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Pieta: A Family Case Presentation

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Case Description:

This is a case of an 18-year-old male with no known co-morbidities. The patient was celebrating New Year's Eve with his family until he went out and had a motorcycle road crash. He was brought home well before developing headache and vomiting. Initially brought to the nearby hospital but went home against medical advice due to financial constraints. He was seen at home with an episode of seizure, becoming unarousable after. He was admitted and during the course, had 2 cycles of pediatric advance life support. He showed signs of multi-organ failure. His mother had difficulties in accepting the prognosis and was clinging on a religious miracle. Supportive, hospice, and palliative care in primary care rendered to patient and family. Before his demise, the patient's mother accepted her son's fate.

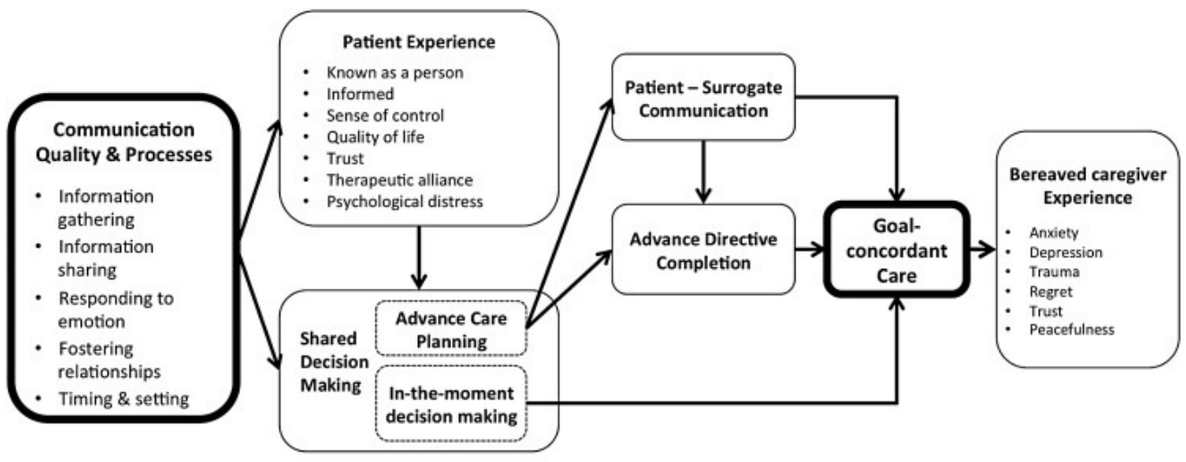

Figure 1. Goal-Concordant Care Model by Sanders *et a.,* 2017

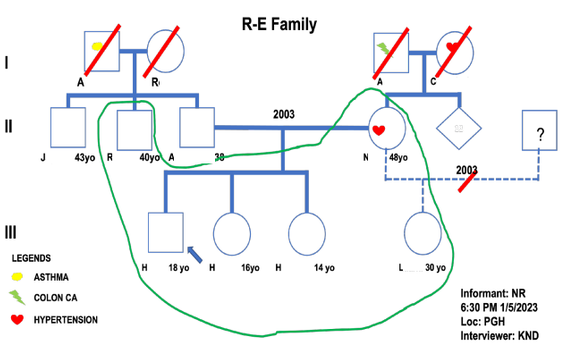

Figure 2. Family genogram showing showing family structure at time of interview

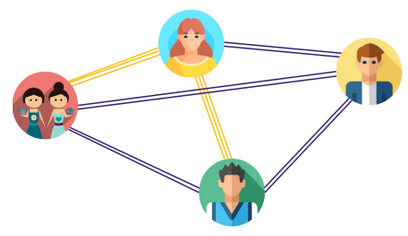

Figure 3. The family map was used to assess the dynamic relationship between family members. Two parallel lines show strong functional relationship between members while three parallel lines show enmeshment between members.

Discussion:

This case was approached using the **Goal-Concordant care model by Sanders *et al.,*** highlighting four key domains: information gathering, information sharing, responding to emotions and fostering relationship.

Family assessment tools were utilized to gather and analyze information. The genogram showed that the family resides in a neolocal resident. Family structure is blended. Decision making is egalitarian. This family is also highly functional as shown by the APGAR. However, the family map showed enmeshment of the patient's mother to him. Decision of enmeshed family members are often based in emotions and on the perceived wishes of the dominant figure. Hence, the patient's mother had difficulty in accepting the patient's condition. The family also has a strong religious faith wherein the mother is still hopeful for a miracle despite the patient's condition.

Information sharing, responding to emotions, and fostering relationships were done using models for primary care counseling and evidence-based communication strategies such as, **Catharsis-Education-Action (CEA) method, Rogerian Counseling, Ask-Tell-Ask, NURSE model for empathy.** The family's spirituality was utilized to make meaning to the situation and to have closure, sense of comfort, and security.

After series of communication and meeting, the family and healthcare team arrived on a common goal – to provide supportive, palliative, and hospice care to the patient. Anticipatory guidance and bereavement care were rendered. Compassionate visit was allowed inside the intensive care unit. The patient and his mother spent his last hours together. He eventually demised in peace as his mother's claim.

	Almost Always 2 points	Some of the Time 1 point	Hardly Ever 0
Adaptation		✅	
Partnership	✅		
Growth	✅		
Affection	✅		
Resolve		✅	

Table 1. The family APGAR tool used to quantitively measure family function. Scoring as follows: 8-10 = highly functional, 4-7= moderately dysfunctional, 0-3 = severely dysfunctional

	Strongly Agrees	Agrees	Disagrees	Strongly Disagrees
Social		✅		
Cultural		✅		
Religion	✅			
Economic			✅	
Education			✅	
Medical			✅	

Table 2. The family SCREEM gives an overview of the family resources they can utilize in times of crisis. This figure shows that the family has a strong religious faith and holds into it during times of crisis. Members also disagree that they have enough resources on economic, education, and medical domains.

Communication Model	Description
Catharsis-Education-Action	Patients are allowed to ventilate, eliciting thoughts and feelings along the process. Identified emotionally critical misperceptions (ECMs) are addressed through education and action through joint-decision making.
Rogerian Counseling	This method of counseling allows patient-counselor relationship to develop through an optimistic approach. Thoughts and feelings are followed through as they arise while giving unconditional positive regard.
Ask-Tell-Ask	Ask-Tell-Ask model guides physician in navigating challenging conversation. It facilitates exchange of feelings and information between the physician and the patient.
NURSE model of empathy	NURSE is a model for naming the feeling (N), understating it (U), respecting decision (R), supporting it (S), exploring further (E).

Table 3. Different communication models utilized in this case

Final Assessment:

Blended Family with Adolescents, Highly Functional
Moderately Inadequate Resources
In Early Adjustment to Permanency of Outcome
In Bereavement

Multiorgan dysfunction syndrome (cardiovascular, renal, hematologic, respiratory)
Traumatic brain injury, severe, secondary to vehicular crash
Acute subdural hemorrhage, right parietal convexity
Right parietal and temporal bone fractures
Aspiration pneumonia, progressing
Pneumothorax, right s/p tube thoracostomy, right

References

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