

Dr. A was working at a university hospital while working once week as an outpatient at a home-visit clinic. I met her in her early 60s in the middle of 2023 year 11 month. I remember it was getting chilly and it was time to wear a down jacket over it. That day, the nurse told me that I would have my first visit today. Home visits are sometimes a mix of patients who have been seen regularly and those who are about to be introduced to home visits. I am always concerned about how much time I should spend on the first visit due to the time required to see other patients, and how much information I should get to capture the whole picture of the person in the initial consultation. I was even more concerned when I looked over the letter of referral from the X Cancer Center that was given to me.

XX Clinic

Thank you for your continued support. She is a patient with gastric cancer and multiple metastases who received BSC (Best Supportive Care). In July 2022, she noticed enlarged left supraclavicular lymph node and underwent CT scan at her local doctor, who pointed out multiple enlarged lymph nodes. In August the same year, she was referred to M Hospital, where she was diagnosed with type 2 gastric cancer (Tub1/tub2) in the middle part of the stomach on August 25, HER2 score 2/FISH negative, left axillary lymph node metastasis was found in September of same year, and CT showed liver and lung metastasis, and she was referred to our hospital. In October 2022, cervical, lower cervical, thoracic, and abdominal lymph node metastasis, liver metastasis, and lung metastasis were detected, and SOX therapy was started.

(In August of the same year, he became PD again and started Nivolumab + . In October, he discontinued it due to the appearance of new brain metastases. In August of the same year, he became PD again and started Nivolumab . In October, he stopped Nivolumab because brain metastasis newly appeared, and he received WBRT 30Gy/10Fr for brain metastasis, whole brain radiation, and Lonsferf. When I told him about the need for palliative care, he requested home care, so I referred him to your hospital. We look forward to working with you.

Attending Physician

○○×× Dear

We have reviewed the above referral letter and know the course of the disease. Referral letters from tertiary hospitals generally reveal little of the patient's life. This referral letter was no different. Feeling a little more nervous and anxious than usual, I visited the patient's house for the first visit on November 24, 2023.

The residence was located near a station where urban development was progressing in Sumida-ku, Tokyo. They lived on the 10th floor of a renovated condominium, and because it was near the station, a family restaurant and supermarket were nearby and seemed convenient. Since the parking lot of the condominium was not available for visitors, I parked my car in a coin-operated parking lot and rang the chime at the back door on the first floor. The automatic door opened at the same time as the young woman's voice said, "Come in. The elevator had no digital signage or LCD screen, just simple old-fashioned buttons. The elevator was small, and it seemed to be full when 5 people entered. 10 From the corridor outside the elevator, I could see people passing near the station and smelled the smell of fried food probably prepared by a nearby family restaurant. When I arrived at the patient's room, I rang the chime and heard the same young female voice as before, "Yes, please come in. I entered the entrance hallway and opened the door in front of me. The room was not very clean, and I saw some kind of documents, uneaten food, plastic bottles, and other things laying everywhere. After about five steps down the hallway leading to the entrance, there was a three-tatami-mat kitchen with a dining table on the left, which was probably a remodeled room, and a small kitchenette with a small dining table on the left, which was probably a remodeled room with a small dining table.

The living room, which was about 12 tatami mats in size with no door or door on the border between the two rooms, was furnished with a double bed and a large work desk. On the work desk, an A2-size sheet of paper, an L-shaped ruler, pencils, and an eraser were placed haphazardly, while documents, books, files, and medicines were placed in a mess on the living room floor and table. We were greeted by the patient sitting on a double bed and her daughter sitting on the carpet next to her.

Dr. A, nice to meet you, I am Dr. A from ×× clinic. I am a doctor from ×× clinic. He began his interview as usual, asking how the patient was feeling. The patient replied, "Well, my physical condition is not so bad, but I do have pain in my neck and stomach sometimes. I've managed to take some medicine for that, too, and I think I'm doing okay." Sometimes he speaks while looking at his daughter next to him. I just have burping since more than 10 years ago. Sometimes I would feel a pain in my back and when I patted my back, it would burp and improve, or I would feel a pain in my thigh and when I rubbed it, it would burp and improve. He continued to talk about what he thought was wrong with me without any context.

