

Expanded Case Study: Palliative Care and End-of-Life Support

Patient Overview:

Mary is a 72-year-old woman who was initially diagnosed with early-stage breast cancer 5 years ago. After undergoing a mastectomy and radiation therapy, she appeared to be in remission for a while. However, two years ago, her condition worsened, and metastatic breast cancer was diagnosed. The cancer spread to her liver and lungs, making her prognosis poor and offering her limited options for curative treatment. Mary underwent multiple rounds of chemotherapy, but the cancer continued to progress, leading her to experience a significant decline in both her physical and mental health.

Over time, Mary became increasingly fatigued, suffered from severe pain, and had difficulty breathing due to the tumor's effects on her lungs. She found it difficult to complete daily tasks and had to rely on her family for support. Despite the physical challenges, Mary expressed a strong desire to focus on comfort rather than pursuing more aggressive treatments, a decision that her family supported but felt unsure how to navigate emotionally. As a result, Mary and her family opted to seek palliative care to manage her symptoms and support her through the final stages of her life.

Palliative Care Intervention:

1. Initial Assessment:

The palliative care team, which consisted of a physician, nurse, social worker, and chaplain, met with Mary and her family to conduct a comprehensive assessment. The initial meeting was focused on understanding Mary's physical, emotional, and spiritual state and outlining her goals for end-of-life care.

- **Physical Needs:** The team reviewed Mary's medical history and assessed her pain levels, fatigue, and breathing difficulties. Mary reported experiencing constant, moderate pain (7/10 on the pain scale), especially in her chest and abdomen, which was exacerbated by movement and coughing. She also complained of shortness of breath, which made it difficult for her to engage in even basic activities like walking or speaking.
- **Emotional Needs:** Mary shared that she felt increasingly anxious about the future and deeply sad about leaving her family. She also struggled with feelings of guilt and worry about the emotional toll her illness was taking on her loved ones.
- **Spiritual Needs:** Mary had expressed a desire to make peace with her life and death but was unsure about how to address her spiritual concerns. The chaplain was brought in to explore any religious or spiritual practices that would offer comfort in her final days.

2. Symptom Management:

After the initial assessment, the palliative care team developed a personalized care plan to address Mary's pain, shortness of breath, and other symptoms. The goal was to maximize her comfort and improve her quality of life for as long as possible.

- **Pain Management:** A detailed pain management plan was put in place, which included a combination of opioids (morphine) and non-opioid pain relievers. Mary was started on a low-dose morphine regimen, which was gradually adjusted to provide relief without causing sedation or other side effects. The nurse closely monitored Mary's response to the medication, ensuring that her pain was managed effectively.
- **Breathing Difficulties:** To address her breathing problems, Mary was prescribed low-dose supplemental oxygen to be used as needed. The team also provided medications to reduce fluid buildup in her lungs, including diuretics, which helped improve her breathing and overall comfort.
- **Fatigue Management:** Given Mary's fatigue, the team worked with her to identify strategies to conserve her energy. They recommended limiting physical activities, while still encouraging her to engage in light activities to prevent bedsores and muscle weakness.

3. Psychosocial Support:

One of the primary components of palliative care is providing psychosocial support to both patients and their families. The social worker played a key role in providing counseling and guidance to Mary and her family throughout this challenging time.

- **Emotional Support for Mary:** Mary expressed feelings of sadness, anxiety, and fear about what was to come. The social worker offered her a safe space to voice her concerns and emotions. They discussed coping strategies, including relaxation techniques and breathing exercises, to manage her anxiety. Mary was also referred to a local support group for individuals with terminal cancer, which helped her feel less isolated.
- **Family Support:** Mary's family, particularly her daughter and husband, were struggling with feelings of helplessness and grief. They were uncertain how to care for Mary's increasing needs. The social worker offered counseling sessions for the family to help them cope with the emotional challenges of caregiving and to teach them strategies for providing comfort and support.

4. Spiritual Support:

The chaplain played a significant role in addressing Mary's spiritual concerns. As a Catholic, Mary had strong religious beliefs, and she expressed a desire for spiritual peace before her death. The chaplain provided Mary with regular visits, during which they prayed together, discussed the afterlife, and explored any unresolved spiritual issues.

- **Spiritual Rituals:** Mary expressed a wish to receive the sacrament of the anointing of the sick, which was arranged by the chaplain. This ritual provided Mary with comfort and peace, knowing that she was at peace spiritually. The

chaplain also helped her find closure with her faith, providing her with a sense of comfort and allowing her to feel ready for the transition to the next stage.

5. **Family Education and Decision-Making:**

Education about the dying process was essential for Mary's family, especially since they had little experience with end-of-life care. The palliative care team provided them with information about what to expect in the final weeks and days, including common symptoms such as changes in breathing patterns, reduced appetite, and increased fatigue.

- **Advanced Directives:** The team ensured that Mary had completed all necessary advanced directives, including a living will and durable power of attorney for healthcare. These documents clarified Mary's wishes regarding life-sustaining treatments, such as whether she wanted to receive resuscitation efforts or be placed on a ventilator in case of an emergency.
- **Hospice Care:** As Mary's condition worsened, she was referred to a hospice service for more intensive end-of-life support. The hospice team provided 24/7 care and ensured that both Mary and her family had the support they needed. Hospice care focused on comfort rather than curative treatment, and the hospice team ensured that Mary's symptoms were well-managed.

6. **End-of-Life Care:**

As Mary's health continued to decline, she was able to remain at home with her family, as this had been her wish. The palliative care team continued to visit regularly, providing ongoing support to Mary and her family. In the final days, Mary's pain was effectively managed, and she was able to remain lucid enough to share final thoughts with her family.

- **Comfort Measures:** Mary's breathing became increasingly labored, and her ability to communicate waned. The hospice nurse provided frequent adjustments to her pain management regimen, ensuring that she was as comfortable as possible in her final moments. Her family remained at her side, holding her hand and offering comforting words.
- **Death and Bereavement Support:** Mary passed away peacefully in her sleep, surrounded by her loved ones. The palliative care team continued to provide bereavement support to her family after her death, offering grief counseling and support groups to help them cope with their loss.

Outcome: Mary's experience with palliative care provided her with the comfort, dignity, and peace she had desired in her final months. Her physical symptoms were managed effectively, and her emotional and spiritual needs were addressed, ensuring that she could pass away on her own terms. Her family reported that they felt well-supported throughout the process and appreciated the education and guidance they received. Mary's transition to hospice care was seamless, and she passed away at home in the company of her loved ones, just as she had hoped.

Key Takeaways:

- **Holistic Care Approach:** Palliative care emphasizes the holistic needs of the patient, addressing not only physical symptoms but also emotional, psychological, and spiritual needs. This comprehensive care model ensures that the patient's quality of life is prioritized.
- **Collaboration with Family:** Close collaboration with the family throughout the care process ensures that they are empowered to make informed decisions and provide the best care possible to their loved ones.
- **End-of-Life Planning:** Having discussions about advance care planning, including advanced directives, reduces confusion and stress when decisions need to be made at critical moments.
- **The Role of Hospice:** Hospice care plays a vital role in providing comfort and managing symptoms during the final stages of life, allowing patients to die with dignity and in the place they feel most comfortable.
- **Psychosocial and Spiritual Care:** Addressing the emotional and spiritual needs of patients provides them with the peace and comfort necessary to navigate the end-of-life process.