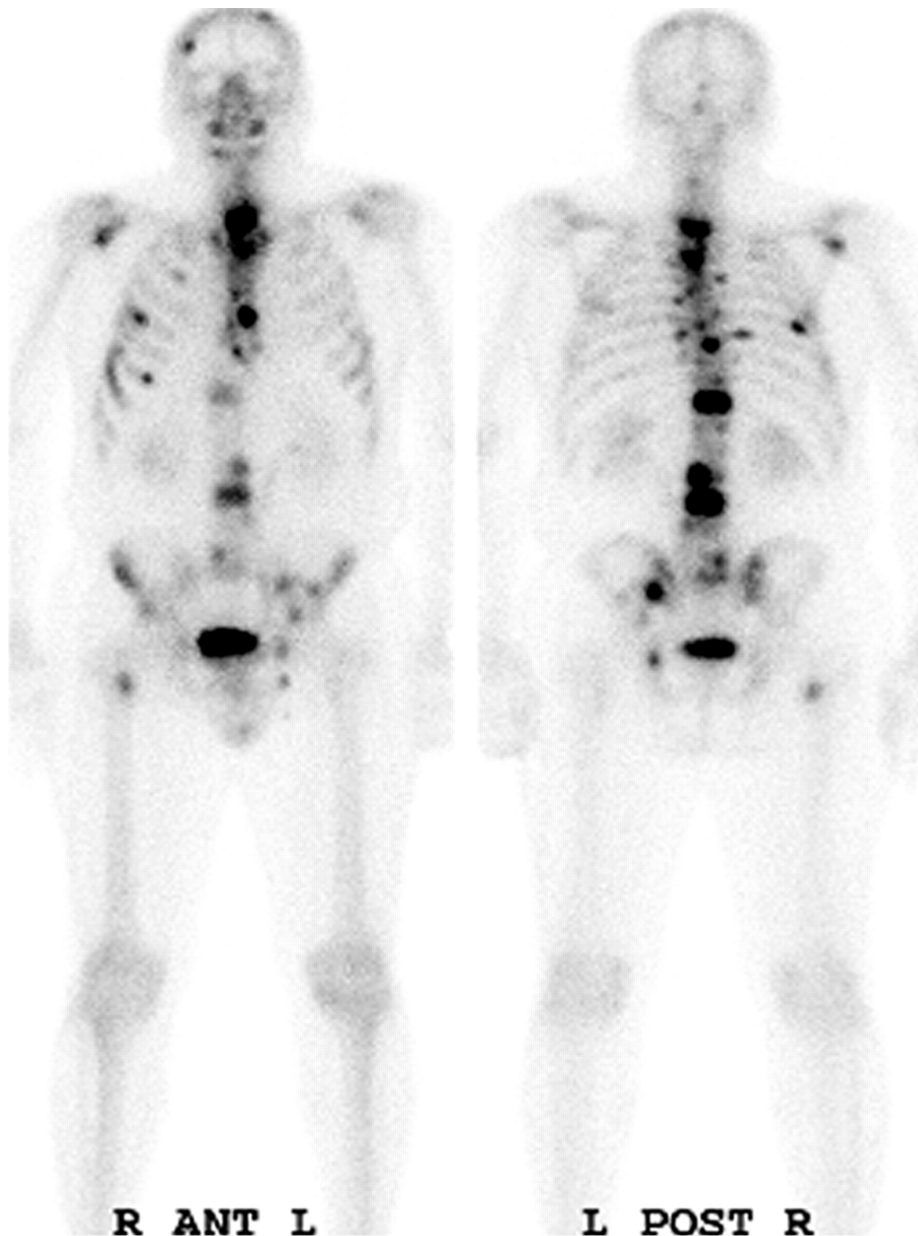
# Jerry Freeman Case—Interdisciplinary Case Management Experience (ICME)

Jerry Freeman is a 79 year old man with moderate dementia secondary to Alzheimer's who has been newly diagnosed with metastatic prostate cancer. He was brought to the ER by his partner after complaining of sudden severe lower back pain, and a vertebral body fracture was seen on X-ray. This fracture was treated with non-operative spinal stabilization with a clamshell brace and pain control with oral medications. Concern for a pathologic fracture and a history of frequent urination led to measurement of serum Prostate-Specific Antigen (PSA) which was very elevated, and a bone scan showed increased uptake throughout the skeleton consistent with widespread cancer. Spinal metastasis was determined to be the cause of the fracture.




From: http://radiology.rsna.org/content/243/1/28/F26.expansion.html

Biopsy of the bone confirmed prostate cancer and the oncologist initiated hormonal therapy to slow the growth of the cancer, but cure is not possible. He is therefore admitted to the Palliative Care Unit for evaluation and treatment of his pain.

