

MODULE: SYMPTOM MANAGEMENT

Detailed Case Scenario

Mrs. Linda Parsons is a 40-year-old accountant, married without children. She has just moved to the area and has been so busy that she has not had time to find a family physician. She has been previously healthy and is not on any medication. She presents to the emergency room with fever, cough productive of prurulent sputum and dyspnea. Her O₂ sats of 87% indicate that she needs O₂ and she admits to feeling better after being started on 2 L. Initial chest exam reveals bronchial breath sounds in the left base. She reluctantly agrees to be admitted to the hospital and is started on ceftriaxone and azithromycin. A CXR is done on her way to the ward.

The CXR shows an infiltrate in the left base and a 5 cm mass in the right upper lobe with bilateral hilar adenopathy. Further questioning reveals that she is a life long non-smoker and has never been exposed to TB. She has had a 15-pound weight loss but attributed it to moving, lifting boxes and stress, in addition to the fact that she had been trying to lose weight. She has a strong family history of breast cancer, her mother and aunt having developed it in their 30's and 40's. While she did receive mammography and yearly breast exams, she decided that mammography was too painful to undergo in view of the fact that recent studies show that mammograms do not detect tumors any sooner. She was quite diligent in having breast exams done but had received a major promotion at work 2 years ago and has been too busy to go.

On breast exam you detect a 3 cm hard mass in the right breast and there is axillary adenopathy. A CT scan shows an inoperable right upper lobe mass encasing the pulmonary artery and invading pericardium and a nodule in right breast along with some liver metastasis. A breast biopsy confirms poorly differentiated adenocarcinoma. You tell her that she has inoperable metastatic breast cancer and that you need to get radiation and medical oncologists involved. She is upset but says she guessed this is what she would turn out to have as soon as she heard about the CXR.

You offer to tell her husband but she says she will do this alone. Just before going to see her 2 days from this meeting, you overhear her telling her husband that the doctors don't know why she is still so short of breath and that it was likely just residual effects from the pneumonia. After the husband leaves you ask her why she has not told him and she says she just can't. She again refuses your offer to help. You ask her why she did not tell you that she was still short of breath to which she replies she did not want to be a bother. She says " I figure you can't do anything about it anyway, can you? Besides I don't want to be a drug addict."

A few days later, when her dose of morphine is increased she becomes nauseated and starts vomiting. She looks and feels miserable. She manages to smile when she

sees you and says: “It’s not a good day today doctor, I have been sick ... please help me.”

Eventually she is discharged home. She had told her husband the diagnosis and both of them worked with you to develop a treatment plan. She is doing quite well, her dyspnea is controlled. In a follow up visit 4 weeks later, you ask her how she feels and she says: “Surprisingly well ... except I am so tired all the time and I can’t seem to stop losing weight no matter how well my husband cook”.

Teaching Tips:

1. Distribute the case scenario. Allow participants a couple of minutes to read the information or ask one of the participants to read the scenario.
2. Ask what learning issues there are for participants. Have them written on the flipchart.
3. A number of issues should be identified including
 - ❑ Communication of bad news
 - ❑ Management of emotional response/expression of empathy
 - ❑ Influence of emotional response to bad news on treatment
 - ❑ Confidentiality
 - ❑ Etiology and management of dyspnea
 - ❑ Etiology and management of nausea and vomiting
 - ❑ Etiology and management of asthenia
 - ❑ Etiology and management of anorexia/cachexia
 - ❑ The husbands perception of illness, anorexia, support needs
 - ❑ Support needed in home
 - ❑ Role of chemo and radiation therapy
 - ❑ End-of-life decision-making

TIP: An effective teaching intervention is to ask participants to write out a management plan and record these on a flipchart. Ask them to explain reasoning behind their decisions

4. Review the learning issues that have not been dealt with and assign tasks.