A Case of Metastatic Stage 4 Renal Cancer and the Relevance of Hospice in End Stages

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Introduction
The goal of palliative care is to relieve the suffering of patients and their families by the comprehensive assessment and treatment of physical, psychosocial, and spiritual symptoms experienced by patients.

Case presentation
A 65-year-old female patient was admitted to the hospital for recurrent episodes of fever, chills and dysuria. She had no past medical history, was not on any medications, no history of alcohol use, cigarette smoking, no history of exposure to any chemicals and no family history. Evaluation revealed that she had metastatic, Stage 4, renal cancer [1].

Hospital course
In this case, despite the poor prognosis, the patient requested multiple sessions of chemotherapy, which were unsuccessful. Hospice was discussed with the patient multiple times. She refused it. She finally agreed to hospice the day before she passed.

Discussion
The goal of hospice is to provide a continuum of home, outpatient and homelike inpatient care for the terminally ill patient and their families. It consists of an interdisciplinary team that meets the special needs arising out of the physical, emotional, spiritual, social and economic stresses, which are experienced during the final stages of illness and during dying and bereavement. The bias against hospice is a major issue that undermines its importance and prevents it from being utilized to its fullest potential. Patient and family education are as important as spreading an awareness amongst the physicians on its availability and indications. In order to receive hospice, it is important for the patient to understand the course of their illness and its implications.

Studies have shown that communication about end-of-life care should be started in the outpatient setting between physicians and patients with life-limiting diseases. Unlike popular belief, it is not associated with patient distress, and may actually be associated with a reduction in use of unsuccessful life-sustaining treatments, improved quality of life, and reduction in health-care costs at the end of life (Figure 1).

Figure 1: Underutilization of Hospice.
illness and their outlook must be directed towards symptom relief rather than cure of illness. In addition to optimizing medical management, hospice would have tailored the services to help with the patients emotional and medical needs. This case serves as a great example of how the available resources are underutilized in our community.

References