

Introduction to the case scenario patients

This learning guide provides four case scenarios to support your learning in the context of palliative care and will refer to each of these throughout. To start with we have provided here, a brief outline of the patient's background and the situation that brings these people and their families into contact with paramedics.



Case scenario: Introduction



PATIENT
Michelle

Background

Michelle is 38-years-old and has a recurrence of breast cancer with metastatic deposits on her spine. She is currently being managed by the community palliative care team for end-of-life care at home.

She has discussed her end-of-life wishes (which includes her preference to die at home) and these are documented in an advance care plan.

Emergency Situation

Michelle has not been out of bed in the past week and is minimally responsive.

After turning her in bed, Michelle's husband Pete calls 000 because he is worried that Michelle has increased pain as she groaned loudly. Unfortunately, the palliative care team is not available after hours.



PATIENT
Herbert

Background

Herbert is a 74-year-old man whose heart failure has deteriorated over the past year. He has had numerous hospital admissions with pulmonary oedema over the past six months but has been at home now for just over two weeks. His GP recently had a long talk with him about how serious his illness is and referred him to the local hospital palliative care team, but they have not yet reviewed him.

Herbert does not have any close relatives but has a neighbour who 'looks in on him'. He has not talked with anyone about advance care planning.

Emergency Situation

Herbert calls 000 as he is struggling to breathe and has just coughed up pink and frothy sputum.

He recognises these symptoms as they are the same as what prompted his most recent hospital admission. On the call, he said that he thinks he might be dying.



Case scenario: Introduction



PATIENT
Mary

Background

Mary is 69-years-old and has cerebral palsy. After living independently most of her adult life, she moved into residential care six months ago, following deterioration in her vision and mobility. Shortly after moving into the facility, she was diagnosed with dementia, and she does not interact verbally at present, apart from groaning.

She has an advance care plan, and her brother John is listed as a substitute-decision maker. Her wishes include, not going to hospital as she had multiple traumatic experiences in hospital as a child.

Emergency Situation

Staff at the residential care facility called 000 after Mary had a fall in the courtyard. She got up to walk around by herself and fell, hitting her head on a sandstone block.

She has developed a large lump on her forehead and has a cut that is bleeding. She also seems to be more confused and agitated than usual.



PATIENT
Alan

Background

Alan is 78-years old and is currently the primary carer for his wife Betty who has end-stage renal disease. He has a history of sleep apnoea, ischaemic heart disease and type 2 diabetes.

Alan does not have an advance care plan. He has recently been involved in advance care planning conversations with Betty and her health team but has not talked about his own wishes with anyone.

Emergency Situation

Betty called 000 after she found Alan collapsed in the toilet. Betty says that he is not responding and that his breathing is noisy.

She is unable to start any kind of resuscitation efforts as she is not independently mobile, usually relying on Alan to help her.



Case scenario activity: illness trajectories

Looking at our case scenario patients, consider which illness trajectory each of the patients in the scenarios is likely to follow:



Michelle – end-stage cancer



Herbert and Alan – chronic disease/multiple health problems



Mary – elderly, dementia





Case scenario activity: ethical and legal issues



Our case scenario patient Mary has an advance care plan that includes her wish not to go to hospital. Consider an appropriate course of action for her in the current situation.

- What other information would you want to know about Mary and her advance care plan?
- Assuming Mary is in the jurisdiction you currently practice in, what are the legal considerations relevant to her case?



Our case scenario patient Herbert seems exhausted and says that he wants to 'give up' on further treatment for his illness. He shows you his bag of medicines and asks you, *Which of these could I take to finish me off? I've got this whole packet of painkillers; do you think that would do it?*

- How would you respond in this situation?



Case scenario activity: communication

For each of the case scenario situations, there are some ways to communicate with the patient and their family that will help to build a trusting relationship.

The aim of communication at this stage is to demonstrate empathy and support empowerment, not to communicate regarding care decisions or treatment plans (these will follow in the next section).

Notes



PATIENT Michelle

Michelle's husband Pete has never dealt with the death of a loved one before and it is understandably quite confronting for him to see Michelle at this stage. He is worried that she is in pain, and he is frustrated that he can't get in touch with the palliative care team.

What would you say?

Communication with Pete could include:

- Acknowledging that this is difficult (eg, *I can only imagine how hard this must be for you*)
- Validating his concerns (eg, *It's normal to be worried about pain, It can be difficult to tell at this stage when someone is in pain, What's happening now is really hard but it's what we expect when someone is at this stage*)
- Providing support (eg, *You are doing a great job looking after her, You have done the right thing in calling us, We can help you to work through your concerns and make sure Michelle is comfortable, We are here to support you through this*).



PATIENT
Herbert

Herbert is struggling to breathe and worried that he will need to go to hospital again. After his conversation with the GP, he knows that his illness is in the end-stages, but he hasn't thought much about his end-of-life choices. Note, it would be important to provide some kind of treatment to stabilise Herbert's condition before having a conversation.

