed patients, underscoring the dangerous consequences of non-adherence.²⁷

Furthermore, ensuring compliance with psychiatric medication is crucial for positive health outcomes. Among the approximately 553,000 homeless individuals in the United States, 24% are afflicted with severe mental illnesses requiring daily medication. Neglecting psychiatric treatment protocols frequently results in disease exacerbation and diminished quality of life. Noncompliance with psychiatric medications, including antidepressants and anti-anxiety drugs, heightens the risk of disease advancement, suicide, and hospitalizations, leading to premature morbidity and mortality.²⁸

Ethical Principles and Recommendations

Patronizing a disadvantaged group of people involves adopting a condescending or patronizing attitude that undermines their agency, dignity, and autonomy. This behavior often arises from a position of privilege, where individuals or groups in positions of power attempt to exert control or influence over those they perceive as less privileged or marginalized. While I recognize my outsider perspective, I also base my recommendations on the research conducted on this issue.

Justice

Justice is the principle that individuals are treated in a manner that is equitable and fair. This includes ensuring equal treatment and access to healthcare services and medications for homeless individuals regardless of their socioeconomic status, race, or other factors. Although many people do not want to care for those who do not care for themselves, especially in regard to the homeless population, the line becomes unclear if a flawed system and external situations are creating an environment where they cannot care for themselves, thus leading to non-compliance with medication. We have a moral responsibility to care for homeless patients as they are disproportionately disadvantaged in the medical world.

The COVID-19 Pandemic has intensified disparities in the US healthcare system and has greatly affected the homeless population. Homeless individuals often struggle to access healthcare services due to lack of health insurance, lack of transportation, and high cost, leading to more emergency room visits and higher rates of medical hospitalization for serious conditions. However, the pandemic has compounded all of these problems, exacerbating health risks and increasing the likelihood of adverse health outcomes.

²⁷ Concannon, Kyle F., et al. "Outcomes among Homeless Patients with Non-Small-Cell Lung Cancer: A County Hospital Experience." *JCO Oncology Practice*, vol. 16, no. 9, Sept. 2020, pp. e1004–e1014, <https://doi.org/10.1200/jop.19.00694>. Accessed 2 Mar. 2024.

²⁸ Eshtehardi, Sahar S., et al. "Sociodemographic Determinants of Nonadherence to Depression and Anxiety Medication among Individuals Experiencing Homelessness." *International Journal of Environmental Research and Public Health*, vol. 18, no. 15, 28 July 2021, p. 7958, <https://doi.org/10.3390/ijerph18157958>. Accessed 24 Apr. 2024.

Furthermore, homeless individuals are often discharged with inadequate resources and places inappropriate for proper recovery, leading to higher rates of readmittance and worse health results. California's Senate Bill 1152, enacted in 2018, aims to tackle the issue of "patient dumping" by requiring hospitals to offer meals, transportation, clothing, and documentation of discharge to homeless patients. The issue of patient dumping stems from the underfunded healthcare system in the U.S., particularly prevalent when hospitals treat patients lacking insurance coverage, resulting in financial burdens for hospitals. While California's legislation acknowledges the unmet needs of the homeless, it does not fully address the fundamental issue they face: the absence of consistent access to resources and a secure environment for recovery. Legislation that provides universal access to affordable healthcare will not only improve the health of homeless individuals, but also lessen the burden on the US healthcare system from the costs of homelessness.²⁹

Clay Mickel, a spokesman for the American Hospital Association, stated, "The real problem is that the government has not acknowledged that caring for the indigent is its responsibility."³⁰ More action from the government is needed to create greater access to healthcare, and it must acknowledge complex issues like patient non-compliance in the homeless population, as they can easily be written off since they are already an ostracized population.

Poverty and homelessness in the U.S. is often stigmatized, stereotyped, and seen as moral failings of individuals. While most Americans recognize the significant issue of homelessness, it is frequently dismissed and left for large organizations and institutions to address. Many people distance themselves from this problem, believing it is unrelated to them. However, 65% to 70% of Americans live paycheck to paycheck, meaning that for a majority of Americans, experiencing homelessness is a realistic possibility.³¹ Consequently, we have a moral responsibility to actively enhance patient outcomes within the homeless population, as this issue impacts a significant portion of society.

