The University of Arizona Health Sciences

The CARES Toolkit

End-of-Life **Ca**ses and **Res**ources:

An Interprofessional Toolkit for Health Science Students

Case Study

Public Health: 46-Year-Old Woman Living with Metastatic Breast Cancer

Case Title

Case Summary

Encounter #1 Setting

*NOTE: This case has two encounter settings and unfolds over time.

Primary Care Clinic in a Community Center with public health interns – Leslie was told by oncologist that the tumor is no longer responding to chemotherapy and has metastasized to her lungs.

Ex. Community site, home, clinic, ED, hospital, assisted living, long-term care nursing home

Context / Reason for Encounter #1

Primary Care Clinic in a Community Center – Leslie is independent with all Activities of Daily Living (ADLs) but weak from nausea and inability to eat due to chemotherapy that she has been 100% compliant to the schedule for the last 12 months. She spends a lot of time resting due to her weakness, but it is worth it for her to be well again. She has started to cough and become short of breath, so she is visiting her primary care provider for something for her cough.

Reason for Encounter #1: Cough; Stage 4, triple negative breast cancer (TNBC).

Visit to primary care provider to be evaluated for why she has a cough. She is worried that she also has tuberculosis (TB) because her daughter has recently been exposed. This would be terrible because she is already weak from nausea and diarrhea from taking the capecitabine medication. (She has not been told by the oncologist yet that the chemo medication is no longer suppressing the cancer growth, that appointment with the oncologist is next week).

Ex. Background/sets the stage; include cultural beliefs/perspectives, ADLs/IADLs,suicide ideation or risk of

Case Summary

Encounter #2 Setting

Home visit with public health interns - after Leslie has been informed that the chemotherapy will be stopped, and primary care physician is recommending palliative care. The interns are there to help provide information on community resources to support Leslie and her family.

Ex. Community site, home, clinic, ED, hospital, assisted living, long-term care nursing home

Context / Reason for Encounter #2

Leslie has been informed that the chemotherapy will be stopped, and the cancer has metastasized to her lungs, which is evident in a PET scan. The home health nurse is visiting to see if she can facilitate a palliative care or even a hospice consult.

Reason for Encounter #2: Capecitabine has been stopped and she is at home, feeling better than she has in a long time, since she started it. The home health nurse is stopping by to talk to her about some palliative treatments that will make her feel even better. The public health interns are helping Leslie and the family with information on community resources.

Ex. Background/sets the stage; include cultural beliefs/perspectives, ADLs/IADLs,suicide ideation or risk of

Demographics

Gender

Female

Age or Date of Birth

46-years-old

Ethnicity

Prefers not to identify

Living Situation

Four (Leslie and 3 children) living in small apartment with 2 bedrooms. The children are ages 4, 10 and 12. English is primary language. Same-sex partner has abandoned family and has not responded to any attempts for contact.

Ex. Living in house/apartment/mobile home/homeless (unhoused), number of people in home, do they feel safe at home or in neighborhood, primary language/languages spoken at home

Patient Occupation

Nurse

Insurance Coverage Status

United Healthcare provided by employer. No short-term disability options.

Eligible for the following benefits/services

Family / Caregiver Issues

Divorced and estranged from same-sex partner of 15 years. Has 3 children, ages 4 (f), 10 (m) and 12 (f).

One or more caregivers, family caregivers, paid caregiver, etc.

Social History

Social Economic Status

Lower-middle class

Social Determinants of Health

She is living paycheck to paycheck, drives car, steady employment for last 10 years, health literate, educated as LPN and works at long term care facility.

Ex. Food or housing or transportation insecurity; utility need; financial resources; childcare; education; employment instability; legal resources; social isolation; health literacy

Social / Mental Health Wellbeing

Tries to meditate when has the time.

Religious / Spiritual Considerations

She had Catholic religious beliefs but now feels abandoned by God because of her illness and partner leaving.

Cultural Beliefs / Perspectives

She is reluctant to share cultural beliefs associated with her ethnicity but prides herself on being a member of the LGBTQ community.