After the whole conversation, the lymph nodes in the neck were obviously swollen and there seemed to be something to touch, so A doctor asked if there was any pain, and the patient said, "No pain. I woke up in the morning and thought I had a slight headache~ but it would improve when I went to the bathroom, so I watched the progress. I don't want to take the medicine too much, because if it works, I might have to use it regularly, and I don't want to do that either, so I don't take it. Although I am not aware of it, I was told by my children not to drive because my right visual field is narrowed due to the brain metastasis. I gave the car to my children." And.

The person next to her, who appeared to be her daughter, had a hard expression on her face in the situation where the patient was talking. Although she was hesitant to talk to him, Dr. A asked if she was his daughter, just to make sure, and she replied, "She is my eldest daughter. I'm (here) because the doctor is coming." He spoke without changing his expression. When I asked if there was anything that concerned her from her daughter's point of view, she replied, "(My mother) won't do it unless I tell her properly, so please instruct (her) strongly. Please share information with her through notes and phone calls, as I don't trust explanations from my mother even if I explain it to her at the clinic. I am also single and busy working as a nanny, so I am often unavailable to take phone calls, so please contact my second daughter." I said. I got the vibe that something was not just going on.

As a physician, I ask about Lonsurf, which I was concerned about in the referral letter. The patient replied, "I was prescribed Lonsurf, but I was told by my doctor that I could take it either internally or externally, so I didn't."

Dr. A wanted to know more about the patient's family, life history, and personal history in order to explore the patient's and her daughter's discomfort with her behavior; Dr. A asked, to change the subject, "Oh, by the way, what happened to your husband? The patient told the following story.

In 2004 my husband was diagnosed with pancreatic cancer and died within 2 months. At that time, I was taking morphine and other medications, and seeing the scene of his gradual loss of consciousness, I myself felt resistance to opioids. My husband was a self-employed plumbing designer, and after he passed away, I continued to work alone drawing water pipes, which I still do today. A large work desk was my desk for doing that. I told him that I have a sense of smell that detects leaks in water pipes better than a dog. After my husband was gone, I raised 6 children alone. The children are: oldest son (40 years old), second son (36 years old), oldest daughter (31 years old), second daughter (29 years old), third son (26 years old), and fourth son (22 years old). The relationship between the eldest and second sons and myself is poor, and we have almost no contact with each other. After my husband passed away, my eldest son felt he had to support himself, and perhaps because of this, he began to hit me, and we have lost touch since he left home. My second son is also not in a good relationship with me, as is my eldest son. My second son had been approached about marriage a year ago and had met his partner, but since I had just decided to undergo treatment for cancer, I told my second son not to tell his partner about his cancer treatment so that he would not be put off by it. Perhaps because of this, my second son had not gone ahead with the marriage since then. The second son seems to be in contact with his other siblings, but not with me. The oldest daughter lives in Adachi Ward, works as a daycare worker nearby, and is currently a single mother raising her children on her own. The second daughter is in the Corona disaster and works from home at a temporary job. The fourth son dropped out of college and is currently focused on caring for his mother. He is scheduled to see a neuropsychiatrist at Keio University Hospital for a diagnosis of a developmental disorder, which has been suspected for a long time. (I saw the fourth son later, but he did not make eye contact with me. He seems to be able to go shopping, etc.) 2022 year 11 month, he moved from Adachi Ward to his current apartment in Sumida Ward because of his illness. The old house was inconvenient for her when she was sick because of the stairs, entrance, and bathroom, etc. She moved to her current place because of its location, where her children could easily gather. Currently, she lives with her fourth son, while her eldest, second, and third daughters live elsewhere.

Hearing this story, Dr. A connected many things.

question

- 1. Imagine and describe the floor plan of this patient's home and the family relationship diagram, especially considering how the family relationship as a whole is balanced.**
- 2. Why is this patient not taking Lonsurf internally? Why does the eldest daughter refer to her mother this way, and what should Dr. A do in the future? Please also describe each of these three possible perspectives.**