

JOHN

John is a 60 year old man with metastatic small cell lung cancer. He lives with his wife Mary and has a daughter Beth living locally.

He has cerebral metastases and has had several tonic clonic seizures secondary to this. He has a mild dysphasia but this tends to be worse when he is tired or unwell. He is on home Oxygen (2 litres/minute).

John has a DNACPR in place and is fully aware of his illness and prognosis which is estimated at 3 months. He feels he has a reasonable quality of life and continues to enjoy days out and going to the club with friends.

John takes Morphine CR Tablets 20mg BD (for shortness of breath), Morphine IR Solution 2.5mg, Levetiracetam 1gram BD (for seizures) and has Buccal Midazolam (Buccolam) 10mg as required for seizure. He has required this on several occasions and the plan from his Neurologist is to take this if he has a tonic clonic seizure not self resolving in 5 minutes.

John has been very clear that he would like to remain at home for as long as possible and would like to remain at home to die when the time comes. He has however had several prolonged seizures requiring hospital admission from which he has recovered. He is clear that should he have another prolonged seizure he would want hospital admission but if he had a seizure which resolves in the community with a single dose of rescue medication he would want to stay at home.

John is also prone to respiratory panics. He has good coping strategies with breathing exercises and use of a fan in addition to his oxygen but he sometimes struggles with these strategies in the heat of the moment and needs some help to 'ground' himself and use his coping strategies. He has previously responded to Oramorph for respiratory panic not resolving with these measures.

John is aware he could develop a chest infection and has decided that should this happen he would not want hospital treatment but would want treatment in the community and were this to be unsuccessful would like his comfort to be prioritised. He is clear in this view to the extent he has completed an ADRT refusing hospital admission for chest infection in addition to refusing CPR. John has also completed an Advance statement stating his preferred place of care and death as home but recognising if this were not possible due to symptoms or if it

was too hard to manage for him or his family he would want admission to one of the Newcastle Hospices if possible.

John is worried that his dysphasia might lead people to think he can't make decisions about his care. He also recognises at some point he may not be able to make his wishes known and has stated he would want Mary and Beth to be consulted about key decisions in this situation.