

Case Study Three Grandma P.



Grandma P. is 77 years old. She had renal cancer 15 years ago which was treated surgically. One year ago a tumor was found on the spine. She was treated with surgery and radiation. Nine months later she discovered a new tumor in the shoulder and neck area. She agrees to chemotherapy but refuses further surgery. Initially, the treatment seems to help contain the growth. Four months later the cancer suddenly enlarges and two small brain tumors are also found.

Up until this time she has remained active in church, still driving and living independently. Upon the insistence of the doctors she agrees to another attempt at radiation. She has a drastic decline in strength. The radiation is ineffective alone, so it is recommended she begin an experimental treatment of hyperthermia. She understands the new treatment as a simple application of hot packs to the tumor and, somewhat reluctantly, agrees to treatment. Upon further investigation by the family members, it is found out that the treatment is invasive, extremely painful, and the doctors cannot predict whether it will be beneficial to her.

After a better understanding of what is involved, Grandma P. decides to continue all treatment. Within one week she quickly deteriorates and the family requests hospice services to assist with her home care. Consents are signed by the family and the patient requesting no CPR and no placement of a tracheostomy tube in the event of a respiratory arrest. In the last 48 hours she can no longer take sips of fluids, her breathing is more labored and her pain has increased significantly.

Questions:

1. Should a feeding tube be inserted to maintain her nutrition and hydration?
2. What about the possibility of giving her oxygen to relieve the respiratory distress?
3. Should she return to the hospital for a tracheostomy and/or intravenous fluids?
4. What would you do if this was your situation?