End of Life Care/Medical Assistance in Dying: The Case of T. Eckert

Simulated Participant Roles

The Client

The Partner/Family Member

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SP ROLE: THE CLIENT, T. ECKERT

You are: Terry Eckert age 78, DOB Sept 10th

Presentation

Clothing: Hospital gown or pajamas, perhaps a cardigan or blanket

Appearance: gaunt, ashen (make up as required), tired

Affect and Arc: resolute, at peace with decision

Moulage and Props: Kleenex, pamphlet, an almost empty glass of water with a straw, Terry can sip on it and noisily finish at some point, learners may be prompted to offer a refill from the tap. That might be a great place to add the quiet/intimate conversation between Terry and Chris when the learner re-enters?

Background information (short history)

You are Terry Eckert, a 78-year-old retired high school teacher, with a diagnosis of Stage IV Pancreatic cancer. Approximately eight months ago you developed discomfort in your lower abdomen with nausea that worsened over a two-month period. Following testing and diagnostic imaging you were diagnosed with stage IV pancreatic cancer and a prognosis of 6 -8 months. You were referred to an oncology team and underwent 8 rounds of chemotherapy. You were aware that the treatment might not be effective, and follow-up revealed that to be the case, the cancer had metastasized to the liver, lungs and spine. You were admitted to hospital one month ago for worsening pain, nausea, weakness, loss of appetite and extreme fatigue. At the time of admission, you and your life partner Chris Eckert(age 73), had a discussion with the oncologist who shared that there were no longer any active treatment options. They referred you to the Palliative Care Team for goals of care, symptom management, and exploration of end of life options.

*A complete list of tests, treatments and procedures is provided at the end of the scenario.

You agreed to this plan and when you learned that there was no further treatment, you knew that Medical Assistance in Dying (MAiD) was what you wanted. You have been approved for MAiD. Your experience of losing both parents to cancer is a major factor, as your mother suffered greatly as her breast cancer had already spread by the time it was discovered, and your father (who also had pancreatic cancer) suffered from the side-effects of treatment.

Your partner of 55 years, Chris, is supportive, but you know they still feel conflicted. You are determined to have everything well thought out so it can go as smoothly as possible for the sake of your family. The decision is to carry out MAID in the hospital instead of at home, and the procedure is

planned for two days from now.

Medical history : Your past medical history includes: Hypertension x 20 years, controlled by medication. Past surgical history includes an appendectomy at age 10 and a tonsillectomy at age 13.

Psychosocial: You are a retired high school teacher, and enjoy a loving and supportive relationship with your partner Chris(73) of 55 years, and together you have three adult children and seven grandchildren aged 26 to 18. You met when Chris was 18 and you were 23. You have the ease of two people who have grown up and shared their entire lives together. Chris is uncomfortable/conflicted with your choice of pursuing MAiD, but is ultimately supportive of your decision. Chris tends to focus on the pragmatic, as a way of coping, and you are aware of this, and believe that Chris will come around.

Family History

Chris's parents: Mother is in her 90's, living in a senior's complex and is relatively healthy. Dad died of a heart attack 10 years ago (sudden).

Your parents: Your mother died many years ago from breast cancer. The cancer had already spread by the time it was diagnosed, and the process was long and painful. Her illness/death had a huge impact on you, especially as an only child. Your dad was also diagnosed with pancreatic cancer (pancreatic, like you), and died at age 87 (15 years ago). Your experience with cancer has a powerful bearing on your decision to pursue MAiD. The choice is as much for your family as it is for yourself.

Supports

In addition to the support of your immediate family, you have a family friend who is a minister and will officiate at the funeral. You are spiritual but not religious. The will, the funeral service, burial site (with your parents), preparation and finances, everything is in order. It is important to you to make it as seamless as possible. In addition to your immediate family, close friends have been informed of the MAiD decision. Your 3 adult children live close by and already have strong routines in place with you, visiting frequently, often with several of the grandchildren. You are a close family, and your children are very supportive.

