

BIOPSYCHOSOCIAL PROJECT EXAMPLE

(Actual project done by Loyola student-names changed for confidentiality)

Clinical data of present illness:

Mrs. Jones is a 67 year-old retired travel agent, caterer, and homemaker who presented to the West Suburban Emergency Room with “an intense stomach ache.” Her pain began suddenly at 7 p.m. the night before while watching TV. She had an immediate pain near her umbilicus that felt like gas. Over the course of the next 12 hours she took two doses of Kaopectate, drank some 7-up, and vomited once with no relief from the pain. She then decided to come to the ER.

There has been no visible blood in her stools or vomitus, and she has no history of ulcers or gastroesophageal reflux. She has had no change in bowel habit. She denies recent fevers or night sweats. Her family history is significant for cancer: her sister died of abdominal cancer, her father died of liver cancer, and her mother had squamous cell carcinoma of the peri-anal skin. Mrs. Jones is the primary caretaker for her 82 year-old husband with Parkinson’s Disease and dementia, a job she describes as “stressful.”

On physical exam in the ER, she appears younger than stated age of 67 and is lying uncomfortably in bed. She has no headache, no fever, and is not diaphoretic. Her exam is normal except for an area that she identifies as painful from her umbilicus to her sternum in both upper quadrants of the abdomen. Her lipase level is 8729 and her liver function tests are all elevated. An ERCP reveals a stricture in the biliary tract at the ampulla of Vater and a recommendation is made to perform a repeat ERCP in six weeks to obtain a biopsy.

Genogram Attached

Family and Occupational Assessment

Family System APGAR score = 8 (highly functional)

Work System APGAR score = not applicable (patient is retired)

Stressors and Resources

Stressors

1. Care for husband

Mrs. Jones has been caring for her husband, Ted, since the diagnosis of Parkinson’s with dementia in 1992. She is unable to get a full night’s rest because he wakes her up. She must change his undergarments, sometimes several times in one night. She is assisted by their daughter and a hired aide for several hours each week, but “that is not enough.”

2. Finance

Mrs. Jones is frustrated because she cannot afford to place her husband in a nursing home. If he were to be put in a home, she would have to spend most of their savings, and then would have none left for herself to live on. Their insurance will cover only a modest amount of the full nursing home cost. She sees no other option than to place the burden of her husband’s care on herself.

3. Family

Mrs. Jones is fortunate to have a daughter, Leann, still living at home who is able to help with Mr. Jones’ care. However, Leann will be getting married in May and will no longer be able to assist. Their son, Bruce, lives in the area but cannot help with care for his father because he is bothered too much by his father’s worsening condition. Leann is angry at her brother for not helping at all. This family strife is stressful for Mrs. Jones.

4. Health

Mrs. Jones is worried that she might have cancer since it has been so prevalent in her family history and also because she was told there is a 10% chance her ampullary stricture is malignant. She is terrified of having another ERCP because she described the first as a horrible experience of retching and pain. Mrs. Jones was so shaken by hearing of the need to repeat the ERCP that she was unable to sleep that night.

Resources

1. Family

Mrs. Jones is assisted by her daughter in caring for Mr. Jones, but Leann can only do so much because she works full-time. Mrs. Jones is extremely thankful for Leann's help and says she wouldn't have even been able to come to the ER had Leann not been able to watch her father that day.

2. Finances

Mrs. Jones has some savings set aside in her own name in case she is forced to spend her joint savings on her husband's care. However, this money is not enough to live on for very long.

3. Friends

Jean is a family friend who visits Mrs. Jones regularly. She is with her in the hospital everyday and provides a venting outlet for Mrs. Jones. Jean is active in the church ministry and is able to provide some spiritual guidance, although the Jones' themselves are not active in the church.

4. Wisconsin

Mrs. Jones' parents were from Wisconsin and she still has relatives and friends there whom she visits regularly. Because Leann has been living at home, she has taken care of Mr. Jones several weekends this past summer, allowing Mrs. Jones to go to Wisconsin for what she calls "R&R." When there, she meets her friends at the bar each night for a few Margaritas. She says these weekends have saved her sanity.

