CASE STUDY

This case study highlights the role of social work with a focus on supporting parents and children within a palliative care service.

Medical Situation

Dan is a 40-year-old gentleman with newly diagnosed Hepatocellular carcinoma (HCC) with cirrhosis. Dan also had type 2 diabetes mellitus hypertension. Prior to his recent diagnosis, he had a two month history of weight loss, increased abdominal distension, anorexia and lethargy. Due to advanced disease and cirrhosis, there were limited treatment options available.

On discharge from hospital, Dan was referred to the community palliative care service. A home visit was conducted by a clinical nurse who referred to social work for practical and emotional support.

Social Situation

Dan is married to Sharon. They have two children aged ten and eight years. Dan and Sharon are originally from New Zealand. Dan’s parents were planning to fly to Australia as soon as possible.

Dan had been doing some casual work, however, shortly before diagnosis he ceased work due to lack of hours; he was in receipt of a Centrelink New Start payment. Sharon was also working, however, since Dan’s diagnosis had ceased work to provide full time care.

Assessment/Intervention

The social worker’s role is to assess and develop interventions to address the psychosocial needs of the patient. This includes the psychological, social and spiritual needs. This is achieved by the use of a narrative approach which focuses on the patient’s primary concerns by them telling a ‘story’ which will include a sequence of events linked with the client’s own explanations. Social workers extract information required for intervention from the person-focused narrative.

On the initial visit, the role of social work was introduced. A psychosocial assessment to identify the needs of the patient and his wife/carer was completed.

Dan was very resistant to discussing future planning, but Sharon was keen to have this discussion and address practical matters such as completing a will, EPOA, and financial concerns.

Social Work Intervention

With consent from Dan, social work’s initial focus was on practical needs, working with both him and Sharon.

1. The social worker assisted with the financial concerns by informing Dan that he would be eligible to apply for a disability payment and access his superannuation due to terminal illness. Sharon was informed of the Carers Payment and Allowance and that, whilst being employed, she may still be eligible. The social worker assisted with registering intent to claim for Centrelink payments and offered support once the paperwork was received.
2. The social worker also assisted with starting the process of accessing early release of superannuation and provided a medical report. Further assistance was to be provided once paperwork was received.

3. Information and assistance was provided with completing an EPOA, and the social worker arranged a home visit from a JP to witness the document.

4. Dan initially felt he did not need a will, but the importance of writing a will was explained and Dan was informed of ‘intestate’, when someone dies without a will. Sharon expressed that it was important to her that Dan write a will. Dan decided he was going to give thought to what he would write in his will and how he would like his assets (estate) and possessions distributed. Sharon was going to purchase a will kit so they could do this together.

Following the second nursing home visit, Dan was rapidly deteriorating. Sharon had a lengthy discussion with the nurse and a referral was made to social work for help with breaking news of Dan’s imminent death to their children. A home visit was arranged to visit Sharon the following morning.

1. Sharon began telling of their journey through Dan’s illness in more detail than the initial visit. Despite many setbacks, both Dan and Sharon had maintained hope that Dan would be well again and Dan always remained positive in his outlook with the children. Sharon stated that Dan didn’t like to talk about his prognosis and always remained optimistic. Sharon was asked how much the children knew about their father’s recent deterioration. Sharon did not know what or how much Dan had told the children. She said that Dan would have time alone with the children but was not sure what he might have shared with them and now that he was too ill she was unable to ask Dan. Sharon acknowledged that they ‘may have held things back’ from the children with the intention to ‘protect’ them. She thought the older child might know more as she spent a lot of time on the Internet. Sharon was asked whether she thought the children had discussed with each other how ill their father was. I suggested that perhaps they both already knew more than she thought. Sharon said she had no idea what they may have discussed with each other.

2. Initially, Sharon wanted to leave telling the children until the following day as one of the children had planned to stay overnight with a friend from school, and Sharon did not want them to be upset before setting off. I said that I respected her decision not to tell the children at this time and as their mother she knew them best. However, I talked more about what can happen when children are not included in important family communication and discussion and gave the example that sometimes children subsequently feel angry that they were excluded and not told the truth, and may feel they can’t ask questions or trust adults to be honest with them. I asked Sharon how they had dealt with other important events as a family in the past. She said they had always tried to be open, sharing important information with the children.

3. Sharon said clearly that she did not want the children to be angry with her as it will be a difficult time anyway. Sharon also stated she felt nervous about telling them as she did not know if she could control her emotions. I told Sharon it was perfectly fine to be open with her emotions as modelling healthy expressions of grief allows children to understand that it is okay for them to do the same. Sharon decided she would talk to the children that afternoon after she had read through
the brochures and handouts which I provided to her. We talked about how they would be upset and we rehearsed some responses to questions she thought they may ask. I also said that once Sharon had told them, they would be much more able to support each other. I told Sharon that her daughter, who was going to stay with a friend that evening, would quite likely still want to go, and if Sharon gave her the choice this would allow her to make her own decision and this would mean that Sharon did not need to worry about what to do.

4. The following day, I gave Sharon a follow up telephone call. Sharon told me that she had told the children and felt better that everything was out in the open. She explained the situation to the mother of the friend who her daughter had planned to have a sleepover with so that she was aware of the situation. Her daughter went ahead with her sleepover, but returned home early the next morning. That morning the children spent some time with Dan, told their father they loved him, and said their goodbyes.

Dan died peacefully later that afternoon in his home.

References and Resources:

- All about Grief [Internet].
- Australian Centre for Grief and Bereavement [Internet].
- Cancer Council Queensland [Internet].
- The National Centre for Childhood Grief [Internet].

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CareSearch Resources

There are resources within CareSearch that could help allied health professionals in the care and support of Sharon and her family. Some of them have been highlighted here:

- In the Patients, Carers and Families section there is a section on Bereavement, Grief and Loss that may be of interest to Sharon. It includes pages such as Children and Grief and Loss, Grief and Sadness, Loss of a Child, Other Grief and Loss Resources and Remembering. There are pages on Planning for the Future that includes funerals, advance care planning and wills and pages that contain Financial Matters, including superannuation and insurance.
- In the Clinical Evidence section there is information on Bereavement and Grief.
- There is a Systematic Review on Bereavement and there are a series of PubMed Topic searches on Bereavement that includes Children and Adolescents.