Part of Nursing report to learner: "The client had a difficult night with significant pain and nausea, and states they are willing to meet with pain management services later today. The client received a breakthrough dose of hydromorphone 0.5 mg IV 90 mins ago and ondansetron 8 mg IV at the same time. Their pain rating one hour ago was 3/10 and the client stated that the nausea had decreased to a tolerable level". Nurse asks the learner(s) to go in and check on the client to see how they are coping after the palliative care team meeting.

Important instructions:

You will take the lead with the learner(s)- Chris is more quiet, but still fully engaged and attentive throughout. You will wait to use your first prompt until asked directly. Use prompts as needed.

GOAL: To do everything you can to plan ahead, to ease your family's burden and pain.

Opening moment: Early afternoon
Hospital room, medical oncology unit. You have just finished meeting with the palliative team. You and Chris are talking quietly and closely, holding hands, emotional. You are in the hospital bed, Chris in a chair by the bedside.

Opening line (once learner has entered room)
Terry to Chris: "I know this was such a hard decision to make, but I'm glad we were able to make it together. I know you are going to be okay."
You will then invite the learner to sit down, wait for the learner to ask how you are doing and feeling. If the learner introduces themselves, you can reciprocate and introduce Chris.

Prompts and responses to questions and/or actions *please refer to the scenario flow*

If the learner does not initiate conversation, you can state, "This is such a hard time for me and for my family. I know they're sad and scared. …

Terry :

- "I am so tired of being sick and in pain… and feeling sick, and I'm exhausted. I know this is what cancer does."
- (to Learner)**"**Can you remind me who will be involved when the time comes?" (MUST ASK)
- I'm concerned about Chris. (wait for response)
- Will there be support for them after I'm gone?
- (may follow up with): Will they have some quiet reflective time after? I don't want them to feel rushed.
- If learners are too focused on the past medical history or history of the cancer progression and treatment please state "I don't think we need to talk about that anymore." If learners continue talking about it, restate that "you really don't want to keep talking about it."

Chris' arc: practical →emotional (this is included in the client role information to provide insight into the partner role)

These prompts do not have to come out in exact order, but keep in mind that the questions must follow the arc (practical to emotional).

You will wait to use the first prompt until asked directly. If a question has already been addressed the prompt is not needed.

- "Is this the right thing to do?" (feelings of guilt)
- Will someone be with us in the room? (after the delivery of medication)
- **Chris** to **learner**: **What if something goes wrong?** (**Terry** responds, tenderly: "nothing's going to go wrong")
- What do I need to do?
- **Chris to Terry:** "What will I do without you?" (Quiet moment, smiling and crying. **Terry** responds gently. Tender and intimate. **Note to SPs:** take your time, be in your own little bubble. Good to use if the learner is feeling stuck or overwhelmed.
- **Chris to learner:** What happens once…it's over? (emotional)
- (hesitant) I feel guilty.
- (to Terry, softly)"I just want you with me as long as possible"

Questions the SP must ask, or statements the SP must say:

Chris and Terry Key Moments, in order (but not back to back)

Terry to **Chris**: " I know this was such a hard decision to make, but I'm glad we were able to make it together. I know you are going to be okay." (tender, holding hands)

Terry to Chris: "You'd better make sure you play *my* playlist and not your 70's stuff" (joking) "I'll *know*, you know!" **Chris** response (teasingly): "But we both know that deep down you love disco (I can do my moves for you if you want? :) Haha" *use this prompt later in the scenario, **good time to use if learners are getting overwhelmed**. *think of this exchange as an elderly couple's running joke. This is their "pattern".

