

CHAPTER 6

THE THERAPEUTIC APPROACH TO THE PATIENT WITH A LIFE-THREATENING ILLNESS

Overview

Medical assisting students are presented with the challenges of providing therapeutic care to the patient with life-threatening illness in an ambulatory care setting. By closely examining each of three specific illnesses, medical assisting students learn more about the disease's progression, its defining characteristics, and how to be more therapeutic. Providing therapeutic care for patients with life-threatening illness requires that medical assistants first confront their own feelings and comfort levels with regard to these problems. Students discover that empathy, impartiality, respect, and compassion are necessary in administering to the special needs of these patients, who may be suffering intense psychological as well as physical pain. The need for effective patient education related to a life-threatening illness and measures that can be taken to help manage the disease are also emphasized.

Lesson Plan

I. LEARNING OUTCOMES	ABHES	CAAHEP
A. Define, spell, and pronounce the key terms as presented in the glossary.		
B. Recognize possible patient perspectives when facing a life-threatening illness.		IV.A.5, IV.A.9, X.A.3
C. Define "life-threatening" illness.		
D. Critique the cultural manifestations of life-threatening illness.		IV.C.7, IV.A.10
E. Identify the strongest cultural influence in the life of a patient.		IV.C.7, IV.A.10
F. List at least four choices to be made when facing a life-threatening illness.		
G. Analyze the different forms of living wills and health care directives.		
H. Explain how a durable power of attorney for health care is used.		
I. Discuss the range of psychological suffering that accompanies life-threatening illnesses.	MA.A.1.5.d.	
J. Summarize additional concerns/fears when the life-threatening illness is AIDS, cancer, or end-stage renal disease.		
K. Explain the five stages of grief and the meaning of the acronym TEAR.	MA.A.1.5.d.	
L. Recall a number of challenges faced by the medical assistant when caring for people with life-threatening illnesses.		X.C.3
M. Analyze the professionalism questions and apply them to this chapter's content.		

II. PROFESSIONALISM QUESTIONS

- A. Communication
 1. Did you listen to and acknowledge the patient?
 2. Did you speak at the patient's level of understanding?
 3. Did you demonstrate empathy in communication with patients, family, and staff?
 4. Did you include the patient's support system as indicated?

- B. Presentation
 - 1. Did your actions attend to both the psychological and the physiological aspects of the patient's illness or condition?
 - 2. Did you attend to any special needs of the patient?
 - 3. Were you courteous, patient, and respectful of the patient?
 - 4. Did you display a calm, professional, and caring attitude?
- C. Competency
 - 1. Were you respectful of others?
- D. Integrity
 - 1. Did you demonstrate sensitivity to patient's rights?
 - 2. Did you demonstrate respect for individual diversity?
 - 3. Did you demonstrate an appreciation for the patient's attitude toward the illness or condition?

III. REFERENCES

- A. Lindh, Wilburta Q., Pooler, Marilyn S., Tamparo, Carol D., Dahl, Barbara M., & Morris, Julie A., *Delmar's Comprehensive Medical Assisting: Administrative and Clinical Competencies*, 5e
- B. See text Chapter 6, References/Bibliography
- C. Any other teacher-preferred reference material

IV. VISUAL AIDS

- A. Computer access to identified Internet resources
- B. Any other teacher-preferred visual aids (PowerPoints, etc.)

V. EQUIPMENT AND MATERIALS

- A. Computer, TV monitor, and Internet access
- B. Chalk and chalkboard
- C. See IV: Visual Aids

VI. SAFETY

- A. Basic classroom procedures

VII. PREPARATION

- A. Arrange for visual aids equipment.
- B. Collect materials.
- C. Review Chapter 6 in the text, the Study Guide, and the Instructor's Manual.

VIII. INTRODUCTORY REMARKS/ACTIONS

- A. Read Learning Outcomes in the text with students to introduce the chapter.
- B. Ask students to identify and tell what they know about life-threatening illnesses.
- C. Discuss the terms *terminal*, *life-limiting*, and *life-threatening*. Have students identify how/when each term might be appropriate.
- D. Ask students to identify any legal measures that might be taken when a patient has a life-threatening illness.
- E. Write notes about what the students tell you on the chalkboard.

