



Role of Palliative Care Nurse

Helen Chiu

CMC PCU

APN

27/04/2013



Case Sharing

A Story of Mr. Chau

避世抗癌遭誤會 臨終重拾父女情

香港象人感動醫生

【本報訊】皮膚癌把周先生的容貌折磨到變了「象人」，半邊臉爛肉見骨，流血水，慘澹、發臭，左眼變成凹陷的黑點，他不敢見人，更不敢見內地的妻兒，孤獨地與病魔過活，卻被誤會是負心漢，其實他是最負責的丈夫、父親。走到人生盡頭向家人表白，得到女兒守護，他無悔無怨，「冇咗塊面，冇返個女，人生咁樣，我無遺憾。」

記者：呂焯均



郭愛玲醫生細心地為皮膚癌患者查閱病人紀錄。

周先生去年逝世，郭愛玲治療科一直流傳這個抗癌真勇士的故事。主診的好堡醫學專科醫生郭愛玲向醫科生講學時，就引用周先生的經歷，讓學生明白病人的痛苦，治療不但靠醫術，還要有愛心。

患皮膚癌 臉爛見骨

周先生幾年前遷轉到好堡治療科門診，郭愛玲見到一個白色紗布緊包半邊臉的病人，沒家人陪伴，整個診治過程他都低著頭，問一句答一字。郭想打開紗布看看病況，他竟說：「今朝早已搵洗過傷口，醫生你唔使睇喇！」郭看出他怕得狠，怕別人看到傷口很驚，「佢話有次有個護士一打開紗布，個樣即刻好驚。」

郭愛玲小心打開紗布，看到的確很嚇人，但仍果斷，以免病人感羞辱。周先生的臉已被腐蝕重復蝕，爛肉見骨，左眼凍死成一個黑點，可以想像也很痛，傷口不斷滲膿發臭。

經過幾次覆診，周先生說話多了，吐露不想覆診，因不想上街，怕紗布鬆脫，別人見到受驚。郭於是安排醫護上門為他覆診。家訪護士首次踏入他在青衣的公屋單位，屋內沒有枱凳、雪櫃，只有石油氣爐和破舊的煲，一張碌架床沒有床褥，地上散佈藥袋和藥樽。他靠綜援過活，出街一次買一個拖拜的銀。

一個人獨自對抗病魔，忍受痛苦，也承受失去親人的悲痛。周先生有妻子和一兒一女，居於內地，患病前他做清潔工，收入微薄，

把8成收入寄給家人，令他感到幸福溫暖。51歲時卻患上皮膚癌，這癌很惡毒，不斷侵蝕原來部位，病人被折磨8、9年才死。周先生的臉日漸腐爛，他以前每月回內地探家人，「我個樣變成怪物咁，老婆都唔會接受到。」他不再回家，又失業，無錢寄回內地。家人談會他遺棄家庭，他失去半邊臉，也失去親人。

食叉燒包 肉汁外流

家訪護士協助周先生找來一些二手家居用品，有電飯煲、枱凳，他患的是癌症，醫生用放射治療減輕他的病情和傷口臭味，又給他止痛藥和抗生素減少流膿。他開始重新接觸社會，又接受醫護勸告，向家人講出真相。

資深護士馮綺華說，周先生獲家人探望，18歲女兒還留下來工作和照顧他，每星期帶他去酒樓飲茶，病後他再次感受到親情，說「冇咗塊面，冇返個女，人生咁樣，我無遺憾」。

直至他把一片叉燒包放入口時，食道不能吞下，包肉倒流臉上的爛肉後面，他自知期限到了。周先生病逝時59歲，家人為他辦理喪事，由於姿儀仰禮容，醫護人員建議為他的半邊爛面化妝，但家人說，周的遺言不需要了。周先生的遺體有家人的愛覆蓋，沒有恐懼，沒有醜陋。他帶著尊嚴離去，醫護人員都敬佩，「佢勇敢、堅強，亦係好丈夫、好父親」。



