CASE STUDY

The following case study about Anne demonstrates the importance of occupational therapy in palliative care. Anne is a 45-year-old lady diagnosed with metastatic colorectal cancer with local recurrence and lung disease.

Medical history
Anne had chemotherapy, radiotherapy, and surgery resulting in a colostomy three years ago in 2012. She began experiencing pain and breathlessness three months ago. She has had recent radiotherapy to the lungs.

She has been referred to the Community Palliative Care Team for symptom management of her breathlessness and pain issues.

Social
Anne lives with her husband and two teenage daughters (14 and 18). She worked part-time as a teacher until recently, and her husband continues to work as an area manager for a local business.

Referral
Anne was referred to the occupational therapist for an assessment of her function at home given issues of breathlessness and fatigue.

Intervention
Anne was contacted by the occupational therapist to arrange a home visit. Being a school day, Anne would be at home alone.

During the home assessment, the therapist found it difficult to engage Anne who said there weren’t any issues and spoke with short answers only.

When gathering a recent medical history, it was noted that Anne had seen previous therapists whilst in hospital. She spoke negatively of the experience, indicating that she felt that she was being forced into having equipment in the bathroom, which she did not want nor feel she required.

During discussion it was noted that Anne was restless and appeared to be uncomfortable sitting. The therapist decided to focus on this issue with a problem solving approach. Utilising postural re-education and cushioning, the therapist worked with Anne to improve comfort. At this time Anne also reported increasing levels of fatigue and her frustration at not being able to perform her usual activities, becoming tearful as she disclosed this information. A narrative approach was used to identify the impact upon her life and how Anne perceived her current role as an individual, mother, and wife. Anne acknowledged her fears of dying and how this would impact
upon her children. Further exploration of these issues enabled Anne to identify the desire to spend quality time with her daughters in the evening. As she was becoming obviously fatigued, the intervention concluded with the therapist encouraging Anne to focus on self-nurturing activities.

Follow-up occurred a week later at Anne’s home. It was established that her seating pain, although not resolved completely, was now manageable, allowing Anne the opportunity to sit with her family more regularly. Anne had made the effort to spend more time with her children but her levels of fatigue impacted this. She expressed increased levels of frustration at not being able to complete domestic tasks around the home and concern at the long hours that her husband needed to work to manage their financial commitments.

Following fatigue management education including pacing, planning, and prioritisation, in addition to the inclusion of light activity, Anne was able to identify specific tasks, which she wished to incorporate into her daily activities. The occupational therapist had concerns that Anne’s levels of frustration would sabotage her efforts to use these strategies, so encouraged her to discuss her experience of anxiety and stress. This discussion revealed that Anne had previously been very focussed in her work and had previously used meditation with a positive impact. To illustrate the potential benefits of incorporating it into her daily routine, a relaxation exercise was trialled which Anne reported was beneficial. This led to a discussion regarding sleep and rest routines. Anne was encouraged to utilise her skills at organisation and meditation to develop a daily routine which incorporated periods of rest and nurturing activities in order to retain energy for the afternoons when her daughters returned from school, thereby returning some element of control back to Anne. Upon questioning, it was clear that her children were struggling with her diagnosis and deteriorating function. Her eldest daughter was completing VCE and was spending much of her time studying.

Prior to the conclusion of the session, permission was granted to refer Anne to the social worker for further advice regarding financial support, counselling around her adjustment issues, and potential inclusion in the newly established support group for younger adults with terminal disease. Anne also expressed a desire to be referred for an exercise program. Following discussion of local options, Anne elected to attend an oncology rehabilitation program. Options of support for the children were discussed, including Canteen and the use of the “Now What” books. Utilising in - school support was encouraged, as was the possibility of investigating additional VCE supports.