Patient Health Information

History of Present Illness

Encounter #1 - Otherwise, healthy, post-menopausal woman palpated a mass in her left breast upon self-exam. Initial examination with fine need aspiration showed a malignant tumor approximately 2 cm tumor with axillary lymph node involvement. Following a left breast mastectomy, the mass was confirmed as triple negative breast cancer (ypT2N1), 4 nodes were positive. Following 12 months of capecitabine oral chemotherapy treatment, patient responded well. Two weeks ago, she presented with a cough and dyspnea. Her daughter had been exposed to TB in one of her friends. She has an appointment with her oncologist next week to discuss the results of a routine imaging showing two small lesions in her left lung that were biopsied and confirmed as metastatic disease from the triple negative breast cancer (TNBC).

Encounter #2 - Patient is aware of lung lesions and has stopped oral chemo treatments. She is feeling better, nausea is less, and diarrhea has stopped. She gets weary in the afternoon and needs to take a rest, sometime after getting short of breath. The oncologist has ordered a palliative care consult at her home. The public health interns are helping the Leslie and family on finding needed community resources.

Illness Course / Treatment Information

Diagnosis of Stage 4 triple negative breast cancer 2 years ago.12-month course of oral capecitabine and mastectomy. Recently PET scan shows 2 small lesions biopsied as TNBC. Recommend comfort care.

Physical Exam

Alert, oriented, pleasant female. Appears frail for age. Height 5’9”, weight 115 lbs. Experienced weight recent weight loss. Skin warm and dry. Mucosa of mouth and eyes dry. Head is normocephalic with patches of hair loss. ENT normal. Cardiac assessed with normal rate and rhythm, no murmurs with normal S1 S2 intensity.

Lungs dim in left upper and lower lobes. Right lung clear. Consistent, unproductive cough, no rhonchi upon auscultation. Left chest wall thin, post mastectomy 15 months prior, incision scar well healed. Right breast no masses palpated. Abdomen is soft with hyperactive bowel sounds. Mood and affect appropriate for situation. Expresses concern for her children’s care due to her extreme fatigue.

Medications / Treatments

Allergies / Intolerances

No known allergies

Tobacco, Alcohol, or Substance Abuse

No

Review of Systems

Leslie is mobile, however weak due to nausea with vomiting, and diarrhea. She can comfortably move around 2nd floor apartment but risks falling on steps up to apartment due to weakness. Lack of sleep with daytime fatigue. Poor appetite.

Include mobility, cognition, mood; do they need assistive devices? Does living environment impact mobility?

Past Medical History

Physically healthy until diagnosed with TNBC. Treated for depression when her partner abandoned her and the children.

Include alternative medicine preferences; cultural perspectives

Family History

Both parents have died. Father (78-years-old) from melanoma and mother (29-years-old) from automobile accident.

Health & Community Services

Is the Patient Currently Receiving or Will They Need Any New Home and/or Community-Based Services?

Healthcare Services:

Eligibility / Enrollment / Contact Information

The 12-year-old daughter has recently been exposed to TB recently at a friend's house and is not allowed to return to school until she can get her a chest x-ray. What community agencies and resources can be recommended to the family?

Community Services:

Eligibility / Enrollment / Contact Information

She currently receives support for child daycare for 4-year-old. Other two children attend school. Will need help with childcare.

Overall Assessment

Encounter #1 – Ongoing treatment for Stage 4 triple negative breast cancer initially stopped advance of cancer. Nausea, vomiting and diarrhea from oral capecitabine are managed by medications. Recently patient experienced cough and PET scan was ordered. Assessment finds right lung clear to auscultation and left lung dim. Leslie seeking TB skin test and cough syrup. Unaware of results of PET scan.

Encounter #2 - Metastasis of left breast cancer, TNBC, to left lung. IV chemotherapy treatments available however will further reduce quality of life and only increase life expectancy by 6 months at most. Prognosis poor. Recommend palliative care to start making decisions for herself and children. Public health interns are there to provide information on community resources.

