

ELNEC- For Veterans

END-OF-LIFE NURSING EDUCATION
CONSORTIUM

Palliative Care For Veterans

Module 6 Loss, Grief & Bereavement

CASE STUDIES

Module 6: Loss, Grief & Bereavement

Case Studies

Module 6: Case Study #1 Max

Max is 45 years old and fought in the first Iraq war in 1991. He served in the Army for 7 years, before being honorably discharged in 1996, due to a back injury related to military service. Today, he is on your oncology unit and considering palliative care. Two years ago, he was diagnosed with melanoma. After surgical resection and chemotherapy, he was found 2 months ago with metastasis to the lung and lymph nodes. He confides in you that he is “tired of fighting this war” and wants “nature to take its course.” His wife and four children (ages 10-18) are experiencing anticipatory grief. The wife states, “How will I live without my husband? How will I raise these children by myself?” She encourages her husband to continue fighting, as she is not ready to lose him.

The children come to the hospital rarely because the mother feels it is too upsetting for them. She is concerned about all of them as they witness the decline of their father. She’s not sure what to do for them.

Four nights ago, after being admitted to the hospital for dyspnea, he shared with you that he felt God was punishing him by giving him this disease. He told you about how his military unit in Iraq had accidentally bombed a building that had several children in it. He said he had lived with the horrors of that mistake all of his life. He knew that someday he would have to pay for that. So he tells you that he is comfortable with his decision to not seek further treatment for his melanoma. “Perhaps when I die, I will finally be at peace.”

Discussion Questions:

1. What would be your response to Max stating, “I am tired of fighting this war.” “Let nature take its course”?
2. What services does your VA offer that would assist Max’s wife and children? How would you go about accessing those services? What specific needs does the wife have? What specific needs do the children have? What members of the interdisciplinary team could be most helpful at this time?
3. What type of spiritual care would you recommend for Max? Who would you contact at your institution? In what ways could Max benefit from a spiritual assessment by a chaplain?
4. How might the wife’s experience with the military impact her bereavement needs?

Module 6:
Case Study #2
Heather: A Sudden Death

Heather was 28-years old. She enlisted in the Army at the age of 18. After four years of service, she left to go to college to become a school teacher. She was just beginning her second year as a 7th grade math teacher and was to be married to her high school sweetheart in two months. Heather was driving to school when she was hit by a truck that ran a red light. She sustained multiple fractures, head injury, and extensive internal injuries. Her parents and older brother were informed on arrival to the E.D. (emergency department). that her chances for survival were extremely low. She was taken to the operating room but after 3 hours of surgery with uncontrollable bleeding and several resuscitation attempts, she died in the O.R. A clinical nurse specialist, who is on the rapid response team, was called to be with the family when they arrived at the hospital. She stayed with them after they received the news of Heather's death.

Discussion Questions:

1. How is grief from this sudden death likely to differ from death resulting from chronic illness?
2. What communication strategies would be helpful for the clinical nurse specialist to use with Heather's parents on their arrival to the ED? While Heather is in surgery? At the time of Heather's death?
3. What kind of grief would the fiancée likely experience? What types of interventions would be helpful? How might his grief differ from Heather's parents and siblings? Could her fiancée's grief be considered disenfranchised?
4. What would be the best way to assess the grief of Heather's students? Who would do that in your community? How would the grief be managed?

Module 6
Case Study #3
Sam: The Death of a Father

Sam is 36 years-old and has worked for a governmental agency since he graduated from college 12 years ago. Sam, who served eight years in the Air Force, is married and has four sons (ages 2, 5, 8 & 10). He is very involved in his church, coaches his oldest son's soccer team, and volunteers two nights/month at a local homeless shelter.

Sam had been feeling "tired" for the past couple of months and last week noticed that his gums bled more than usual after flossing. He also experienced two episodes of epistaxis. He had not had a physical examination in five years, so he decided to see his primary physician. Upon examination of Sam and reviewing lab work and a bone marrow biopsy, it was determined that Sam had acute myelogenous leukemia (AML). He was immediately sent to the oncology unit at the local hospital and began chemotherapy after a central line was placed. After the first induction of the chemotherapy regimen, it was found that there were still numerous blasts in Sam's bone marrow. Sam was re-induced with chemotherapy. Following the second round, there were still large number of blasts in the bone marrow. Unfortunately, Sam had inherent drug resistance to the chemotherapy. Other options of treatment were reviewed with Sam, but his condition was deteriorating quickly. Sam did not have an advance directive.

Sam's two older sons had requested to see their dad, as they had no contact with him since he began his chemotherapy. All four children had experienced colds and coughs while their dad was in the hospital and their mother felt it would not be appropriate for the children to see their dad, since they were not well. In addition, Sam's wife was concerned that the children would be upset if they saw their father so ill. "Your dad will be home soon and will be as good as new," she said.

The following night after hearing that his leukemia had not been controlled with the chemotherapy, Sam began to have spontaneous bleeding from his mouth, nose, eyes, and rectum. He was diagnosed with disseminated intravascular coagulation (DIC). Unfortunately, Sam died very quickly, despite aggressive CPR.

Discussion Questions:

1. You have called Sam's wife to come to the hospital immediately. Once she arrives, you and the physician tell her about Sam's death. She is in shock and weeping uncontrollably. How would you respond to the wife's grief?
2. How would you make sure the children's grief was identified? What interventions in your community would be of assistance to the children?
3. Sam had been in and out of the hospital for the past 10 weeks (mostly in). The staff had become fond of him and his wife. How would you as the nurse deal with your own grief over this loss? What interventions might be helpful with the staff's grief?

Module 6
Case Study #4
Self-Inventory: It's Your Turn

As nurses, we many times experience cumulative loss. We have had the privilege to spend the last days, hours, and minutes with our patients before they die. Once they die, we fill-out the necessary paperwork, make necessary phone calls, say good-bye to families and move on to the next patient. Whether we are hospice nurses, oncology nurses, medical/surgical nurses, advanced practice nurses or educators, our time is usually short to complete “tasks” and then we must move on to the next event. For many, there is never closure to these cumulative losses. Great care must be given to provide care for nurses who do this work daily.

Below is a set of questions that will assist you in thinking about some of the losses you have experienced in your professional career.

- How long have you been a nurse?
- How many Veterans have you seen die in the last year?
- How many Veterans did you care for but were not there when they died?
- Describe your most memorable patient who died?
 - Was it a “good” death? If so, what made it a good death?
 - Was it a “bad” death? If so, what made it a bad death?
 - What steps were put in place to make this a “good” or “bad” death?
 - What improvements could have been made?
 - What institutional systems supported the “good” death? What systems supported the “bad” death?
- Does your institution offer bereavement support for staff?
 - If not, who would you need to contact to get this service offered to you and other staff members at your institution?
 - How would you envision this bereavement support?
- What do you do to take care of yourself?
 - How do you spend your time away from your work?
 - Do you have hobbies, friends, or family?
 - When did you last take a vacation?
 - Do you have a mentor? If not, consider choosing someone who is a little further “down the road” who can offer you insight into what you encounter daily.