

HOW TO ADAPT A REAL LIFE CASE FOR A CASE STUDY

ETHICS DAYS, ROLE PLAYS, AND FORGING CONNECTIONS: CAPACITY BUILDING IN THE RURAL CONTEXT

First, decide what educational purpose the case study will serve – this will shape the narrative that you construct. Most real life cases have several different issues contained within them. For the purposes of case study discussion it is generally most useful to focus on just one or two of these issues (although sometimes you might want to discuss a real-life case in its full complexity). A single real life case can spawn several case studies.

Here is a relatively straightforward example of a “real life” case:

Jean Spreitzer is an 87 year old woman who has recently and unexpectedly lost most of her sight due to giant cell arteritis. She already has arthritis and uses a walker to get around her house. Since losing her sight she is reliant on others to help her get around. She can no longer cook or take care of the household accounts and spends most of her days sitting at the kitchen table playing cards. She seems to be depressed and is becoming more withdrawn and distressed. Her husband, Matt, is 82 years old and in good health but the strain of taking care of Jean and the sudden increase in domestic responsibilities are taking their toll on him. He is overwhelmed.

Jean has been offered a geriatric assessment by her family physician but she refused it, saying those sorts of things were for “old people”. Jean and Matt’s children, Andrew and Rachel, are concerned about both of their parents but disagree regarding the appropriate course of action. Andrew wants to put Jean in a nursing home, where he feels she will be safer, while Rachel supports Jean’s strong desire to stay in her home. Matt states that he wants to move into a graduated assisted living facility. Andrew is asking the home care team which has become involved to help him “convince” his mother to go

into a nursing home. Andrew is considering having his mother declared incompetent if she continues to refuse necessary tests and services assuming that he, as the eldest son, would then make decisions because his father is not dealing well with the situation.

On top of all of this, Jean is diagnosed with recurrence of melanoma that’s currently in Stage 3 with likelihood of survival between 25% and 60%. Jean states that she does not want aggressive treatment and would prefer to take a palliative approach because, she says, she’s “tired of fighting” and she’s “ready to go”, having lost a number of her friends in recent years. Andrew thinks that this demonstrates that his mother is not competent and wants the health care team to “force” her to accept active treatment. Rachel states that she supports her mother’s decision but appears uneasy with it and is trying to convince her to accept more aggressive treatment.

The health care team is conflicted and subjected to pressure from both Andrew and Rachel. They are unsure how to proceed when Andrew asks them to support his efforts to declare his mother incompetent in order to impose treatment.

In order to ensure that the relevant details are included, it helps to identify the “teaching point” of the case. Determine what the essential aspects of the case are with regard to that point, which will help to focus the case study.

In the case described, you could focus on the specific issues of what to do regarding nursing home placement and/or cancer treatment. You could also focus on the questions raised around decision making more generally,

emphasizing that Jean is, as far as anyone knows, competent. Let us say, for the sake of example, that you choose to focus on the issues around cancer treatment.

Write the case study, including only those details that are relevant to the ethical focus (insofar as possible). Change as many of the medical and personal details as possible, without changing the essential aspects of the case, so as to preserve anonymity and confidentiality. .

Arthur (Art) Windley is an 87 year old man who is a retired concert pianist and music teacher. He has recently and unexpectedly lost his hearing and his health care providers do not know why. He can no longer enjoy listening to music and is very frustrated by the challenges now involved in communicating with others. He spends most of his days sitting at the kitchen table playing solitaire. He seems to be depressed and is becoming more withdrawn, angry and distressed. His wife, Elizabeth, is 82 years old and in good health but the strain of taking care of Art and the sudden increase in tension in their relationship is showing. She is overwhelmed and exhausted.

On top of all of this, Art is diagnosed with chronic kidney failure such that he needs dialysis or a transplant. Art states that he does not want active treatment and would prefer to take a palliative approach because, he says, he’s “tired of fighting” and he’s “ready to go”, having lost a number of his friends in the past years. Art’s eldest son

William thinks that this refusal of potentially beneficial treatment demonstrates that his father is not competent and wants the health care team to “force” Art to accept “at least dialysis”. Stephen, Art’s youngest son, states that he supports his father’s decision but appears uneasy with it and is trying to convince his father to accept more aggressive treatment. Elizabeth says she’ll go along with whatever Art wants.

The health care team is conflicted about whether it is appropriate to honour Art’s request to forgo active treatment. Some members point to the importance of respecting autonomy while others express concern about the effects that Art’s possible depression has on his ability to make life-or-death decisions. They are therefore unsure how to proceed when William asks them to support his efforts to declare his father incompetent in order to impose treatment and so they’ve called the ethics consult team for support.