Due to pain and confusion, much of his history is provided by his partner of 40 years, Alex Martinez. Mr. Freeman is able to converse, but his attention to topic wanders and he becomes upset easily . His main complaints at this time are continued back pain and impaired mobility due to pain. Mr. Martinez is 76 years old and has cared for Mr. Freeman at home until this point, but he will be unable to provide total medical care now that the patient is immobilized. Since bringing him to the ER, Mr. Martinez has been staying at Mr. Freeman's bedside and is concerned that Mr. Freeman's dementia symptoms have worsened since his injury and hospitalization. He reports Mr. Freeman is sleeping poorly, is awake most of the night, picks at his bedclothes and tries to get out of bed while hollering for the nurse and complaining of pain. He is also refusing food and liquids, and has been on IV fluids for the last several days to maintain his hydration.

**Social/Spiritual Assessment:**

Mr. Freeman is retired from a successful career as a corporate lawyer. He was married for about ten years in his thirties, but divorced from his wife about 45 years ago when his children were 9 and 7 years old. The son (Brian) and daughter (Christine) remained in the custody of his wife, who later remarried. Mr. Freemen was raised and married in the Catholic church but has not attended since his divorce and his partner describes him as "an atheist." His children and grandchildren visit him from time to time but are not involved in his daily care.

Mr. Freeman has lived with his partner in a jointly owned condo for over 30 years. Alex has provided the assistance needed in the home despite having his own medical problems which limit his ability to physically lift or turn Mr. Freeman. He is concerned about being able to provide the required amount of assistance when Mr. Freeman is discharged.

Mr. Freeman was a heavy drinker during the years of his marriage. He entered recovery after the divorce and has abstained from alcohol since moving in with Alex 30 years ago. His ex-wife is still angry about his behavior while actively drinking and his public declaration of his sexual orientation to their family and friends shortly after their divorce. Although he financially supported his children, his wife did not allow him to see his children for several years; however, he became re-involved in his children's lives when they were teenagers and throughout college. Both children remain observant Catholics and raised their own children as Catholics.

Mr. Freeman has a will witnessed and signed in his lawyer's office 10 years ago that names Alex as the major beneficiary, with smaller bequests to Brian and Christine. He also has a living will which names Alex as his healthcare surrogate. Alex also has durable power of attorney for him. He communicated his decisions to his children which caused some tension in their relationship. Brian and Christine, once accepting of their father's homosexuality and his long-term partner, have had strained relationships with the couple since learning of the will.

Alex called Brian and Christine and explained as well as he could about Jerry's new diagnosis of cancer and the problems their father is having as a result. Brian and Christine visited him in the hospital several

times and were critical of both his care and his condition. They expressed concern to the nurses that the medical team was giving their dad too much pain medicine therefore causing his confusion; they asked if he could have surgery for his spinal fracture instead of the clamshell to "help him get back on his feet." They expressed to the bedside nurse that Alex was keeping their dad "doped up" to hasten his death so that he could benefit from the terms of the will. They were also concerned about his cancer diagnosis and refusal of meals and asked for a meeting in order to address "where to go from here."

**PMHx/SurgHx:**

Longstanding history of hypertension since the age of 30. Had a knee replacement 10 years ago. Had a Deep Vein Thrombosis during recovery from the knee replacement and was found to have a Factor V Leiden mutation, has been on Coumadin since then. Developed congestive heart failure and atrial fibrillation 5 years ago and takes metoprolol for rate control in addition to furosemide, spironolactone, and lisinopril. Also takes atorvastatin for hyperlipidemia. Has macular degeneration, followed by ophthalmology, with some visual acuity impairment that prevents reading.

Meds: HOME MEDS CONTINUED IN HOSPITAL: Coumadin 5 mg daily, lisinopril 40 mg daily, atorvastatin 40 mg daily, metoprolol 25 mg bid, furosemide 20 mg BID, spironolactone 25 mg daily. MEDS ADDED IN THE HOSPITAL: Hydrocodone/acetaminophen, 7.5/500 PO q 4-6 h prn pain, zolpidem 5 mg PO qhs, leuprolide 1 mg qhs.

Allergies: no known allergies.

**Examination:**

Vitals: T 98.1,HR 77, RR 16, BP 145/75

GEN: Tired, appears confused but alert. Picking at sheets, responds to questions slowly but makes good eye contact. No dyspnea, complains of pain in the back. Asks to go home.

HEENT: Mucus membranes moist, no JVD. Neck in C-collar. Eyes PERRL, visual acuity diminished on bedside evaluation. EOMI.

Chest: Clamshell removed while pt supine, lungs clear bilaterally.

Abdomen: soft, nontender, no bruising. Rectal exam normal tone, brown stool, enlarged nontender prostate.

Musculoskeletal/Mobility: Spine exam deferred due to known fractures and immobilization. Able to move legs and arms in bed against gravity. Requires full assistance to move up in bed and for transfer to commode chair.

Mental status: Folstein testing 15/30, with some refusal to answer. Clock drawing; unable to assess due to refusal to maintain task. Repeatedly complains of pain during assessment, is tearful and angry at times. No sedation noted.