

ELNEC- For Veterans

END-OF-LIFE NURSING EDUCATION
CONSORTIUM

Palliative Care For Veterans

Module 5 Communication

CASE STUDIES

Module 5: Communication Case Studies

Module 5 Case Study #1 Mr. Jones

Mr. Jones, age 54, a Vietnam Veteran, has amyotrophic lateral sclerosis (ALS). The physician has confided in you that he believes Mr. Jones and his family should have a palliative care consult to assist with symptom control and grief issues and further states he believes his life expectancy is less than 1 year. At this point, there is nothing else medically that can be done for Mr. Jones and his disease is rapidly deteriorating. You and the physician have talked with Mr. and Mrs. Jones many times about the poor prognosis of ALS, but the family says they are “holding on to a miracle.” You are well-known to the family, as you have cared for Mr. Jones over the past 3 years as he has had multiple hospitalizations. Mrs. Jones has come to visit her husband and you decide to approach the subject of palliative care with both of them. (The Jones’ have 3 children—ages 9, 16, 19). As you speak to Mr. and Mrs. Jones, they state they are confused and anxious about the prognosis, but still hopeful for a cure to be found. They listen to you as you describe what they could expect from the palliative care team. The family does not seem to understand why you are discussing end-of-life issues with them. They both state that they are confident that the disease will improve over time and they are looking at some alternative treatments in Canada.

Discussion Questions:

1. What is your role now?
2. What communication gaps do you recognize?
3. What strategies would promote continuity of care and improve team communication?
4. How might a family meeting be helpful with the palliative care team in this case?
5. What special needs would you perceive the children having at this time? How would you meet these needs?

Module 5
Case Study #2
Disagreement

A 36-year old female Veteran with pancreatic cancer has been hospitalized for two weeks. She has been in the intensive care unit for the past 5 days and is currently unconscious. Her physical deterioration and suffering have created anguish in her husband and in the health care team. The attending physician discussed with the husband the likelihood of his wife having a cardiac and/or respiratory arrest, described the actions the team would take for a full resuscitation, as well as the varying levels of resuscitation approved by the treatment setting, which included a do-not-resuscitate option. The physician asked the husband to express his preferences regarding resuscitation. The husband initially chose the do-not-resuscitate status for his wife and completed all of the official paperwork to implement that decision. During the next 12 hours, the husband actively solicited from nursing and medical staff their definitions of do-not-resuscitate. He then contacted the attending physician to rescind his decision, choosing instead to have a full resuscitation order in place. He explained his decision change as, "When I saw that the nurses and doctors did not all define resuscitation in the same way, I decided that I would not leave that in their hands. I am my wife's husband and I will be her husband to the end." This new decision was enacted and over the next four days, the patient showed clear signs of dying. Her husband stayed with her in the intensive care unit and witnessed the changes in his wife's physical appearance. He began commenting on those changes and on his wife's obvious suffering. Two hours before her death, the husband told the nurse that he did not want his wife to be resuscitated. This information was immediately conveyed to the health care team and a brief discussion with the physician, husband, and nurse was convened to affirm this decision.

Discussion Questions:

1. What were the barriers to effective communication in this case?
2. How might these barriers have been eliminated?

Module 5
Case Study #3
Maxine: Communicating Sudden Death

Maxine is 83-years-old and has brought her 85-year-old husband, Ed, to the E.R. complaining of chest pain. Ed, a retired Army colonel who served in World War II, experienced a cardiac arrest shortly after coming to the E.R. and full resuscitation was attempted. During this time Maxine communicates to the social worker and chaplain in the waiting room that "This just can't be. Ed is healthy as an ox." She does not want to notify their children who live out of town "until he's stable because I know they will get him straightened out - they're really good here at the VA Hospital." Maxine seems anxious but distracted and talks incessantly about how Ed has been sick before but "always gets better before you know it." After two hours of numerous procedures and resuscitative attempts, Ed dies.

Discussion Questions:

1. What are useful communication strategies while Ed is still receiving aggressive care to communicate his status?
2. How should Maxine be told of Ed's death?
3. What is the role of the interdisciplinary team in communication in this case?
4. In your VA institution, are there policies/procedures set-up to care for family members, such as Maxine, who are waiting anxiously to receive word about the status of their loved one?
5. What improvements can be made to assure that family members are not left alone and that communication is on-going?
6. Would Maxine have been allowed in the procedure room during resuscitation of Ed at your institution? Would it have been appropriate to have asked Maxine if she wanted to witness the resuscitation, etc?

Module 5
Case Study #4
Mr. Quartera Has A Question

Valenzio Quartera is a 56-year-old Veteran with widely metastatic prostate cancer. He is currently undergoing radiation therapy for bone metastasis. His wife died one year ago from breast cancer. He currently lives at home with his twin daughters, age 15 years. As you, the radiation oncology nurse, enter the treatment room, Mr. Quartera asks you, “Susie, you don’t think I’m going to die do you?” “What would happen to my daughters if I die?”

Discussion Questions:

1. How would you respond?
2. How would you address his concern about his daughters?
3. What would you recommend that he discuss with his daughters at this time?
4. What other members of the healthcare team would be appropriate to contact to help Mr. Quartera with his daughters?

Module 5
Case Study #5
Lt. Col. Lowe: Active Treatment and Palliative Care?

Lt. Col. Lowe is a 42-year-old Army officer who spent two tours in Afghanistan. Upon his return to the States, he retired. He has recently experienced two seizures. Tests at the VA hospital revealed a large, inoperable brain tumor. His oncology team advised him and his family that they could try some chemotherapy and radiation, but that it would only be palliative. Due to the size and location of the tumor, the prognosis was grave. The neurologist suggested that the palliative care team come and meet with Lt. Col. Lowe and his family. The family was not interested in palliative care, and they requested that “everything be done.” Chemotherapy and radiation were initiated. Over the next three months, Lt. Col. Lowe experienced weight loss, increasing severe headaches, nausea/vomiting and seizures at home. Following a severe seizure last week, his wife brought him back to the cancer center seeking possible new treatments and wondered if he could receive palliative care, too. As Mr. Lowe waits in radiology for a scan, you, the oncology nurse, come to see him as you heard he was in radiology. He tells you he is so tired of treatment and wishes his family would “give up and just let me be at home so I can play with my dog and be with my friends.”

Discussion Questions:

1. How would you respond to Lt. Col. Lowe?
2. Is it possible for Lt. Col. Lowe to receive treatment and palliative care at the same time? If so, how would you describe this to Lt. Col. and Mrs. Lowe?
3. How could you use attentive listening and presence with this Veteran and his wife?
4. Role play the scene of how you would respond to Lt. Col. Lowe’s last statement—wishing his family would “give up and just let me be at home so I can play with my dog and be with my friends.”
5. In addition, role play how you would describe palliative care to this family. Lastly, role play how you would elicit Lt. Col. Lowe’s end-of-life goals (see Figure 2: Exercise to Elicit End-of-Life Goals and Figure 3: Questions to Ask Patients and Families to Elicit End-of-Life Goals)