Learning objectives (affecting the SP, and focus for feedback)

- Establish a therapeutic relationship with a client and/or family member
- Identify roles and scope of practice within a healthcare team
- Uses therapeutic communication to facilitate difficult conversations
- Reflect on own values, beliefs and biases regarding end-of-life care

Learning Outcome Competencies

- Demonstrates therapeutic communication skills for provision of **genuine support, information, and education** to client and/or support persons who are facing difficult decisions regarding end-of-life care.
- Demonstrates ability to **discuss difficult situations with clients/family members**, particularly end of life care and option to pursue MAID
- Demonstrate knowledge of **own role/scope of practice and roles/scope of practice of others** related to end-of-life-care teams
- Demonstrates reflection upon own **values, beliefs, and biases** when providing end of life care caring for clients who choose comfort care and MAiD

Learner Behaviours with a positive impact upon client:

- Appropriate use of silence
- Eye contact
- Active listening
- Appropriate body language
- Appropriate use of therapeutic touch

Learner Behaviours with a negative impact upon client:

- Lack of eye contact
- Fidgeting
- Talking too much
- Interrupting
- Jargon

Timeline of Terry's illness experience

Eight months ago: Symptoms began

Six months ago: Symptoms worsened, tests and diagnosis (1 week): stage IV Pancreatic cancer diagnosis. Chemo treatment started.

Two months ago: Chemo didn't work, cancer spread: Liver, lungs and spine.

One month ago: Admitted to hospital, palliative care. Requested to be assessed for MAID

Two weeks ago: Approved for MAID, decides to remain in hospital

Today: Meeting with Palliative Team/MAID counselling just concluded.

Two days from now: MAID procedure, in hospital.

Terry and Chris have both been fully COVID vaccinated, they received their latest booster shots seven months ago.

The SP must understand for each scenario what interventions will have a positive or negative impact and respond accordingly. This is essential for the learner-experience, and foundational for your own debrief feedback.

PRE-DIAGNOSIS HEALTH HISTORY INCLUDING TESTS AND TREATMENTS

What testing was done initially when the symptoms worsened? What did they think the problem was initially?

- CT, biopsy, bone scan, liver function tests, CBC (and other blood tests)

Describe pain at that time (level, type region)

- Pain in the belly and back, ranging from 2-3/10 to 7-8/10, managed initially using Tylenol or Advil but eventually that was not working. You then started on opioid pain relief, you and your team work closely together to adjust dosing to ensure adequate pain control

Describe Symptoms at that time

- Pain, nausea, occasional vomiting (not normal for you), sometimes a feeling of fullness in your belly
- Unable to do some of the things you would typically do in a day, because of discomfort and nausea, even just mundane things like grocery shopping or out for a walk.

Chemo- describe (schedule, impact, discomfort etc)

- Folfirinox was used, it is administered via IV infusion at home over 2 days, every 14 days (a cycle). You did 8 cycles (approx. 4 months), but it wasn't helping and you suffered horrible side effects of nausea, vomiting, diarrhea, and severe fatigue, and decided you did not want to continue with treatment.

<u>Post-chemo follow-up:</u>

What tests were done to reveal metastasis?

- CT head and abdomen, bone scan, LFT's

SP ROLE: THE PARTNER, CHRIS ECKERT

You Are: Chris Eckert age 73, life partner of Terry Eckert, age 78

Presentation

Clothing: nice work-casual clothing

Appearance- casual, neat.

Affect and Arc: conflicted: Stoic/practical → emotional

Moulage and Props: Kleenex

Background information (short history)

You are Chris Evert, age 73. Your life partner of 55 years is Terry Eckert, a 78-year-old client with a recent diagnosis of Stage IV Pancreatic cancer. Approximately eight months ago Terry developed discomfort in their lower abdomen accompanied by nausea that worsened over a two-month period. Following testing and diagnostic imaging they were diagnosed with stage IV pancreatic cancer and a prognosis of 6 -8 months. Terry was referred to an oncology team and underwent 8 rounds of chemotherapy. They were aware that the treatment might not be effective, and follow-up revealed that the cancer had further metastasized to the liver, lungs and spine. They were admitted to hospital one month ago for worsening pain, nausea, weakness, loss of appetite and extreme fatigue. At the time of admission, you both had a discussion with the oncologist who shared that there were no longer any active treatment options for care. They referred you to the hospital's Palliative Care Team for goals of care, symptom management, and exploration of end-of-life options.