IX. PRESENTATION

- A. Life-Threatening Illness (Figure 6-1)
 - 1. Not easily defined
 - a. *Terminal*—may remove hope
 - b. *Life-threatening*—serious illness shortens life
 - c. *Life-limiting*
 - 2. Cultural Perspective on Life-Threatening Illness:
 - a. How you live, think, speak, and behave
 - b. Viewed differently by different cultures
 - c. Family strongest influence
 - (1) Work with family and belief system
 - (2) Patient and family are to be given great respect
- B. Choices in Life-Threatening Illness
 - 1. Urgency depends on life expectancy
 - 2. Patient has the right to choose or refuse treatment

3. Issues appropriate to discuss with patients facing life-threatening illnesses:
 - a. Palliative care and disease-focused treatment
 - b. VCED – voluntary cessation of eating and drinking
 - c. Total sedation when the end is near
 - d. Some states allow physician-assisted death
 - e. Any alternative treatment methods; all treatment protocols; no-treatment possibilities
 - f. Pain management and loss of independence
 - g. Legal protection such as durable power of attorney for health care, health care directive or proxy, and Patient Self-Determination Act
 - h. Finances, insurance coverage (health, life, long-term care, etc.)
 - i. Emotional needs of patient and family
 - j. Life-threatening illness is a family illness
 - (1) Health care professionals have primary patients (the one with the illness) and secondary patients (family members and loved ones of the patients)
 - (2) Helping patients live their last days is important
- C. The Range of Psychological Suffering
 1. Psychological suffering may lead to physical symptoms
 2. Help patients understand that relationships change
 3. Encourage patients to set goals for themselves
 4. Listen carefully and seek clues to nonverbal communication
- D. The Therapeutic Response to the Patient with HIV/AIDS
 1. Patients will have great stress when diagnosed with HIV
 - a. May have fairly good health for a period or very serious near-death illness
 - b. Patients now living much longer with recent treatment modalities
 2. AIDS is diagnosed by symptoms and any patient immunodeficient illnesses (see Patient Education box)
 - a. Some providers use patients' CD4 counts for diagnosis
 - b. Others find this too discouraging for patients
 3. There is added stress if patient is estranged from family
 4. Treatment of AIDS is very expensive; some patients have little or no insurance
 5. See the text for possible symptoms patients may display
- E. The Therapeutic Response to the Patient with Cancer
 1. Patients believe cancer and death are equated
 2. Choosing treatment is complicated and has many facets
 3. Patients fear the side effects of cancer treatment and their loss of dignity
 4. Even if “no treatment” is chosen, there is much that can be done to assist the patient in remaining comfortable
 5. Refer to the Critical Thinking box for class discussion
- F. The Therapeutic Response to the Patient with End-Stage Renal Disease (ESRD)
 1. Patients cannot live long when kidneys fail
 2. Kidney dialysis can sustain life for years
 3. Without kidney dialysis, a kidney transplant is the only hope
 4. There are not enough kidneys for all patients who need one
 5. See the text for symptoms to expect as death nears
- G. Stages of Grief
 1. Dr. Elisabeth Kübler-Ross established stages of grief
 - a. Denial
 - b. Anger
 - c. Bargaining
 - d. Depression
 - e. Acceptance
 2. The acronym “TEAR”
 - a. To accept the reality of the loss
 - b. Experience the pain of the loss
 - c. Adjust to what was lost
 - d. Reinvest in a new reality

3. Patients may not go through all the stages, may go through all stages many times, or may move back and forth through the stages
 4. Family members and loved ones related to the person with the life-threatening illness experience the same stages, but usually not in the same stage at the same time as the patient
- H. The Challenge for the Medical Assistant
1. Must be sensitive and respectful
 - a. Must be comfortable treating all patients
 2. Nonmedical forms of assistance
 - a. Referrals to community-based organizations
 - b. Recommended support groups
 - c. Build on the patient's culture; spiritual support
 3. Refer to Critical Thinking box
- X. APPLICATION
- A. Use the Learning Outcomes at the beginning of Chapter 6 in the text as the basis for questions to assess comprehension.
 - B. See the Classroom Activities section below for numerous application activities.
 - C. Assign students to complete Chapter 6 in the Study Guide.
- XI. EVALUATION
- A. Evaluate any assigned application activities.
 - B. Evaluate student participation during presentation.
 - C. Grade responses to Chapter 6 in the Study Guide

Classroom Activities

1. Ask the individual responsible for grief counseling (probably the chaplain) in your local hospital to speak to your class regarding life-threatening illness.
2. Invite a person with AIDS, cancer, or ESRD to talk with your class. (Contact a local support group for possible resources.) Have students prepare a few questions they would like answered.

Answers to Critical Thinking Boxes

Many individuals in the end stages of both AIDS and cancer have lost their image of themselves. Their bodies have been diminished; they may have lost a great deal of weight from the disease or gained much weight from medications taken. They may have no hair. They may have lost their ability to speak or to control bodily functions. What can you do or say to help them feel like a human being?

The most important thing you can do is to treat them no differently than you would any patient or acquaintance that does not have the disease. A frank discussion with some patients about what happens to their bodies can help; others will be helped by being in touch with individuals who have faced similar problems; still others will welcome quiet referrals to agencies that help them maintain their dignity. For example, conduct an Internet search on "wigs for cancer patients" and you will be referred to numerous sites that can provide wigs, hats, and scarves for men, women, and children.