周先生臉面患皮膚癌，半邊臉肉爛見骨。明愛醫院提供圖片。



- M / 59
- Good past health

- April, 2001: Basal Cell Carcinoma of left zygomatic arch
- June 2001:
 - 1st operation
 - Wide excision of ulcer with zygomectomy
 - Temporalis muscle flap with calvarial bone graft

- Sept 2002:
 - ulceration over L lat eyebrow area
 - Incisional biopsy: BCC



- Oct 2002:
 - 2nd operation
 - Wide excision of skin involving left eyebrow, upper eyelid & underlying bone
 - Free radial forearm flap & full thickness skin graft done
 - Clear OT margins

- March 2004:
 - pigmented ulcer near lateral aspect of scar
 - Biopsy: BCC
 - Pt refused 3rd OT

- March 2006:
 - suspected tumor involvement of globe
 - MRI: thickening of the L anterior globe, likely due to tumor involvement



Dec 2006: Referral to PCU

- Follow up CMC PCU
- Follow up PMH ONC
- CNS for wound care
- Home Care Service



Hospitalization:

1) 24/10/2008 to 06/11/2008:

- wound care and pain control
- respite care for caregiver

2) 21/07/2009 to 03/08/2009 :

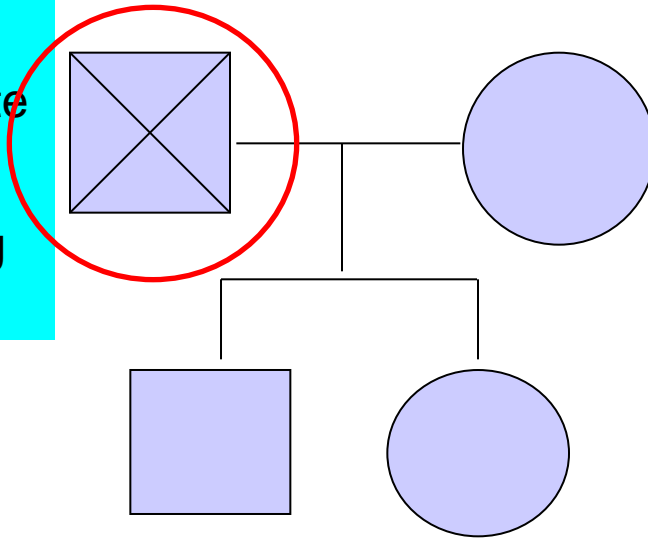
- Transfer from PMH for terminal care

3rd Aug 2009: Certify Death at PCU

Family History




Work as “street cleaner” until cancer disease in 2001
Lives alone in public housing estate in HK, on CSSA
All along no close friends in Hong Kong



Wife & 2 children are Hong Kong residence but they chose to live in China

23 yrs old work as driver


18 yrs old student



Television donated
By others

No mattress

Not much furniture



2 bedrooms
Spacious public housing estate
Strong wish to keep this estate
So that her wife and son can live if
they stayed in Hong Kong



Before having cancer

After having cancer

Give >80% monthly income
to china family

Visited his family monthly
in China

Perceive himself as a role of
“father” and “husband”
mainly by provide money to them
so as to improve their QOL

Unable to contribute financially
to family

Increase argument with wife

Reduced travel to China
to visit his family

Occasional visits → Rare visits

Family not fully aware
of his illness
and never seen his facial wound



Problems Identified

Physical

- Big facial wound
- Foul smell & discharge from wound
- Wound pain, on DF118
- Left eye blindness





Warning:
The following image can
appear unpleasant



Left eye wound (05/2007)

