

Case Studies ~ Family Needs Assessment

Learning Objectives

- Determine core issue/problem/challenge in a variety of end-of-life case studies.
- Identify the needs of the dying person in each case.
- Identify the needs of family member(s) in each case.
- Clarify the role of the doula in response to each case.

Directions

For each scenario, answer the following questions in sequence. Refrain from the temptation of jumping right into problem solving (#4). Go through the process using the templates on the following pages.

1. What is going on?
2. What are the needs of the dying person?
3. What are the needs of the family?
4. What is the role of the doula? (What can you do or suggest?)

Scenario 1

People:

Eileen (95), multiple health problems, limited mobility, frailty

Maureen (73), Eileen's daughter

Patrick (71), Eileen's son

Maureen is an adult daughter who lives with and takes care of Eileen, her elderly mother. She is agoraphobic and has not left her home in nearly 40 years. Until two years ago, she was the primary caretaker for both of her aging parents. After the father's death, her efforts have been focused on her mother. Her brother Patrick visits regularly and runs errands for the family, takes his mother to doctor visits, and so on. He struggles to stay supportive but confesses that he has run out of patience with his sister's mental illness.

Patrick reports that his mother would have died naturally a couple of years earlier if Maureen wasn't so invested in keeping her alive at all costs. He feels that his mother's quality of life is non-existent. He believes she is slowly dying. Now he finds himself on-call to help with transfers, and he makes several trips a day to the family home. He frequently witnesses his sister "badgering" the mother eat, to drink, to get dressed and so on. Maureen refuses to consider or discuss making any changes in the arrangements and becomes hysterical when the concept of hospice is raised. She is determined to "take care of" her mother. Patrick feels that his sister is, in fact, torturing his mother and he is helpless to change it. He has asked you to visit the home for a consultation.

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Scenario 2

People:

Antonio (82), suffering from advanced Parkinson's

Paula (80), Antonio's wife

This elderly couple live, on a small, fixed income, in their home of many years. They have two adult children who live out of state and are not especially tuned-in or responsive to what is going on with their parents. Antonio suffers from uncontrollable shaking at times, has become very weak and is unable to safely navigate the home without help. He needs help toileting. Even turning over in bed is a major effort for him. He sleeps a lot during the day, but often has difficulty sleeping at night and is beset by hallucinations. This makes the nights upsetting and difficult for his wife. Antonio persistently reports that he wants to die and has asked for more information about Voluntary Stopping of Eating and Drinking (VSED).

Paula is the full-time and only caretaker for Antonio. She is a tiny, aging woman who emigrated to the U.S. from a Southeast Asian country. Somehow, she manages to do whatever is required. You are informed that she is uncomfortable with having strangers in her home (and it is implied that this is a cultural trait). COVID-19 has made her aversion to strangers in her home even more pronounced. Over the past year (until the quarantine hit), you have served as a companion to Antonio, taking him out for a drive or a meal or to a doctor visit, and thereby providing a break for Paula. Now, you are becoming concerned at the growing tension between Antonio and Paula (each complains about the other) and Antonio's deteriorating condition. It seems that Paula's "rules" preclude any possibility of bringing in more help.

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Scenario 4

People:

Derek (84), elderly man with many ailments

Shirley (83), his wife

Derek is an 84-year-old man who has been on dialysis for five years. He has a colostomy and his eyesight is failing. He lives with Shirley, his 83-year-old wife of 50 years, who is in good health. The dialysis treatments three times per week are getting harder and harder to bear. Derek has stated to family members that on treatment days he is exhausted, cold and utterly drained. The day after treatment, he is in recovery mode and begins to dread the next treatment. Weekends are the only break, when he has two days before the next treatment. He is miserable, extremely irritable and takes out his frustration on his wife. Over the past two months, he has fallen in the home twice and is becoming progressively weaker. Shirley is tearful and showing signs of stress as her days become more and more centered around taking care of Derek. He is a Catholic and fears that the decision to stop dialysis treatments is the equivalent of suicide. Derek and Shirley's daughter has heard about your services and asks you to come over for a consultation.

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