5. Dr. Smith

Dr. Smith is the family physician who can provide Mrs. Jones with reassurance regarding her condition and the chance of malignancy and with advice on obtaining further care for Mr. Jones.

Patient's Perspective of Illness

Mrs. Jones is worried that she will have abdominal cancer as her sister did. She is afraid that this will leave her unable to care for her husband and that they will then lose all their money. Mrs. Jones is very easy to speak with and enjoyed having a diagram of her biliary system drawn for her so that she could better understand her disease. She did a good job of explaining her stricture to her friend Jean later on. She claims she would almost rather have general surgery than another ERCP.

Assessment

Stricture of biliary tract at ampulla of Vater

Mrs. Jones' ERCP revealed a stricture at the ampulla of Vater and this was partially revealed during the procedure, but the physician was unable to completely open it and take a biopsy due to fear of bleeding. This diagnosis explains Mrs. Jones' abdominal pain and elevated blood levels of lipase and liver function tests.

Care for Mr. Jones

Caring for Mr. Jones is her main fear. Mrs. Jones has cared for her husband since his Parkinson's diagnosis in 1992. She and her husband have a very good relationship despite his advancing disease. She receives only minimal assistance from outside sources. This creates an increased level of anxiety and lack of sleep for her. However, since Mrs. Jones' admission to the hospital, Dr. Smith has been able to arrange for Mr. Jones to be placed for two weeks at a local nursing home. Mrs. Jones is very relieved that he is getting the necessary care he deserves and was glad that Mr. Jones called her to tell her he was happy there.

Finances

Because of inadequate health insurance and other family resources, Mrs. Jones is forced to care for her husband with only limited assistance. She would love to be able to place her husband in a nursing home, but simply cannot afford to do so.

Family

The Jones children have some ill will between them because Leann is angry with her brother because she feels that he is not doing his fair share of taking care of Mr. Jones. Mrs. Jones did not seem to be angry with her son, but was troubled by the children's discord.

Plan

Diagnostic Measures

The GI doctor would like to repeat the ERCP in 6 weeks, but Mrs. Jones began crying when she was told this. Although she is frightened, it is extremely important that she follow-up with this procedure. She expressed that she wants Dr. Smith present to help her through the ERCP. I don't know whether it is feasible for him to be there, but I will tell Dr. Smith that it will alleviate some of Mrs. Jones' anxiety if he attends the procedure.

Medication and Supportive Measures

Now that Mrs. Jones is released from the hospital and her abdominal pain is absent, there is no necessary medication at this point in her disease process. Her lipase level and liver function tests should be rechecked in several weeks to ensure that they have continued to decrease to appropriate levels.

Support from Family and Friends

While Mrs. Jones should be back to her normal activities in a short time, she cannot afford to be overworked and stressed as she has been. I would urge Mrs. Jones to meet with her family to discuss a plan of care for both herself and her husband. If her son still refuses to help directly with his father's care, perhaps he can help Mrs. Jones with shopping or errands for an hour or two per week in order to reduce her workload. Mrs. Jones would enjoy and benefit from time with her friend Jean and her family in Wisconsin on occasion.

Long-term Care of Mr. Jones

In addition to the short-term goals above, Mrs. Jones would benefit from a long-term care plan for her husband. As his condition worsens, she will not be able to care for him without sacrificing her own health. Additionally, Leann will be leaving home in May after she is married, and Mrs. Jones will be the only one at home to care for Mr. Jones. I recommend that she seek the advice of Dr. Smith and other health care professionals for home nursing care or day care for her husband. She should look into the financing of a nursing home for her husband. Dr. Smith should be able to provide her with some information on possible sites and contact persons.

Feedback

This project has allowed me to interact significantly with one member of a family and to learn the inner workings of that family. I feel honored that Mrs. Jones was willing to share her feelings and worries with me. I saw that there are many layers to a patient's illness and that sometimes only by asking personal questions can I reveal what underlies the obvious manifestations of the illness. Simply taking the time to talk to the patient allows them to feel more comfortable and willing to discuss complex personal issues, such as those in the case of Mrs. Jones. I have learned to be a good listener and the value of a strong patient-doctor relationship. These qualities and techniques were not stressed on my previous surgery clerkship.