Autonomy

Autonomy in medicine means patients have the right to decide about their treatment. Healthcare providers must respect the patients' decisions and cannot impose treatments or interventions on patients without their informed consent and they must give patients all necessary information about treatments, risks, and alternatives.³²

To better respect and support a homeless patient's autonomy, one study suggests potential clinic-level initiatives, such as implementing a health literacy screening tool to assess patients' reading and quantitative skills. Additionally, providing patients with a wallet-sized card containing health information, such as laboratory results and medication details, could aid self-management and facilitate communication with healthcare

²⁹ Lee, Alexandria. "Disparities in Health Care for the Homeless | Institute for Health Policy Leadership." *Ihpl.llu.edu*, Loma Linda University Health, 22 Jan. 2021, ihpl.llu.edu/blog/disparities-health-care-homeless#:~:text=In%20addition%20to%20continuing%20to. Accessed 24 Apr. 2024.

³⁰ Kahntroff, Jeffrey, and Rochelle Watson. "Refusal of Emergency Care and Patient Dumping." *AMA Journal of Ethics*, vol. 11, no. 1, 1 Jan. 2009, pp. 49–53, journalofethics.ama-assn.org/article/refusal-emergency-care-and-patient-dumping/2009-01, <https://doi.org/10.1001/virtualmentor.2009.11.1.hlaw1-0901..> Accessed 24 Apr. 2024.

³¹ Elmore, Eric. "The Raw Society | There Is No They." *The Raw Society*, therawsociety.org/there-is-no-they/. Accessed 24 Apr. 2024.

³² Nineham, Laura. "Medical Ethics: Autonomy." *The Medic Portal*, 2020, www.themedicportal.com/application-guide/medical-school-interview/medical-ethics/medical-ethics-autonomy/. Accessed 24 Apr. 2024.

providers. An intervention in an inner-city health system in Atlanta utilized a pill card with medication details, which patients found highly satisfactory. The National Consumers League's Script Your Future campaign offers free tools, including wallet cards, to assist patients in medication management and communication with providers. Improvements in communication between the patient and the healthcare providers allow the patient to make informed decisions, further supporting their autonomy.³³

However, it is challenging to respect a patient's autonomy, find solutions for their non-complacency, and successfully treat the patient all while hospitals are overflowing with patients. Under current state law, a person can be held in the hospital involuntarily if they are a danger to themselves or others, or if they are unable to seek food, clothing, or shelter, as a result of mental illness. Doctors want to add other substance use disorders to the criteria, and include a person's inability to look out for one's own safety and medical care. Dr. Wood, who practices in Los Angeles, gives two examples of people she and her colleagues have tried to care for, but who slip through the cracks under the current rules. One is a man who doesn't take his diabetes medication because he is not taking his schizophrenia medication, and doesn't understand the consequences of not managing either condition. Wood explains that even if he repeatedly ends up in the ER with dangerously high blood sugar, no one can compel him to take either medication under current law, because poorly managing one's health is not a trigger for conservatorship. Another man Dr. Wood describes has a developmental disability that was never treated in childhood. After developing an addiction to drugs in his twenties, the man is now homeless, but cannot receive treatment despite the pleas of his family members because substance use disorder is not a trigger for conservatorship.³⁴

These examples of non-compliance demonstrate how homeless individuals, many of whom are unable to manage their health and lack the necessary skills to do so, can easily fall through the "cracks" in the healthcare system. In order to respect the dignity and choices of homeless individuals in practical ways and provide successful treatments, healthcare providers serving individuals experiencing homelessness must consider the individual's unique circumstances, taking into account factors such as their living situation, level of motivation, and material limitations.³⁵ Respecting the autonomy of homeless patients is an extremely complex issue, especially when they are non-compliant; however, it is the moral responsibility of healthcare professionals, policy makers, and the government to help these patients acquire the skills to make educated, well informed decisions about themselves.

