

### ***Case study on making an end-of-life decision: Geraldine***

Geraldine, 39, has learning disability (Down's Syndrome) and resides in supported accommodation. Six months ago, she was diagnosed with breast cancer. She has been having chemotherapy as she thinks it will cure her however, she is experiencing unpleasant and distressing side-effects.

The recent tests have shown that the cancer has spread, and her condition is now terminal. Dr Ahmed made an appointment with Geraldine to discuss with her the options for future treatment and care. Geraldine is accompanied to the appointment by her support worker, Cheryl.

Dr Ahmed explains the diagnosis to Geraldine, and tells her that there are two options:

- a) To have radiotherapy which may shrink the tumour and extend her life but unfortunately will not cure her. Side effects include soreness and swelling, and she will feel very tired
- b) To not have radiotherapy and make arrangements for specialist palliative care to control her pain and other symptoms, possibly at the local hospice

Dr Ahmed tries to explain in straightforward terms what the radiotherapy will involve and what palliative care can do for her, but Geraldine does not seem to understand. She becomes confused and upset.

Dr Ahmed asks Cheryl to explain the options to Geraldine in her own words. He then asks Geraldine what is upsetting her. Geraldine says she does not understand why he wants to give her treatment that will not make her better, and she does not want to leave her home. Cheryl tells Dr Ahmed that Geraldine is usually very determined about doing things for herself, but can take a while to grasp complicated situations, and hates being rushed.

As the decision does not have to be made immediately, Dr Ahmed suggests that he give Geraldine and Cheryl some written information to read when she is less distressed.

He gives them an easy-read leaflet which explains what a patient can expect when they have radiotherapy, together with some information about the local hospice. He also undertakes to contact Geraldine's Macmillan nurse and ask her to visit and talk to Geraldine at home, when she has had time to digest the diagnosis and may feel less pressured than she does in the hospital environment.

**Outcome:** The following week, the Macmillan nurse reports that Geraldine has decided that she does not want any more active treatment, and would prefer to go into a hospice when the time comes, but wants to stay at home for as long as she can.