What would you say?

Communication with Herbert could include:

- Acknowledging his concerns—the immediate issue of feeling breathless and going to hospital, as well as the bigger worries about dying and death (eg, *I imagine you are worried about a whole lot of things right now. What's worrying you most?*)
- Being open and honest (eg, *I wish there was something we could do to change this situation, but I'm worried that your illness is progressing to the end-stages*)
- Providing support (eg, *I would like to talk with a senior clinician about your situation to help us explore all the options available, Is there anyone we can contact to come and be with you, your neighbour perhaps?*)
- Validation regarding the progression of his illness and the self-determination he has in making decisions (eg, *You're right in thinking that your illness is progressing to the end-stages, it's important for you to know that you have a say in what happens—what kinds of treatments you do or don't want to have*).



PATIENT
Mary

It is difficult to know how Mary is feeling or what she's thinking given her confusion and limited communication. Her brother John is worried that she will have to go to hospital and that this will be very traumatic for her. He wants her to be able to die peacefully in a place where she is at home. He is upset that the care staff called 000.

What would you say?

Communication with Mary and John could include:

- Acknowledging their concerns (eg, *I understand that you're both very worried about going to hospital. Can you tell me what worries you most?*)
- Being realistic (eg, *I wish I could tell you that Mary won't need to go to hospital, but I'm worried that it might be necessary*)
- Providing support (eg, *It's good that we were contacted, we will help you work through this*).



PATIENT

Alan

Alan is in cardiac arrest when you arrive, and it has been 15 minutes since Betty called 000. Betty is quite distressed. She is worried that Alan will not recover. He has looked after her at home for a long time. She is worried about how she will cope. Her thoughts and what she's saying at the moment don't seem to be rational—she just wants Alan to live, she can't consider a life without him.

What would you say?

Communication with Betty could include:

- Providing support (eg, *We are here to help and we will do everything we possibly can for you and Alan*)
- Finding out about choices (eg, *I wish we could do more for Alan and if you want us to, we will, but I'm worried that it won't make a difference, If Alan were able to talk to us, what do you think he might say about the kind of treatment he would want in this situation?*)
- Being open and honest (eg, *I wish we could help Alan to recover from this, but I'm worried that it isn't going to be possible, Alan's heart has stopped, and we aren't going to be able change that—can we try and make him comfortable and help you sit with him?*).



Case scenario activity: providing care

Review each of the case scenario presentations and outline the possible approaches you could take to managing these situations. It is important to remember that the possible responses provided here are suggestions only. Paramedics should refer to clinical practice guidelines that are relevant to their jurisdiction.



PATIENT
Michelle

Summary of Presentation

- End-stage metastatic cancer
- Care managed by community palliative care team (not available after hours).
- Husband concerned about pain management.

Possible paramedic responses

- Provide reassurance and emotional support for Pete
- Assess pain and current pain management medication
- Provide additional analgesia if indicated
- Contact palliative care helpline for additional strategies.



PATIENT
Herbert

Summary of Presentation

- Pulmonary oedema secondary to end-stage heart failure.
- Patient is aware of the deterioration of his disease and that he is likely to die, but has not talked about his wishes or goals of care with anyone.

Possible paramedic responses:

- Management of Herbert's acute respiratory symptoms using appropriate medications, oxygen/respiratory support
- Emotional support
- Transport to hospital for ongoing care and referral back to the palliative care team.



PATIENT
Mary

Summary of Presentation

- Head trauma following unwitnessed fall on background of dementia and cerebral palsy.
- Patient is non-verbal, has advanced care plan—brother John is substitute decision-maker and is in attendance.

Possible paramedic responses

- Neurological assessment with care staff input regarding her usual behaviour and interactions
- Emotional support for John
- Reassurance for Mary
- Discussion with John regarding Mary's wishes in relation to assessment and treatment; discussion on potential outcomes from a head injury; discussion regarding reversibility vs benefit to ensure that John is making an informed decision
- Discussion with the care facility's senior nursing staff and/or another existing care provider to organise ongoing care.



PATIENT
Alan

Summary of Presentation

- Elderly man, found unresponsive by wife (patient in cardiac arrest on ambulance arrival)
- Multiple chronic health concerns
- No resuscitation in progress
- No advanced care plan

Possible paramedic responses

- Consider commencing resuscitation efforts (as guided by the clinical guidelines of your service)
- Gather history to build a clinical picture of overall functioning
- Supportive communication (eg, using SPIKES framework) with Betty—discuss what Alan may want and the benefit (or lack of benefit) of resuscitation, determine whether Betty has capacity for decision-making and what her understanding of the situation is
- Emotional support for Betty and any other family present
- Calling a back-up crew to look after Betty and take her to hospital to be cared for if needed
- Review of termination of resuscitation guidelines and support Betty to make an informed decision.