Due to other work commitments and Anne’s additional appointments, further follow-up with Anne was made by telephone. Anne reported increased satisfaction with her activity levels and that she was regularly utilising relaxation and meditation exercises. She was benefitting from the rehabilitation program and the increased support of the social worker and the younger persons group. Anne felt that the resources had been helpful to her daughters and that their communication was improving.
Three months after her initial referral, Anne was referred again to the occupational therapist, this time due to increasing levels of shortness of breath. Anne’s health had deteriorated further and she was using a four-wheeled frame to mobilise safely. Anne’s husband John had taken leave from his work to care for her. Anne expressed frustration that she felt so tired following her shower. Anne’s husband had purchased a suction hand rail but Anne did not feel confident using this.

After discussion with Anne the following outcome was established: Anne would agree to trial a shower stool for a short period to determine if it would suit her needs. A horizontal hand rail was fitted to assist with transfers into the shower, and a hand held shower provided to give Anne further control of the shower whilst seated. Anne also decided to shower in the evening so that she could rest at its completion. Consideration was given to the application of funding for an electric recliner.

During discussion regarding the home modifications, the therapist was able to establish the importance Anne placed on having minimal changes within the home, but also that Anne wished to remain at home for as long as possible. John had questions regarding the likely progress of her disease and expressed anger that Anne was no longer being offered any treatment. Whilst Anne appeared to be adjusting to the limitations of her condition, John was regularly encouraging her to “do more” to keep herself strong. Anne became visibly upset and the therapist attempted to focus on the positive relationship that Anne was retaining with her daughters.

When questioning John about his care needs John initially declared that he was “fine” but later, as the therapist was leaving, admitted that he was sometimes becoming cross and frustrated that Anne was not able to do more. Due to time commitments this was unable to be explored further by the occupational therapist, however, John agreed to discuss this further with the social worker and to create a list of questions to take to the doctor at Anne’s next review.

At the team meeting, the occupational therapist raised concerns regarding John’s level of distress, with both the social worker and doctor agreeing to make contact. The occupational therapist made further follow-up to ensure the suitability of the equipment supplied and to determine and address further needs.

At the final occupational therapy visit, Anne had deteriorated to the point of being chair/bed bound. Given this and her level of weight loss, pressure relief procedures were put in place with an alternating air mattress identified as being required, along with a pressure-relieving cushion. Anne and John were declining community nursing involvement, preferring to manage personal hygiene themselves. In order to help John better manage moving his wife, the therapist conducted a transfer assessment to determine the level of assistance required. Although John said he didn’t lift Anne, it was observed that he was physically assisting her to sit from a lying position in their queen sized bed, and getting her to the toilet overnight in a wheelchair resulting in reduced sleep. Anne agreed to trial an electric bed in order to facilitate her safe independent transfers to the edge of the bed, and a bedside commode for overnight which she was able to transfer to independently with the use of her frame. Utilising this, Anne was able to toilet
overnight without waking John. The queen bed was swapped for a single bed for John, and Anne was able to set the level of her electric bed to the same height as his so that they could maintain contact overnight. The palliative care nurses had provided bath wipes to eliminate the need for showering which was no longer viable for Anne.

As her condition deteriorated further, intervention was limited to issues of comfort and safety. Anne was determined to die at home and felt prepared for death. She died quietly at home with her family. Bereavement support was provided through the palliative care service.

Author: Sharyn McGowan, Occupational therapist, Victoria.

Resources mentioned in this case study

CanTeen for 12-24 year olds who have had cancer turn their world upside down.

"Now What…..?" books and online resources from CanTeen.

References


CareSearch Resources

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

- There are Systematic Reviews on Palliative surgery and stents and Dyspnoea and lung cancer
- In the Clinical Evidence section, there are pages on Colorectal cancer, Dyspnoea, Fatigue and Optimising Function in Palliative Care
- There are PubMed Topic Searches on Occupational therapists, Dyspnoea and Fatigue
- In the Allied Health Hub there are pages on Allied Health Evidence (including OTSeeker).