

PAD Education Module-Cases

Case 1 Anna

Anna is a 54 year old woman who began to note some weakness in her hands 5 months ago. She consulted her family physician and was referred to a neurologist. The diagnosis of amyotropic lateral sclerosis (ALS) was made. She is followed in the local ALS Clinic. Over the ensuing months, Anna has noted progressive weakness. She has difficulty standing and walking and recently has had some difficulty swallowing. She is aware of her prognosis.

Anna has been divorced for 12 years. She has a partner Jim whom she has lived with for 6 years. Anna has one son and one daughter and 4 grandchildren all of whom live nearby. Anna worked as a free-lance designer. She has no extended health care benefits and is on CPP disability.

One day in the clinic, Anna asks the health care team for a referral for physician assisted suicide.

QUESTIONS:

- 1. How will you approach Anna's request?
- 2. What issues need to be addressed?
- 3. What issues are there for the health care team?

Case 2 George

George is a 58 year old successful businessman. Until about 16 weeks ago, he was in good health. He started to note some dull epigastric abdominal pain which was persistent. He also started to lose some weight and feel fatigued. He attributed all this to his heavy work load and the fact that he was training for a half-marathon run. Eight weeks ago, he started to have some nausea and vomiting. He saw his family physician and was found to have an abdominal mass and signs of intestinal obstruction. He was admitted to hospital where he was found to have a large pancreatic mass and multiple liver and intra-abdominal metastases. Biopsy proved that this was an adenocarcinoma of the pancreas. Surgery to remove his tumour or to relieve his bowel obstruction was not possible because of the extent of his cancer. He is referred to the hospital palliative care physician who is able to manage medically the complete bowel obstruction.

George is married to Jane who is a social worker. They have an unmarried son age 26 who lives at home and one daughter who is 30 years old and lives in Vancouver. She is a psychologist. She is married and has one child. George is the chief executive officer of a plastics company. He is also well known in the community for his philanthropy and volunteerism.

George is sent home with appropriate community supports, a full-time private duty nurse and a referral to a home palliative care program.

George is very aware of his prognosis. He actually manages a trip to the office to say good-bye to his colleagues and employees. He makes sure he has a power of attorneys for personal and financial affairs. His son and wife will take over the business.

On the first visit by the home palliative care physician, George asks the physician: "Please help me die! I am ready to die and I do not want to die in agony".

George is not depressed. He feels that his suffering is intolerable. He has discussed his decision to seek physician assisted dying with his wife and daughter who are in agreement.

The palliative care physician is aware that there is a strong likelihood that George will perforate his bowel and/or develop sepsis as a terminal event. He has discussed this with George and his family. He also has discussed the option of palliative sedation therapy. George's comment to the latter suggestion is: "Isn't that just physician assisted suicide?".

QUESTIONS:

- 1. How will you approach George and his request?
- **2.** What is the role of palliative sedation therapy?

Case 3 Joseph

Joseph is a 62-year-old man diagnosed with dementia. Three years ago he began to note increasing difficulties with his memory. This has progressed to confusion of time and place. He still remembers his family members but has difficulty remembering others. Shortly after the diagnosis was made, he had an advance directive written naming his son as substitute decision maker. In that document, he said that if he became totally cognitively impaired and need a feeding tube, that he would not want to have the tube inserted and at that time he would request that a physician hasten his death with medication.

QUESTIONS:

- 1. Can an SDM ask a physician to honour that request?
- 2. How would you handle this situation?

Case 4 Penny

Penny is a 67 year old woman with ovarian cancer. She has had the disease for over 6 years but now chemotherapy is failing to control the cancer. She is finding it increasingly difficult to maintain her function at home. Her husband, Percy, is retired and in reasonably good health but she does not want to be a burden to him. One daughter lives in the USA and the other lives nearby and is quite involved in your care. You are having increasing difficulty going to the cancer centre for follow-up where the news always seems to be bad about your condition. Home care is not involved. You have some increasing pain and nausea. You have a history of depression in the past. Recently you have expressed a wish to "end it all".

QUESTIONS:

- 1. What are the issues for Penny?
- 2. Is she depressed? How will you find out?
- 3. How can you help her now?

Case Description

John Adams is a 65 year old man with advanced pulmonary fibrosis. His disease developed 3 years ago and has gradually progressed. The cause of his pulmonary fibrosis is unknown. His symptoms at the present time include shortness of breath, fatigue and anxiety. He is using oxygen all the time.

John's overall function is quite limited by his shortness of breath. Minimal exertion causes him to feel quite short of breath. He sometimes wakes up at night feeling panicky and short of breath.

John is married to Jennifer who is 67 years of age. They have no children. Jennifer has rheumatoid arthritis which is under reasonable control but she has some difficulty walking. They live in a condo. John was a plumber. Both he and Jennifer are on disability pensions. John's father died of lung cancer. His mother is still alive but in a nursing home because of dementia.

On a visit to the clinic for follow-up of his pulmonary fibrosis, John tells the respiratory therapist: "I need someone to help me die quickly!".

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Role Play John Adams

You are aware that your disease is getting worse. You are very short of breath now and getting very anxious that you might suffocate anytime soon. You are very anxious about this.

You watched your father die of lung cancer and he was very short of breath. You feel he suffocated to death and at the time wished the physicians had just "put him to sleep".

You are worried about being a burden to Jennifer as you deteriorate.

You ask the physician and other team members: "Can you help me die quickly? Just give me something to help me die!".

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Role Play Jennifer Adams

You are very concerned about your husband's growing anxiety about his disease. He does not seem depressed but he constantly expresses his worry that he is too much of a burden. You are coping with his care with the help of the community care access centre and a visiting home palliative care physician. Your sisters have been very supportive.

John has expressed his wish to you that he wants to die soon with your help and the doctor's help. That frightens you as you are afraid he might ask you to help him do this. On the other hand you are afraid he is suffering too much and do not want to see him suffocate like his father did.

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Role Play Physician

You have been looking after John for some time now. You are concerned about his wish for assisted suicide and have arranged to meet with him and his wife to explore the issues.

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Role Play Health Care Team Member

You are part of the team looking after John and have been asked to be part of this family conference.