

Behavioral Science II: Home Visits Post Assignment

Dr. A has been in clinical practice for 20 years, but this was the first time he was hugged by a patient. Puzzled as to what to do, he put his arm around the patient's back and replied, "It's good to see you again, too. He knew it would be difficult for Dr. A, who came to the clinic only once a week, to take care of the patient, but he said, "I understand. I will take care of him at the end of his life." When he said this, the strength he felt in the patient's back became a little stronger, and the patient nodded his head broadly.

2/9 The home care nurse informed the patient that his respiratory condition had worsened. This triggered a joint conference to again confirm the decision-making with the health care provider and the family; since Dr. A could not make it until the day he was to come to the clinic, Dr. B, a full-time physician, responded.

B The doctor, clinic nurse, home care nurse, care manager, second daughter, third son, and the patient gathered.

He was somewhat somnolent and not fully responsive, but we confirmed his current status. He shared his understanding of his current medical condition, mainly from his second daughter, and confirmed that he was told by the hospital at discharge that if he was to go home, it would be now. She was told that the prognosis was 1-2 weeks. Once again, Dr. B explained that his oxygen was low due to lung metastasis, that he was now able to maintain oxygen at just 90% with a home-use oxymizer 7L, but that it easily drops with exertion, that he was not expected to improve, that he would get worse by the day, and that during this time, he would use narcotics to help with his dyspnea. The patient's breathing difficulty would worsen on a daily basis. Both family members confirmed that the patient would be basically cared for at home, and that they wished to receive treatment to alleviate pain and DNAR in the event of a sudden change.

2/11

9:11 a.m. The nurse at the home health care agency contacted me. Yesterday evening - 20:00, he was in a trance, and before 20:00 he had a drop of etizolam on his tongue, which has since stabilized. Her level of consciousness is decreasing and her breathing is improving. She reported that her urine output was 200 ml/day and her SpO2 was 86%.

At 16:40, a nurse at the home-visit nursing station reported, "The family just told us that the patient stopped breathing. Doctor A was not available, so Doctor B made a house call and confirmed death at 17:41.

Later that day, the second daughter visited the clinic, wearing makeup, colorful clothes and a radiant face that she had not shown during the visit.

My fourth son will be living with my third son in a house in Adachi-ku, and I will be going to Shizuoka to live with my partner. I really appreciate all the help Dr. A has given me." I said and left the clinic. While eating the sweets I received, I reflected with the staff about the patients and their families.

Q: What was my mother like to my family? How does my mother's death affect their lives? Based on this case, how do you feel their positions and feelings were intertwined. what roles do you think Doctor A and Doctor B played there? Please describe each based on what you can read or imagine from this scenario.