



# Well-being

## Quality of Life

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### Case Studies

There are three cases in this “Quality of Life” module. Each case is written in a context relevant to this module. The first case, “Mr. Williams” is a common case that also can be found in modules for other topics. Suggested ways to respond to each situation are included.

#### Case 1: Mrs. Gregory

Mrs. Gregory is a 62-year-old woman who has been a patient for many years at the office where you work as an office nurse. For the past few months, she has complained of increasingly severe upper abdominal pain and weight loss. An ultrasound ordered by Dr. Minor revealed a mass suspicious of primary liver cancer.

Mrs. Gregory and Gloria, the youngest of her three daughters, come to Dr. Minor’s office to discuss the test results. Dr. Minor discussed the test results, but you were with another patient. You know the family well and expect Mrs. Gregory to understand what Dr. Minor told her, and you plan to instruct her on the use of the pain prescription Dr. Minor wrote for her. However, while clarifying her understanding about her illness, Mrs. Gregory becomes resistant. She tells you that there’s nothing wrong with her. She explains that she will take some herbal remedies and leaves.

Clearly upset with her mother’s behavior and attitude in facing a terminal illness, Gloria, seeks your advice. She wants her mom to confront her disease and the fact she’s dying. However, her two sisters strongly disagree, and tell Gloria they will never speak to her again if she continues to force their mother into confronting her prognosis.

- In the family meeting, how might you help Mrs. Gregory understand her condition and its implications for her life?
- How might you identify what was important to Mrs. Gregory prior to her illness?
- How might you identify what is important to Mrs. Gregory, considering her current condition?
- Given these considerations, how would you develop a plan of care?

**Case 2: Mr. Williams**

Mr. Williams was in a great deal of pain when you entered his room. His daughter Mary repeated to you, “He is really bad and in a lot of pain. None of the doctors are telling us anything.” Dr. Gomez tells you he has requested a pain consult and asks you what else you think might be done. He recognizes that you have a special relationship with Mary, and wants to use this relationship to assist Mr. Williams and his daughter. Dr. Gomez determines that a family meeting will help clarify everyone’s understanding of Mr. Williams’ condition. Most importantly, Dr. Gomez wants to get the pain under control. Without diminution of pain there can be no opportunity to achieve a meaningful quality of life.

Two days later you and Dr. Gomez meet with Mr. Williams and Mary. In addition to any questions Mr. Williams and Mary may have, Dr. Gomez and you agree to the following agenda:

1. To help Mr. Williams understand his condition and the implications for his life.
2. The information given to the Williams’ will be predicated on what Mr. Williams and Mary desire to know and whether or not they want to acquire this data.
3. To ascertain what was important to Mr. Williams prior to this illness.
4. To ascertain what is important to Mr. Williams in light of his current condition.
5. To develop a plan of care based on the above.

**Case 3: Mrs. O'Leary**

Mrs. O'Leary was dying after a long battle with cancer. The mother of two teen-aged daughters, Mrs. O'Leary had been mother and father after her husband had died when the girls were very young. Aided by her sister and other family members, Mrs. O'Leary had provided a loving home for her two daughters. The girls in turn loved their mother dearly. Eager to know what they might do for her, they consulted the hospice nurse. The hospice nurse had met with both mother and daughters during the course of this latest hospitalization. What the daughters wanted to do now was contribute to the quality of dying of their mother.

They were urged by the hospice nurse to give their mother gifts. "Gifts, what gifts?" they asked. "Why don't you talk with your mother about your earliest memories of her and how you'll be different because of her?" Once the girls were with their mother, one on either side of the bed, talking about their memories, the hospice nurse went out of the room.

- You may wonder how quality of life can be achieved during the dying of a beloved member of the family. Think for a moment about dying and hearing your daughters talk about how they'll be different because of you and what they will treasure about you. In such dying, there is quality of life.