

Family Meeting for Video:

(The Oncologist enters- everyone else is there)

Dr. Richards: “Hi Mrs. Green. It’s good to see you. I think most everyone has met one another, but I would like to ask each of you to introduce yourselves”. *(Turns to the group):*

Each of the staff introduces with professional title, then Mrs. Green’s children introduce themselves- (Daughter- Denise, Son-Joseph)

Doctor: “I’m Dr. Richards, Mrs. Green’s oncologist. We’re here to clarify any questions you and your family may have about your illness, to understand your goals and values, and see if we can come up with a plan. Mrs. Green, please tell me your understanding of your condition at this point.”

Mrs. G- “Well, I know I have cancer and have been getting chemo but I just seem to be getting weaker and weaker.”

Daughter- *(very angry)* “We all know my mother has metastatic breast cancer and it hasn’t responded to treatment yet but she has a strong belief that God will take care of it, right Mom? We don’t want to get in the way of what God is doing. We have the whole church praying everyday.”

Mrs. G- “Yes my belief in God is strong, but my body is getting weaker.”

Daughter- “Well, we just need you to continue to be strong, Mom. *(Turning to Dr.)* We have been very disappointed in the chemotherapy treatment so far. Can’t you find a treatment that will work?”

Son- “She's so weak she can barely move around the house. Does it make any sense to give her more chemo now?”

Doctor- “You both raise some important points. Let me review where things are medically now - You're right she has metastatic cancer and I am very disappointed too that the chemotherapy is not working the way we hoped. Unfortunately, it looks like the cancer has now spread to the liver and the lungs, as well as other bones in her body. With regards to treatment options, there are some experimental treatments available but unfortunately at this stage of her cancer they are unlikely to work and can have a lot of serious side effects. At this point my recommendation is that we consult the palliative care team and also think about hospice or home hospice care.”

Daughter- “Hospice! What? No, no, she is not going to hospice! That is for dying people. My mother is not dying. She needs treatment.”

Palliative Care APRN: “Well let's see...Mrs. Green how are you feeling about your treatment. You've been fighting this a long time haven't you?”

Mrs. G- “Yes, for 5 years. I *knew* it wasn't working. I feel terrible. I'm not sure I could take any more chemo. It makes me weaker and sick. I have had a lot of pain in my back and hips.”

Palliative Care APRN – “Has the pain medication helped with the pain?”

Mrs. G- “Yes, it really has. (*To the daughter*) I know you were upset about me taking the pain medication. Before, all I could focus on was how much my body hurt and I tried to hide it from you both. The medication has helped, and I am afraid the cancer is getting worse...”

Palliative Care APRN- “The pain medication is carefully administered and monitored. I know your family has had to deal with a difficult situation with drug addiction, but this is not the same. The purpose for the medication is to allow you to be more comfortable and enjoy your life as much as you can.

I know earlier you said you were worried about Hospice becoming involved. My experience with them is that are skilled in pain and symptom management and help people live as long as they can as well as they can. They would monitor your dose very carefully, and assist with personal care. They will help you be comfortable at home to enjoy your family and friends.”

Mrs. G- “Well, that sounds good.”

At this point, daughter leans forward in her chair, looking very upset and says:

Daughter- “Ma you can’t give up, you have to fight! Can’t we do something? I will help you, and God *will* heal you. A miracle *will* happen.”

Mrs. G- (*Forceful with tears.*)- “I ‘m so tired. You push and push. I know God is with me, but...”

Son- “Don’t you hear Mom? Don’t you think she’s been through enough? She’s done. Let her be. Stop pushing.”

Daughter- “She’s giving up, and she will... die. Mom, I don’t want to lose you.”

