MODULE: THE LAST HOURS OF LIVING

Case Scenario 1

Julian Smithers is a 68-year-old man with non-small cell lung cancer diagnosed 9 months ago. He had radiotherapy to a large hilar mass at the time of diagnosis. He was relatively well for two months when he developed thoracic back pain. This was secondary to bone metastases and spinal cord compression. He received further radiation and morphine for pain control. He is now on 260mg of sustained release morphine every 12 hours with reasonable pain control. Other symptoms include anorexia and cachexia, generalized weakness and mild dyspnea.

You have followed him regularly. He lives with his wife Linda in a 2-bedroom condominium. They have 4 married children – 2 sons and 2 daughters – and 6 grandchildren. One son lives in Texas and the other children live nearby. Julian worked for a small manufacturing firm. Linda who is 60 took early retirement from her civil service job when Julian developed cancer. The local home care program is involved and a nurse visits twice a week.

Linda and Julian have discussed the illness with you on multiple visits. He has indicated that he would like to die at home.

Linda calls you one morning.

“Doctor, I am sorry to bother you. But, you said to call if I had any concerns. I am worried about Julian. The last couple of days, he’s been much sicker. He sleeps almost all the time now. He hardly takes anything – no solid food and only little bits of water. You told me not to worry about that. But, my son, John, you know the one who lives in Texas, called and he thinks he should be on intravenous or something or be sent to hospital so he doesn’t suffer to much.

I was wondering if you could visit us at home today?”

Case Scenario 2

“Doctor, this is John Smithers speaking. Dad died about an hour ago. Peaceful as you said it would be. Could you come over as soon as possible to sign the certificate?”

MODULE: LAST HOURS

Detailed Case Scenario

History

Julian Smithers is a 68-year-old man with non-small cell lung cancer diagnosed 9 months ago. He presented with increased dyspnea and substernal chest pain. He saw his family physician. An x-ray showed a large left hilar mass. Bronchoscopy and biopsy showed non-small cell lung cancer. He had radiotherapy to the mass. He was relatively well for two months when he developed thoracic back pain radiating around both sides of his chest. A bone scan showed metastases to T5, 6 and 7. An MRI showed a mass compressing the spinal cord. He received further radiation and morphine for pain control. He is now on 260mg of sustained release morphine every 12 hours with reasonable pain control. He takes immediate release morphine 50mg as breakthrough two or three times a day.

Other symptoms include anorexia and cachexia (with weight loss of 15 kg), generalized weakness and mild dyspnea.

You have been his family physician for 6 years. His only health problem has been mild hypertension treated with an ACE inhibitor and mild hypercholesterolemia treated with lovastatin. He is a non-smoker now but smoked heavily until 10 years ago. He drinks small amounts of alcohol, mainly beer.

You have followed him regularly since his diagnosis. Julian was born in England and immigrated here 42 years ago. He lives with his wife Linda in a 2-bedroom condominium. They have been married 37 years. They have 4 married children. John is the eldest son and he lives in Dallas Texas. His son Chris and daughters Jane and Barbara live nearby. Julian has 6 grandchildren, ages 6 to 13, whom he adores. He has a brother and sister living near London, England.

Julian worked for a small manufacturing firm and retired at age 65 on a company pension. He occupied his retirement with hobbies of gardening and photography. Linda, who is 60, took early retirement from her civil service job when Julian developed cancer. The local home care program is involved and a nurse visits twice a week. The hospital palliative care consultant saw him once when he was admitted for spinal cord compression.

Julian is a Christian (protestant). He has been a regular churchgoer since his retirement. Linda is a Catholic but attends church with Julian.

Julian has no written advance directive but on several occasions he has told his physician that he wants nothing more done should he die.

Physical Examination

He is lying in bed. He is very drowsy but can be woken up. He speaks little but says he is not in pain. His oral membranes are quite dry and his tissue turgor is poor. His blood pressure is 84/56 and he has a regular tachycardia of 132/min. His respiratory rate is 18/minute with occasional briefs periods of apnea. He is afebrile. He has dullness over the upper anterior aspect of his chest posteriorly. He has no myoclonus. He is quite pale. His abdomen is normal.

Linda Smithers looks tired but she seems to be coping so far.

Laboratory Investigations

No tests available on this visit.

Liver function tests in past abnormal and ultrasound showed two large metastases 3 months ago. CBC one month ago showed hemoglobin of 84 with normal white cells and platelets.

Teaching Tips:

1. Begin with a recap of outstanding learning issues from the last session. (maximum 1 hr.)

2. Distribute the case scenario. Allow the participants a couple of minutes to read the information or have one of the participants read the scenario.

3. Ask about what learning issues/patient issues there are for the participants. Have them written on the flipchart.

4. The participants need to identify a number of issues including: (approx. 30 minutes)
   - The situation of the last hours of caring.
   - The signs and symptoms of dying.
   - The need to make a rapid assessment.
   - The need for family support.
   - The son in Texas.
   - Advance directives.

5. The participants should move on to request more information about the past illness, the physical examination.

6. Move on to management next. Ask the participants to first think of the issues discussed previously before proceeding to the details.

> **TIP**: An effective teaching intervention is to ask each participant to write an outline of a care plan for this patient. Record the answers on a flipchart as you review them. Review the care plan as written asking participants to note and justify differences and omissions.

7. Hand out Case Scenario 2 and review the issues for this scenario which include:
   - The process of pronouncement of death in your region.
   - The initial grief counseling for the family.
   - The need for some type of bereavement follow-up and review of local/regional resources for this.
   - The issues of care provider grief.

> **TIP**: It may be difficult to draw out physicians about their concerns at this point. You may need to refer back to earlier material about physician attitudes. Sometimes indicating that feeling grief is important will allow open conversation.

8. Review the learning issues that have not been dealt with and assign tasks.