Beneficence

Beneficence, a fundamental principle in medical ethics, guides healthcare professionals to act in the best interest of the patient, going beyond mere avoidance of harm to actively promote well-being. It involves assessing available options for the patient, considering factors such as whether the option addresses the medical issue effectively, is proportionate to the problem's severity, aligns with the patient's individual circumstances, and

³³ Coe, Antoinette B., et al. "Medication Adherence Challenges among Patients Experiencing Homelessness in a Behavioral Health Clinic." www.ncbi.nlm.nih.gov/pmc/articles/PMC3733792/, Accessed 24 Apr. 2024.

³⁴ Dembosky, April, et al. "When Homelessness and Mental Illness Overlap, Is Forced Treatment Compassionate?" *NPR*, 31 Mar. 2023, www.npr.org/sections/health-shots/2023/03/31/1164281917/when-homelessness-and-mental-illness-overlap-is-compulsory-treatment-compassionate. Accessed 24 Apr. 2024.

³⁵ Jean, Melissa. *A PublicAtion of the Hch CliniciAns' Network Preventive Care for People Experiencing Homelessness Part I of II in a SerIeS on PreventIve Care*. 2017.

meets their treatment expectations. This holistic-care approach emphasizes not only what is medically beneficial but also what is acceptable and meaningful to the individual being treated.³⁶

Targeted education on attending follow-up appointments supports beneficence by addressing gaps in health literacy among the homeless. A study suggests appointment reminder cards are effective tools, particularly for patients in transitional housing. Additionally, efforts to increase medication access at clinics alleviate stressing cost barriers. A subsidy program assists patients who cannot afford their medications, and utilizing the 340B Drug Pricing Program or collaborating with 340B pharmacies and drug manufacturers' assistance programs could further decrease patient costs.

Furthermore, forgetfulness has been identified as a contributing factor to medication non-adherence among patients. A practical and cost-effective solution is the provision of medication pill box organizers by pharmacists to individuals who struggle with forgetfulness or missed doses. The study demonstrated the effectiveness of pill box organizers in enhancing medication adherence among a demographic that included HIV-positive individuals from urban poor and homeless backgrounds.³⁷

Through initiatives such as appointment reminder cards, medication access programs, and the provision of pill box organizers, healthcare providers can address gaps in the adherence among this vulnerable population. By prioritizing the holistic needs of homeless patients, healthcare professionals can uphold beneficence in their practice.

Conclusion

This paper addresses patient-non adherence among the homeless population and raises significant ethical considerations that require attention. Homeless patients face different types of barriers and unique challenges compared to housed patients, including inadequate access healthcare, lack of health literacy, and societal stigmatization, all of which contribute to non-adherence. Moreover, by prioritizing the ethical principles of justice, autonomy, and beneficence, our society can work to prioritize the needs of the homeless population and implement interventions to improve patient outcomes, while upholding their inherent dignity and worth as human beings.

Currently, the issue of homelessness is increasingly becoming a politicized issue with divisions deepening between parties, especially in California where homelessness is a major issue. Homelessness is also an economic problem that requires funding from the government, thus impacting where tax money goes to. Although in my paper, I directly address healthcare professionals and policy makers as the main facilitators in making change, all citizens who can vote can make a positive impact in the lives of homeless individuals and one can also educate themselves on this topic to raise awareness of this issue. Examining patient non-adherence among the homeless population reveals the roots of underlying healthcare issues, yet it is just one branch of the broader injustices perpetrated by our current system.

Acknowledgments

I would like to thank my advisor for the valuable insight provided to me on this topic.

³⁶ The Medic Portal. "Medical Ethics: Beneficence." *The Medic Portal*, 30 Nov. 2020, www.themedicportal.com/application-guide/medical-school-interview/medical-ethics/medical-ethics-beneficence/. Accessed 24 Apr. 2024.

³⁷ Coe, Antoinette B., et al. "Medication Adherence Challenges among Patients Experiencing Homelessness in a Behavioral Health Clinic." www.ncbi.nlm.nih.gov/pmc/articles/PMC3733792/, Accessed 24 Apr. 2024.

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