

Case Summaries

1. The Request

Born with severe hydrocephalus, Timmy Jenkins was expected to die soon but survived to age fourteen, though he was unresponsive to stimuli. Timmy's mother, facing multiple life stressors, sought the help of hospice staff to obtain a Do Not Resuscitate (DNR) order to stop nursing home staff from treating Timmy's chronic infections. Kathy Scott, the hospice social worker, was not sure how to assist her.

2. ResponsAbilities

Hospice of Bayview developed a new program, Living Alone, to extend its usual hospice services to patients without primary caregivers. However, team members experienced increasing anxiety while serving Ms. Altman, their first Living Alone patient. Sharon Taylor, the director of social services, faced conflict about whether to replace a novice social worker with someone more experienced and confident—thus increasing the likelihood of the team's work with Ms. Altman going well—or leaving her on the case, so as to build her skills and not to undermine her confidence.

3. Family Matters

Lou Montgomery, a relatively new hospice social worker, began work with Leonard Morrison, a sixty-eight-year-old man dying of lung cancer. She was puzzled by his family's divergent reactions—Mrs. Morrison remained distant, allowing daughter Barbara to handle the details of Leonard's care—and surprised by a family secret.

4. Drug Interactions

Frank Barr, a middle-aged man who was HIV positive and dying of AIDS, sought hospice services after he had decided to stop antiviral medication and his physician confirmed that he had a prognosis of six months or less. From the outset, hospice social worker Cheryl Peak (and her colleagues) had questions about the appropriateness of hospice care in his case, first because he did not appear imminently terminal and then because he was suspected of misusing prescribed medications and using illegal street drugs.

5. Whose Will When?

Allen Robinson had experienced significantly diminishing health over the last six months. His daughter, to whom he had given power of attorney, and his wife decided to implement his living will and have tube feedings and liquids discontinued. However, the nursing home's assistant director of nursing decided to restart these treatments, stating that the nursing home had a policy that patients could not go without nutrition and hydration for more than seven days. Social worker Marianne Thornwell felt torn between the family's need for prompt resolution and her own need to stay in the good graces of the nursing home staff.

6. Unusual Appeal

Cynthia Sanders worked as a mitigation investigator at Florida Project for Human Justice, a nonprofit law firm that represented inmates on death row. Because of Cynthia's experience with clients who have schizophrenia, her boss, Diane Epps, asked her to work on José Aranda's case. José had schizophrenia and did not want to appeal his death sentence. Cynthia was not sure what her own responsibility as a social worker was to José.

7. The Last Dose

Lisa Parker, a pediatric hospice social worker, participated along with other team members in the death vigil for twelve-year-old Jason at Children's Hos-

pital. She witnessed two interventions by the hospital nurse that seemed unusual to her, and began to question whether Jason's death might have been hastened by the nurse's actions. Her teammates apparently did not notice them or did not find them unusual, and were focused on supporting Jason's mother. Lisa had to decide whether to report what she saw.

8. No Place for Grief

Deb Weston's nephew, Shane McKinsey, had just been killed in a four-wheeler accident. As the social worker for the school district where he was a student, Deb had to provide grief counseling to his classmates, and she was surprised by her own reactions.

9. Right Before Their Eyes

In front of students on a morning school bus route, the former boyfriend of a student committed suicide with a fatal gunshot. School social worker Caroline Eastman only learned of the situation after the bus driver had already delivered the children to school. To intervene in this crisis, Caroline had to immediately identify and prioritize the competing needs of everyone involved.

10. Private Charity

Social worker Melissa Sinclair was the first manager of a new refugee resettlement program. She hired some very talented staff, including a Vietnamese refugee, Hao Tran, as a translator. Hao began borrowing money from various people and sources, getting himself ever deeper into debt, and when confronted he considered suicide as a way to save face.

11. Suicidal Co-ed

Lisa Conway, a social worker at a university sexual trauma center, initially responded to a sexual assault at a local hospital emergency room, where she met the survivor, Mary Williams, a first-year undergraduate student. Over

time, Lisa faced several challenging situations with Mary, including her alleged history of sexual abuse by her father, her repeated calls to the twenty-four-hour crisis line, and finally, a suicide threat.

12. What Can I Tell?

In 1993, social worker Carolyn Johnson worked as a case manager for a medical clinic serving a homeless population. There she encountered Mark and Karen White, a common-law couple who sought medical care. When Mark was diagnosed as HIV positive, he refused to give Karen this information or to permit the clinic staff to do so. Unable to persuade Mark to inform Karen, Carolyn felt torn by her obligation to respect Mark's privacy and her desire to protect Karen's health and life.