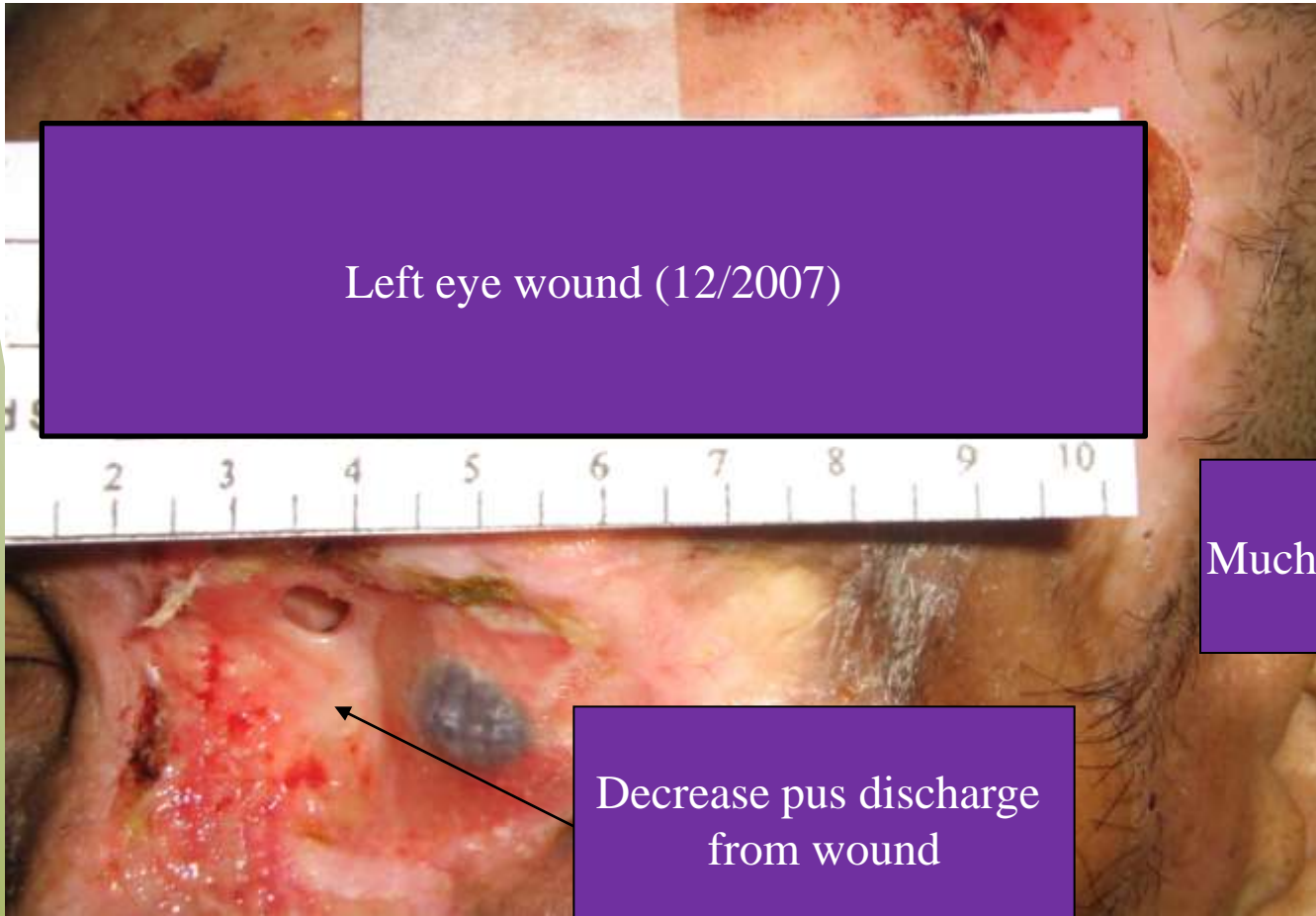
Lot of foul smell discharge

Site of temporalis flap



Site of Radial flap

After radiotherapy and antibiotic



Left eye wound (12/2007)

Much decrease foul smell

Decrease pus discharge
from wound



Problems Identified

Psycho-spiritual:

- Loss of self esteem due to big facial wound
 - i.e. worry neighbour response when seeing his face
 - i.e. deep memory of an episode that a nurse in A&E facial respond once open his wound

- Lost of the role of father and husband

- Felt himself useless



Problems Identified

Social

- Financially very tight, use up >70% of CSSA on housing
 - Not enough money to buy furniture
 - Reduce to change smaller size flat
- Social isolated