Discuss with a friend what cultural influences might affect each of you if you were facing a life-threatening illness. What choices would each of you make?

Every decision has a cultural component to it. Answers to a few questions can facilitate a response here. For instance, how do you manage pain? What frightens you most about a life-threatening illness? Would you want all your friends and loved ones to know or would you prefer that none know? What kind of care would you most likely seek? Would your age make a difference in your responses? When you have these answers, you have a fairly realistic idea of how you would face such an issue.

What steps would you personally take to make certain you do not burn out from caring for patients with a life-threatening illness?

It is difficult to observe patients move closer to their deaths. Maintain professional objectivity while demonstrating your caring and helpful attitude. Remember that death is an event that everyone experiences sooner or later. Take care of yourself and your emotional needs. Let other staff know if you feel you are "too close" to a patient to remain professional and objective.

Answers to Case Studies

Case Study 6-1

Refer to the scenario at the beginning of the chapter. As you prepare for the second visit of Suzanne Markis, you make a mental note of what kind of information you will have available.

1. What paperwork might be necessary?

Perhaps the most important paperwork, if not already completed, would be one that allows Suzanne to name any family members she would like to have access to her medical information. You will want the names, addresses, and telephone numbers of those family members. The provider may want copies of her health care directives.

2. What questions might you have for Suzanne?

The most appropriate question might be “What can I do for you?” See question 1 above.

3. What might family members who may accompany Suzanne want to know?

Family members are likely to query the provider about what to expect medically in Suzanne’s remaining time: Will she be able to live alone, need assistance, be in a great deal of pain, etc.? They may also ask for advice regarding what steps to take at this time.

4. As the medical assistant, how does your role differ from that of your employer?

As support staff, your role is always secondary to that of the provider. You assist both the provider and the patient in collecting all necessary information, forms, and data that are requested of you. If you offer appropriate services to your patients (with your provider’s approval), they are likely to turn to you when the time is right or the need arises.

Case Study 6-2

The extended family of Wong Lee is concerned about his illness and his care. Chronic obstructive pulmonary disease (COPD) has ravaged his body. He is on oxygen all the time now. He wants to remain at home to die; his family wants that, too. The family has been with him and has been involved in his care plan all along. However, you are uncertain of how much information to give to members of his extended family when they call.

1. Are the questions that the extended family members raise intended to harm or help Mr. Lee?

These questions are intended to help. In this culture, the family is deeply involved.

2. Is there a durable power of attorney for health care in place?

Having such a document would make it easier for everyone involved to know how much information should and can be shared with another. Give the family information on where and how to finalize such a form.

3. Which, if any, of the family’s desires are related to the culture?

Almost all of this concern is related to the culture.

4. What can you and your employer suggest to be of help to everyone involved?

Have an honest discussion with everyone involved so that it is clear to the staff how the patient would like to have information handled.

Case Study 6-3

Jeff and Amy live in rural Tennessee. They are expecting their first baby and are excited beyond belief because they had so much trouble getting pregnant. You are the medical assistant for their family practice provider. Test results from their recent ultrasound have been returned to your clinic, and the news is not good. There appears to be some difficulty and one or more apparent birth defects in the developing fetus. You and your employer discuss possible resources.

1. As the medical assistant, what is your first responsibility to these expectant parents?

Your responsibility is to have compassion and a determined resolve to be attentive to your employer’s care of their needs.

2. Where might you look for possible resources?

The Internet will provide information that is helpful. The National Center for Birth Defects, the March of Dimes, and Birth Defects Research for Children are three sites that will provide possible resources.

3. Identify three to five possible resources.

See question 2 above.

4. If referral to a specialist is to be made, what role might you play in that referral?

You may be asked to provide the parents information about the specialist or to make an appointment with the specialist and forward any medical records requested. Be certain to have the parents sign a release for any records to be sent.

Answers to Certification Review

1. c. be supportive and free of prejudice
2. e. only b and c
3. c. the family
4. d. all of the above
5. b. how we think and live our lives
6. b. is heightened and considered more difficult
7. d. all of the above
8. a. enables someone other than the patient to make only health care decisions
9. d. all of the above
10. b. family wishes and patient's needs

This project was funded at \$3,000,000 (100% of its total cost) from a grant awarded under the Trade Adjustment Assistance Community College and Career Training Grants, as implemented by the U.S. Department of Labor's Employment and Training Administration. Rogue Community College is an equal opportunity employer/program. Auxiliary aids and services, alternate form and language services are available to individuals with disabilities and limited English proficiency free of cost upon request.

This work is licensed under a Creative Commons Attribution 4.0 International License.