Advance Care Planning

Encounter #1 – She has not even considered that she might need a living will or advance directives because breast cancer is curable when caught early. Her cancer was discovered early on a mammogram that she had every year, just like her doctor told her to.

Encounter #2 – She doesn't know where to start because there is no one that she can think of that would take all 3 of her children and she doesn't want them split up. She is going to try alternative treatments such as nutrition therapy, and ozone therapy that will slow down the cancer.

If she can just stay alive for at least 4-5 years, to see her older child graduate from high school, then they will be on their own. Her daughter will be old enough to take care of the other children. Public health interns are helping Leslie to find forms and resources for advance care planning, as well as providing information on other community resources.

Please provide details/scenario about serious illness or end-of-life conversations with the patient, family and/or providers; and indicate if the patient has any Advance Directives on file

What Matters Most to the Patient Now?

Encounter #1 – Fighting the cancer and doing whatever it takes to be cured from it. If she could just have more energy and stop vomiting.

Encounter #2 - Spending quality time with her children and not have them think of her as “sick." She wants to be able to get up in the morning and make them breakfast and walk them to the school bus stop and daycare center.

What Do They Want Their Health For?

Encounter #1 – To stay strong enough to fight the cancer.

Encounter #2 - To be able to see all three children graduate from high school.

“What matters most?”

Next Steps / Outcomes

What Happens Next?

Who can help her with shared decision making for determining level of aggressiveness of treatments? What is most important at each setting? How do you determine what matters most to the patient/family and goals of care? Quality or quantity decisions need to be made.

Details About Family Conversations

What Happens at, or Near, Death of Patient?

What Support Does Family Need Before and After Death of Patient?

• Family members have a conversation about end-of-life (EOL) wishes and desires. Patient doesn't want to talk about EOL.
• Healthcare Services Resources
• Community Services Resources
• Spiritual Health/Counseling

Challenging Conversations

Best / Worst Case

Risk / Benefit of Intervention

Interprofessional Focus

What Role Do Other Disciplines Play in This Patient's End-of-Life Care?

Spiritual Health/Counseling, Pharmacy, Nursing, Social work

Who Can Help You Provide the Best Care and Honor the Patient's Wishes?

How Will You Approach Utilizing a Team Approach to Providing Care?

Beyond Referrals, How Will You Become Comfortable with Going Outside Your Comfort Zone?

Are there any Integrative, Traditional, or Complementary Therapies that will Help the Patient at this Stage or Later?

Questions to Consider

Can You Identify Any Overarching Bias?

Can You Identify Any Possible Assumptions One Might Make About This Patient?

What Information About This Patient Might Inform Public Policy or Regulatory Action?

Teaching Points

Indicate 3-5 Teaching Points in this Case

☑ **ADVANCE CARE DIRECTIVE**

Teaching point: Each health science student should be

- knowledgeable about advance care directives; and
- be able to communicate and engage patients/families in advance care planning across settings and across the lifespan.

☑ **PALLIATIVE CARE AND HOSPICE**

Teaching point: Each health science student should be

- knowledgeable about palliative care and hospice and
- be able to effectively communicate this information to patients/families.

☑ **CULTURAL HUMILITY**

Teaching point: Each health science student should be

- knowledgeable about knowledgeable about cultural considerations in the care of patients and families, and
- be able to effectively communicate with humility, curiosity, care, respect, & dignity.

☑ **COMMUNITY RESOURCES**

Teaching point: Each health science student should be

- knowledgeable about community resources to support serious illness and end of life care, and
- be able to effectively connect patients/families with these resources.

☑ **CHALLENGING CONVERSATIONS**

Teaching point: Each health science student should be

- knowledgeable about how to deliver “best case/worse case” and
- be able to effectively conduct challenging conversations with patients/families (including how to discuss risk/benefits of interventions).

☑ **INTERPROFESSIONAL CARE**

Teaching point: Each health science student should be

- knowledgeable about the role of team members & benefits of team-based care and
- be able to effectively work with team members in the care of patients/families with serious illness or at the end of life.

This project was funded by a grant from the David and Lura Lovell Foundation