Well-being

Suffering

Case Studies

There are two cases in this "Suffering" module. Each case is written in a context relevant to this module. Both of the cases are common cases that also can be found in modules for other topics. Reflections to respond to each situation are included.

Case 1: Mr. Williams

> Mr. Williams is a 53-year-old heavy smoker. Seven months ago he had surgery to remove a segment of his lung as part of his treatment for adenocarcinoma of the lung. You're close to Mr. Williams. And as his hospital nurse, his family grew close to you – especially his wife, Mary. Weak and thin, Mr. Williams returned home with the surgeon's confident assurances to the family that he would make a "complete recovery." That never happened. Today he was readmitted with distressing symptoms including shortness of breath, severe pain, weakness and anorexia. His body has deteriorated rapidly, showing cachexia. He's even more quiet and frail than you remember. You encounter his family while on rounds. They're visibly upset, but relieved to see a familiar face.
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> The protocol ordered by his physician did not relieve Mr. William's pain. Consequently the doctor ordered a pain consult. Upon review of the patient's protocol and an examination of the patient, the consultant notes that the current regimen is the most desirable. The consultant asks, "What else is going on in this patient's life?" You convene a team meeting to determine an approach for a subsequent meeting with the patient and his daughter.

- What approach would be useful in determining why the current regimen is inadequate in meeting the patient's pain alleviation requirements?
- How is this approach the same or different from Cassell's observation quoted in the text i.e., "suffering is an affliction of the person not the body,"[1] ?
- How would you approach this case if Mr. Williams were:
  A. Not 100% cognitively intact
  B. Confused
  C. Impaired by a stroke

Reflect: This case highlights the other factors that contribute to the perception of pain. If these are not considered, pain treatment will not be successful.

Case 2: Sammy

Janelle and James Jones are both attorneys in their 40s. They were joyously awaiting the birth of their first child – which they expected several months from now. One night, they rushed to the emergency room with Janelle in hard labor after only a 25-week gestation. Despite the intervention of the hospital staff, their son Sammy was born prematurely, weighing just over 1.5 lbs. He required immediate medical attention and was put on mechanical ventilation in the NICU. An admission history takes place between you, the hospital nurse, and Janelle. You are meeting for the first time today. He developed necrotizing enterocolitis and required surgery to remove part of his intestine. Within days of surgery, he had Grade 4 cerebral bleeding. Yet he hung on. Either Janelle or James was at Sammy's NICU bedside nearly 18-hours a day.

From birth, Janelle's and James' interactions with the NICU staff were problematic. It started when a nurse asked Janelle if she had obtained prenatal care. Janelle replied that the question was racist and that the nurse was clearly uneducated to not be aware that African Americans of all socioeconomic levels were at risk for premature and low-birth weight infants. Whenever James visited Sammy in the late evening, he was frequently stopped by the hospital security and questioned. To make matters worse, a first year resident told the parents soon after Sammy's birth that there was little hope he would survive and that they should prepare themselves for his death – yet Sammy did not die. The final blow was when Janelle discovered in Sammy's chart that he had been tested for cocaine and other drugs soon after birth. Janelle and James feared that hospital was not providing Sammy with the highest quality care available due to staff's prejudice that the parents "caused" his premature birth through poor care or drugs. They also feared that the physicians were giving up on Sammy sooner than they would have given up on another child – in particular, a white child.

- Who is suffering in this case?
- What are the dimensions of suffering?
- What approaches might be used to alleviate suffering?
- How might some of this suffering be prevented?

Reflect: In addition to the possible death of Sammy, additional suffering is created by the racism perceived by the parents. In reflecting on this case, the suggestion by Laurens White (1964), written decades ago is still relevant: "What every doctor should be able to say and what each patient needs to hear is: Everything that can be done for you will be done, and nothing will be left undone." (p. 826) This statement requires the qualification that parents and health care providers will discuss the nature of what "everything" entails. Suffering may result both from the withholding of therapy and its misapplication. Case-specific discussion with care recipients and their significant others (parents in this case) and health care providers will ensure an outcome where all agree that everything appropriate was done.

Reference

1. Cassell, E. J. (1999). Diagnose Suffering. *Annals of Internal Medicine, 1*31(7), 531-534.
2. White, L.P. (1964). The self-image of the physician and the care of dying patients. *Annals New York Academy of Sciences.* 164(3), 823-831.