Social Worker – “Of course you don’t want to lose your mom, everyone can see how much you love her, but she has been protecting you from how hard this is for her. She’s been trying to be strong, but it is hard to keep up that front. The time she has left can still be a very important time. She is deciding that she would rather spend that time loving her family instead of continuing this very difficult medical battle, which is wearing her out and not working either. Right now the focus of the medicine she gets can help her get her pain in control so she has the ability to do very important emotional work as she gets ready to leave all of you. That is very hard work that usually both patients and families need help in doing – especially when the love and connections are so strong.”

Daughter- (*tearful*) “Ma, I love you. I didn’t realize how hard I was making it for you. I just wanted to help. I just don’t want to give up hope for a miracle.”

Chaplain- (*To the daughter*) “I know it feels like giving up hope, and I can see how much you love your mother and how hard this is for all of you. But hope comes in many forms, just like miracles. (*To Mrs. G*) Mrs. Green, you said you know that God is with you.”

Mrs. G- “Yes”

Chaplain- “And God will continue to be with you throughout, and even beyond this illness. The ultimate miracle of Christian faith is God has defeated death, isn’t that right?”

Daughter, Son and Mrs. Green agree

Chaplain- “Mrs. Green, it would probably really help your daughter and son to hear what you hope for in the next few months.”

Mrs. G- “I want to be at home with my family and my church. I want to be without pain and comfortable, and able to visit with my grandchildren. I don’t want to die the way my husband did- getting treatments that didn’t help and made him too sick to be with us. I don’t want my children to have to take me off the breathing machine, that is so awful. I want to be peaceful and be with the people I love for as long as I can.”

Doctor- “I think these are very attainable goals. With this in mind, I recommend that we focus on keeping you as comfortable and pain free as possible and have the palliative care team continue to help with the symptoms you may experience. It sounds like you would like to be at home. Diane and the social service team will be able to help you set up home hospice care.”

Palliative Care APRN- “Hospice is able to provide more services and support at home than most programs. They are able to provide nurses to help with symptom management and aides up to assist with personal care if you wish. They will help you be comfortable at home to be with your family and friends.”

Chaplain- “I know it will be very important for you to be surrounded by the support and prayers of your church. If you would like, I could let your pastor know of your plans.”

Mrs. G- “Yes, that would be very helpful.”

Social Worker- “I have some written information. It is about what you can expect as you continue to care for your mother in this time of life. Would that be helpful to you?”

Son and daughter both nod in agreement, daughter is still tearful.

Doctor- (*Addressing Mrs. G and her children*)- “We agree, then, that the goals of care are to keep you comfortable and to get you home, (*son and Mrs. G nod, daughter doesn’t respond*). With that in mind, and what you mentioned, I do not recommend the use of artificial heroic means such as CPR or a ventilator to keep you alive and, if you agree, I will put that in your chart.”

Mrs. G- “Yes, I don’t want any tubes or pounding on my chest. Just let the Lord take me home when it’s my time.”

Dr. Richards- “Okay, our palliative care team and the social worker will be involved and liaison with the Home Hospice representatives. Are there any other questions?”

Mrs. G- “No, I am glad to be going home soon.”

Son- “No, Thank you all.” (*Shakes Dr. hand, and others hands*)

Daughter doesn’t say anything, she is still very tearful.

Social Worker- (*to daughter especially and including son*) “I know that thinking of losing your mom is very overwhelming. Part of the important work you can do together as a family is to spend time now talking about and remembering what it is about your mom that you will keep with you here (*pointing to the heart area*) for as long as you live. Doing that work with your mom will also be a great comfort to her in her leave taking. If you have any concerns or questions, or are feeling distressed or unable to cope, please don’t hesitate to contact me. I am here to help you as well as your mom.” (*Gives her business card to both son & daughter*).

Daughter- (*takes card, still tearful*), “Thank you.”

APRN- “With your permission, I will share the information with the hospice nurse, to make the arrangements to help provide a smooth transition home. If I can answer any questions, or if you have any concerns please feel free to call me as well.”

Mrs. G- “Thank you, you have all been a wonderful blessing.”