

OPTIMAL PATIENT CARE FULFILLING MY DYING PATIENT'S WISH

A CASE STUDY

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Abstract

As health care providers, physician assistants are responsible to improve the health and well-being of their patients. Physician assistants advocate for their patients to receive the best care by navigating the health care system. Advocacy requires spending time with patients and their families to find the best outcome for each patient.

Fulfilling my dying patient's wish

"How am I going to die?!" Kyle asked me.

He was a tall, strong and successful boxing champion with many awards. We met in a walk-in clinic. The diagnosis was not expected by him at all and he was resisting it hard.

He was more distraught with each visit as his test results deteriorated. With bone metastases in his hip, thoracic, and lumbar spine, the pain was unbearable. High PSA, LDH rise, high Alkaline phosphatase level and bone scans confirmed the prognosis. He continued to see his family physician in the clinic where I was helping him as a PA. With each visit, we got to know each other more. He was not married and had no children. His close family lived far from him. He devoted his life to his boxing club. Kyle was known as a very respectful and strong person to both the clinic and the community. He was a fighter all his life and we expected him to fight this diagnosis to the end.

As an alternative treatment, he thought taking immunotherapy in Mexico would be a cure for his cancer. However, this plan did not go the way he expected. He also did not want his family to be informed of his diagnosis initially. I agreed with his decision to travel, even though I couldn't find strong medical evidence to support the treatment. Chemotherapy failed him, but radiation helped his pain.

To help him, I needed to know him well. I was taught in both medical and PA schools to know my patients well. That was the key to help us to connect well.

Despite the clear guidelines and workups for medical conditions, each case is unique and needs to be approached differently. In order to connect with our patients, we should have a better understanding of their needs.

After I earned his trust, he wanted me to follow up on his medical appointments, helping him with the social aspects of his life. He asked me inform his elderly mother of his cancer diagnosis. Since the beginning, Kyle's strong wish was to die at home. He asked for my help directly to assist him to die at home. He was not willing to die at a hospice.

Given his home situation and lack of close family members, he had been encouraged to go to a hospice by his friends and hospital staff many times. He visited a couple of hospices, but he decided he wanted to die at home. This was a challenging request. To help him fulfill this wish, I assembled a team with a few of his friends. Each person pledged to take turns providing care for him. I assured him that we would do our best to keep him in his house, but we still kept the hospice as a second option. The palliative team was informed of his wish to spend his last days at his own home and were supportive of this. The palliative care team offered the services of a nurse to provide care at home, but for limited hours.

His condition was deteriorating. He kept fighting and resisting. As his cancer pushed him to the end-stage, I had to help prepare him mentally to pass. He refused to receive spiritual care from the palliative care team, and I had to respect his wish again.

As his Hemoglobin dropped and his bone marrow filled with Metamyelocytes cells, I knew that his days were numbered. With platelets below 30, DIC and bleeding were expected. Buckets and red towels for possible massive bleeding were made available. He asked me to notify him when he was getting close to death and I obliged.

Palliative care and his family physician were available to consult and help us. Kyle's house was well equipped by one of his close friends who was also helping patients in a facility. At times, the situation felt overwhelming, both emotionally and physically. I helped to keep his spirits high without giving him false hope. I promised him that I would not abandon him, to do my best to support him on his painful journey.

I can't over-emphasize how much holding hands, using a soft tone and responding to his phone calls meant to him. On his last day, a palliative nurse was sent from the hospital to help him. Kyle went to respiratory distress and passed away at his home, surrounded by his friends and family members as he wished.

As healthcare providers, we need to advocate for our patients' wishes and assist them in their life choices. Our priority must be to respect the patients' wishes, do what is in the best interest for them and do not harm them. Sometimes we may need to make sacrifices in our personal lives to help our patients. The training that I received in PA school in Manitoba, prepared me to act as a medical generalist and to assume a variety of different roles to help my patients. As PAs, we learned to adapt and change.

Kyle's wish was heard and fulfilled. "Thank you, you have done everything you could." These were his last words to me before he died.