The role of palliative care nurse

Primary nurse

- Emphasis on one nurse to one patient therapeutic relationship and individualized care on the community
- Perform **comprehensive assessment**
- Identify problems, formulate and implement the care plan
- Provide holistic care to **patient and family**



The role of palliative care nurse

Educator

- Instruct drug administration and compliance at home
- Educate on pain and symptom management
- Correct the myths on taking Opioids
- Educate knowledge on disease progression to patient and relatives
- Educate caring skills to family



The role of palliative care nurse

Coordinator

- Collaborate with multidisciplinary team members
 - communicate with CNS about wound progress
 - refer MSW for review financial status and caring support

- Liaison with hospital and community resources
 - i.e. NGO for donation of furniture



Television donated
By others

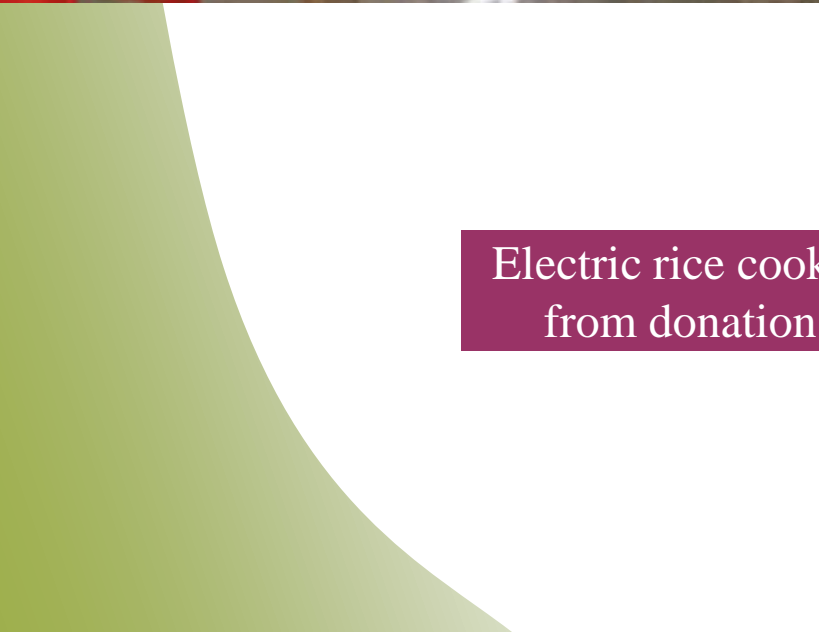
No mattress

Not much furniture



Table from donation

Sitting sofa
from donation



Electric rice cooker
from donation



Electric water boiler
from donation



The role of palliative care nurse

Counselor

- Build rapport and trusting relationship
- Develop a therapeutic relationship through effective communication skills
 - Supportive attitude, i.e. empathy, respect, genuine
 - Self awareness , i.e. stay calm once open patient's wound dressing



The role of palliative care nurse

- Facilitate expression of emotions and feeling , i.e. tearful, blaming, loneliness, fear, etc.
- Acknowledge his feelings and provide psychological support
- Reassure of his past contribution
- Make known of unfinished business, i.e. reunion of family
- Discussion about Advance Care Plan if appropriate



The role of palliative care nurse

Care for the family

- Facilitate communication between patient ,family and the team
- Educate caring skills at home to caregiver
- Explore caregiver's needs and stress
- Psychological care to relatives
- Psychological prepare relatives for death of love one



Bereavement service

- Provide practical information on funeral by nurses or MSW
- Bereavement counseling of relatives by nurses
 - early referral to MSW or CP for psychological support
 - refer to community bereavement counselor for special cases



Case Conference

- Regular case conference with multi-disciplinary team members
- To discuss patient's care plan and provide appropriate assistance with patient and relatives





21/7/2009 to 03/08/2009

Transferred to PCU for terminal care

A family room arranged

Daughter accompanied patient in his last journey

Died peacefully, no massive bleeding from wound



Mr. CHAU said ...

Grateful still had one eye to see

*Treasure memories of his daughter living with him in
HK*

*Although I lost my face, but I felt the love of my
daughter*

No regret in his life



Thank You