Have a look at this case study of a young woman with cancer, who is looked after by GPs and hospitals.

You are not expected to know all the answers initially, but by the end of the day at the hospice, you will be able to answer most of the questions.

Katie G.
38 Year old lady
Lives with husband and 2 children aged 10 and 8 years
Diagnosed with ovarian cancer 1 year ago, and liver mets 1 month ago.
Has had previous chemotherapy and refuses further chemo.

Section 1: PAIN

Presents to Medical Take with constant, severe abdominal pain in the left iliac fossa, "like the pain I had when it all started, but worse". Was initially controlled, but increasingly worse for several days. Had held off calling doctor "in case he sent me in". Now distressed with pain and children upset. On call GP referred her for in patient management as children too upset.

Current meds: Cocodamol (30/500) 2 tabs QID
Codanthramer 10ml daily

You assess her and decide this is tumour pain. She is booked in for imaging investigations in the morning but the nurses ask you, the FY1 Dr, to prescribe her something for pain.

1. What do you give her?

_____

2. How will you adjust this medication over the next few days?

_____

3. Why is it important to decide on the cause of the pain?

_____
_____

She settles on your management and goes home after a few days.

Section 2: NAUSEA AND VOMITING

1 month later she is readmitted to the Gynaecology ward with nausea and vomiting. She complains that her pain control has been worse, and the Oramorph is "doing nothing" You are the O&G SHO.

Current medication:

MST (long acting morphine) 60 mg BD
Oramorph 5mg prn
Codanthramer forte 10ml BD
Omeprazole 20mg od

4. Do you have any criticisms of her medication so far?

_____

5. Can you think of some causes of nausea and vomiting in a lady like this?

_____
_____

On assessment she has been vomiting 3-4 times per day, large volumes with nausea prior to the vomits. Her bowels haven't moved for 4 days. She has no colicky pains. Her abdomen is rather distended with lots of palpable tumour masses. Bowel sounds are sparse, but not high-pitched.

6. What is the likely cause of her nausea and vomiting?

_____

7. What can you do for her nausea/vomiting?

_____
_____
_____
_____

8. Why is her pain poorly controlled? Would you change her pain medication? How would you change it?

_____

Two days after the new medication is started, she is having spasms of severe abdominal pain and the vomiting is worse.

9. What might help in this situation?

_____
_____
_____

She settles with your management and goes home with some home care.

Section 3: SOCIAL/ ETHICAL ISSUES

You are a GP registrar visiting Katie at home. You have just received scan results showing Katie's cancer has progressed and she has new pulmonary metastases. Katie is sleeping in the bedroom upstairs, and you are speaking to her husband separately.

Her husband is visibly upset whilst speaking to you. He says Katie has been increasingly weak over the last 2 weeks and sleeping a lot more. He says "it's no wonder because she is eating like a sparrow".
He asks if you can admit her to a hospital for nutrition; his friend had TPN after a bad pneumonia last year and "did really well once it started". He says "it's like a car, it won't work without fuel…"
How do you respond?

_____
_____
_____
_____
_____

You discuss Katie's scan results with him. He is upset. He says "please don't tell her, it will take away her hope, that'll be the end of her" He says they have talked about going away for a few days to a country cottage a few hours drive away and she's really looking forward to it and this news will stop her doing it.
What do you say? Do you tell her?

_____
_____
_____
_____
_____

Optional section: You ask how the children are getting on.
He says that the children haven't really been told much except that their mum is ill, they're spending quite a few nights at their grandparents, and seem not to be asking much. They bring their mum pictures and things they've made but she's getting tired easily now. As they weren't asking much, he thought he would wait until later to tell them, "not that I know what to say, I guess it'll be easier to wait until it's actually happening won't it, or they'll be upset for even longer. What do you think?"
Do you have any suggestions?

_____
_____
_____
_____

Section 4: END-OF-LIFE-CARE – symptoms and ethics

After a further 5 weeks at home, Katie is now very frail. She looks about 5 stone and she is very weak. She struggles to take tablets, takes only sips of fluid and she is sleeping most of the time. She is rousable and can have lucid conversations though they are tiring. Her dependency is making living at home too difficult now. She is admitted to a medical ward.

12. Her husband asks to see you. He says if the physio can get her a bit stronger, perhaps she could come home, as getting her onto the commode was the hardest bit. What is your response?

_____
_____
_____

Katie decides she would like to remain in the hospital. She tells you she knows the end is near for her, and just wants to be comfortable. She is "too tired to carry on" and wishes it were all over.
Over the next 2 days she develops a chesty cough and becomes even drowsier, sleeping almost all the time and only whispering "yes" and "no" answers before sleeping again.

Her husband and mother ask to see you, and ask if you will be giving her antibiotics and a drip.

13. What do you say?

_____
_____
_____

14. What is the Liverpool Care Pathway?

_____
_____
(please see handout)

15. In view of her current condition, you decide to look at her Kardex (below).

Regular medication:
Morphine sulphate tablets 150 mg B.D.
Dalteparin (LMWH for DVT prophylaxis) 5000 u sc once daily
TED stockings
Gabapentin 600mg TID
Ferrous sulphate 200mg b.d. (is borderline anaemic)
Dexamethasone 4mg oral (for appetite)

As required medication:
Oramorph 30mg hourly as required for pain
Cyclizine (oral) 50mg every 8 hours if needed for nausea

a) What should you do with her regular medication?

_____
_____
_____
_____
_____

b) What should you do with her "as required" medication?

_____
_____

c) Anticipatory care planning/ prescribing

List 5 important symptoms for which drugs should be prescribed "as required" – and suggest what drugs you would prescribe subcutaneously (anticipatory care prescribing):

1_____
2._____
3._____
4._____
5._____

16. You are asked to see Katie urgently as she's not comfortable. She is sleepy, but breathless, chesty and seems distressed. The nurses have tried putting oxygen on her but she pulls it off. She is agitated and cannot have a conversation with you about it.
Her nurse says she is inexperienced and didn't know what give, but has tried sc morphine twice and buscopan for secretions. What do you suggest?

_____
_____
_____

17. Once she gets to the stage where she is in coma, can you stop her opioids?

_____

18. Should resuscitation issues have been addressed? When, and how?

_____
_____
_____

Katie dies peacefully and comfortably on a side room in the ward.

Optional Section 5: BEREAVEMENT

18. Are there any factors in this story which make you think the bereavement period may be difficult?