*A complete list of tests, treatments and procedures is provided at the end of the scenario.

Terry has agreed to this plan and expressed the desire for and was approved for Medical Assistance in Dying (MAiD). You are conflicted- you understand how Terry feels, how their experience with losing both parents to cancer is having a big influence on their decision, but you don't want to lose them, and can't imagine living without them. Ultimately, you of course are supportive of their decision. You are trying to put on a brave face and focus on what Terry wants at this time. The decision is to carry out MAiD in the hospital instead of at home, and the procedure is planned for two days from now.

Medical history

Terry's past medical history includes: Hypertension x 20 years, controlled by medication. Past surgical history includes an appendectomy at age 10 and a tonsillectomy at age 13.

Psychosocial history

You are a retired office manager, and enjoy a loving and supportive relationship with your partner Terry, of 55 years, together you have three adult children and seven grandchildren aged 18-26. You and Terry met when you were 18 and Terry 23. You have the ease of two people who have grown up and shared their entire lives together. You are uncomfortable/conflicted with Terry pursuing MAiD, but are supportive of their decision. Terry is aware of this, and tries to reassure you that it is the right thing. You find it difficult to talk about, and instead tend to focus on the pragmatic. You struggle with the worry that accepting Terry's choice is "giving up" and that maybe you should "continue fighting for them". You cannot imagine your life without Terry.

Family history

Your parents: Mother is in her 90's, living in a senior's complex and is relatively healthy. Dad died of a heart attack 10 years ago (sudden).

Terry's parents: Mother died from metastatic breast cancer at age 38. It had already spread by the time diagnosed, and the process was long and painful, and had a huge impact on Terry , especially as an only child. Dad was also diagnosed with cancer (pancreatic, like Terry), and died at age 87 (15 years ago). Terry's experience with cancer has a powerful bearing on their decision to pursue MAiD, and this choice is as much for their family as it is for themselves.

Supports

In addition to the support of your immediate family, you have a family friend who is a minister and will officiate at the funeral. You are spiritual but not religious. The will, the funeral service, burial site (with Terry's parents), preparation and finances, everything is in order, no surprises. Important to Terry to make it as seamless as possible. In addition to immediate family, close friends have been informed of the MAiD decision. Your 3 adult children live close by and already have strong routines in place, visiting often, and frequently with a grandchild or two. Children are all supportive, and your family very close.

Part of Nursing report to learner: "The client had a difficult night with significant pain and nausea, and states they are willing to meet with pain management services later today. The client received a breakthrough dose of hydromorphone 0.5 mg IV 90 mins ago and ondansetron 8 mg IV at the same time. Their pain rating one hour ago was 3/10 and the client stated that the nausea had decreased to a tolerable level". Nurse asks the learner to go in and check on the client to see how they are coping after the palliative care team meeting.

Important instructions:

Terry will take the lead with the learner. You are quieter, but still fully engaged and attentive throughout. You will wait to use your first prompt until asked directly. Use prompts as needed.

GOAL: To be supportive of Terry, and to suppress your inner conflict re: MAiD

Opening moment: Early afternoon
Hospital room, medical oncology unit. The palliative team has just finished a meeting with Terry and Chris. Terry and Chris are talking quietly and closely, holding hands, emotional.

Opening line (once learner has entered room)
Terry to Chris: " I know this was such a hard decision to make, but I'm glad we were able to make it together. I know you are going to be okay."
Terry will then invite the learner to sit down, wait for the learner to ask how they are doing and feeling.
If the learner introduces themselves, Terry can reciprocate and introduce Chris.

Prompts and responses to questions and/or actions *please refer to the scenario flow*

If the learner does not initiate conversation, **Terry** can state, "This is such a hard time for me and for my family. I know they're sad and scared. …

<u>Terry</u>:

- "I am so tired of being sick and in pain… and feeling sick, and I'm exhausted. I know this is what cancer does."
- (to the learner)**"**Can you remind me who will be involved when the time comes?" (MUST ASK)
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<u>Chris</u> : <u>(arc: practical →emotional).</u>

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