Case Study: Lung Cancer

Ms. Susan Miller, 70-Year-Old Female with Lung Cancer

Patient Overview: Name: Susan Miller
Age: 70 years
Gender: Female
Primary Diagnosis: Lung Cancer
Secondary Diagnoses: Chronic Obstructive Pulmonary Disease (COPD), Coronary Artery Disease (CAD), Type 2 Diabetes Mellitus

Current Medications:

- Morphine Sulfate ER 30 mg every 12 hours
- Morphine IR 10 mg every 4 hours as needed
- Albuterol inhaler as needed
- Lisinopril 20 mg daily
- Metformin 500 mg twice daily

Presenting Concerns: Ms. Miller is a 70-year-old female with a history of lung cancer diagnosed 18 months ago. She has undergone multiple lines of chemotherapy and immunotherapy, as well as radiation therapy for pain control. However, she presents today with worsening symptoms over the past two months, including severe dyspnea at rest, persistent cough, generalized weakness, and significant weight loss. Her pain remains constant and has been increasingly difficult to control, despite regular use of short-acting morphine. Additionally, she reports severe fatigue, anorexia, and occasional confusion and drowsiness.

Ms. Miller's daughter, her primary caregiver, reports that her mother has become progressively more dependent on her for daily activities, such as dressing, bathing, and toileting. She also notes that Ms. Miller has been missing her follow-up appointments for cancer treatment due to extreme fatigue and a growing sense of hopelessness. Ms. Miller has expressed that she no longer wants to "be poked and prodded anymore."

Clinical Assessment:

- **Respiratory Status:** Severe dyspnea at rest with an oxygen saturation of 88% on room air, improving to 92% with 2 liters of supplemental oxygen. Persistent cough.
- **Functional Status:** ECOG Performance Status of 3 (capable of limited self-care, confined to bed or chair for more than 50% of waking hours).
- **Nutritional Status:** Weight loss of 10% over the past 3 months; current Body Mass Index (BMI) of 17 (indicative of cachexia). Reports reduced oral intake, anorexia, and difficulty swallowing.
- **Pain Management:** Ongoing pain rated 7/10 on a visual analog scale, requiring frequent use of short-acting opioids for breakthrough pain.

- **Psychosocial Status:** Reports feelings of hopelessness, reluctance to pursue further active treatment, and episodes of anxiety and emotional distress. Occasional confusion and drowsiness, likely due to disease progression and opioid use.

Eligibility for Hospice Care: Ms. Miller is considered eligible for hospice care due to a combination of physical and psychosocial factors that indicate a limited life expectancy. Although her cancer continues to progress, it is her **psychosocial factors** that further underscore her need for hospice. These include her growing sense of **hopelessness**, **missed appointments**, and explicit statements that she no longer wants to undergo further medical interventions, saying she "does not want to be poked and prodded anymore."

- **Severe Functional Decline:** Ms. Miller has an ECOG Performance Status of 3, indicating a significant impairment in daily functioning. She is largely dependent on her daughter for basic activities of daily living (ADLs).
- **Nutritional Decline and Cachexia:** Ms. Miller has lost 10% of her body weight over the past three months, with a BMI of 17, signaling severe malnutrition and cachexia. She reports anorexia and difficulty swallowing, which are common signs of terminal decline.
- **Intractable Symptoms:** Ms. Miller's dyspnea, persistent cough, and ongoing pain have become more difficult to control, even with supplemental oxygen and opioid therapy. These symptoms have severely affected her quality of life.
- **Psychosocial Factors:** Ms. Miller's refusal to continue treatment, increased anxiety, and emotional distress further indicate her shift towards comfort and quality of life rather than aggressive interventions. These psychosocial factors are critical in her eligibility for hospice, as they reflect a desire for care focused on dignity and relief from suffering.

Conclusion: Ms. Miller’s lung cancer, combined with her significant functional decline, nutritional deterioration, uncontrolled symptoms, and worsening emotional state, indicates a limited life expectancy of six months or less. Her decision to discontinue active treatment, coupled with her desire for comfort-focused care, makes her eligible for hospice. Hospice care will offer the symptom management, emotional support, and quality of life improvements she needs during her final stage of illness.

Key Points for Physicians: When evaluating a patient with lung cancer for hospice eligibility, consider the following:

- Significant functional decline (e.g., ECOG Performance Status of 3 or 4)
- Severe unintentional weight loss and cachexia
- Intractable symptoms, such as pain or dyspnea, despite optimized palliative interventions
- Psychosocial factors, including refusal of further treatment, emotional distress, or a shift toward comfort-focused care
- An overall prognosis of six months or less, based on clinical judgment and disease trajectory

If these criteria are met, the patient may be a candidate for hospice care.