13. Grief at Work

Mike Owens was a novice supervisor of the weekend shift at a residential treatment facility for children. Brian Stanfield was one of the staff members Mike recruited as a residential counselor. He and Mike had been acquaintances in school and became fast friends after they began to work together. Brian's work performance and accountability drastically diminished after the death of his father, leaving Mike to determine his responsibilities to Brian both as his supervisor and as his friend.

14. Dying on Time

As Director of Social Services, Bonnie Delaney supervised Miriam Goldstein, a hospice social worker who had a reputation as idealistic and demanding. Miriam was assigned to Jean, a hospice patient who had been diagnosed with ALS (Lou Gehrig's disease) and was about to enter her final hospice benefit period with Medicare, but had not been exhibiting symptoms that her illness had clearly reached the terminal phase. In 1995, because of increased government scrutiny regarding reimbursements, hospice administration decided to review whether Jean and other patients met Medicare criteria for the final benefit period.

15. Just Thinking About It

Eugenia Rollins, grandmother of a pediatric hospice patient, asked hospice social worker Cindy Burnett to assess the suicide risk of her daughter, Tiffany, the baby's mother, while Eugenia took the baby, who had a high fever, to the doctor's office. Tiffany had a history of suicide attempts, the most recent of which had occurred at the time of the baby's diagnosis, and Eugenia had just found an ambiguous note.

16. A Painful Predicament

Mindy Callahan, an experienced social worker providing services to dialysis patients, was confronted with a case in which the end-of-life wishes of her client, Elliott Marshall, were not honored. With Mindy's support and educational efforts, Elliott had decided to end the treatments that were only prolonging his suffering and no longer contributed to his quality of life. Mindy did her best to document, communicate, and advocate for his wishes, but another member of the health care team overrode Elliott's advance directive.

17. Til Death Do Us Part?

Linda Nickels, a geriatric social worker at Fredonia Hospital, was covering the discharge of an elderly woman for her colleague, Michelle Humphrey. As the patient, Mrs. Anderson, left the hospital, her husband of more than sixty years broke down in tears. His wife had had radical abdominal surgery that required complex dressing changes. She could not return to their home because he had a visual impairment and the conditions in their farmhouse were not sufficiently sanitary. Mr. Anderson insisted he would not have agreed to the surgery if he had known the consequences. Linda became quite concerned about the informed consent procedure at the hospital.

18. I Want to Talk to Your Supervisor!

Hospice social worker Marie Vincent found it difficult to connect and communicate with Suzanne Winters, the daughter of hospice patient Doris Blackwell. In particular, Marie found Suzanne superficial, unwilling to be incon-

venienced for her mother's sake, and even deceitful. Marie faced an apparent choice between advocating for Doris's wishes to go home at the risk of alienating her daughter and helping Doris to grieve and hopefully adjust to life in an extended care facility in accordance with her daughter's wishes.

19. Drowning Sorrows

Hospice social worker Karla Thomas had a recently bereaved client, Howard Harriman, whom she assessed to be at high risk for suicide. Howard had a long history of alcohol use and had recently resumed drinking to ease the pain of his loss. He lived in a very rural, isolated setting. During her first visit, he touched Karla in an inappropriate way, and she feared being alone with him again, especially when he had been drinking. She asked him to refrain from drinking prior to her visits and he agreed, but then drank anyway.

20. Seizing Hope

Case manager Tim Reilly, M.S.W., coordinated services for individuals with developmental disabilities and their families. One of his clients, Gilbert, age thirty-five, had moderate mental retardation and a severe seizure disorder that threatened his life. He and a colleague felt compelled to advocate for Gilbert when they learned that medication for the seizure disorder would cause him to die within the next eighteen months unless he had a radical and risky surgery. Together, they decided to talk to Gilbert in a developmentally appropriate way about his prognosis and medical options.

21. Gifts

Phyllis Watts, an experienced hospice social worker, agreed to assume responsibility for leading Mothers and Others, a support group composed largely of white, middle-class and upper middle-class parents and grandparents of gay men who contracted HIV when the disease first appeared in the United States. Phyllis found herself struggling to define her role within the group. She worried that she was not effectively mediating between the needs of the founding members and those of the new members, and that the group was not responding adequately to the changing nature and demographics of the epidemic.

22. Patty's Girls

As a social work student intern, Patty Morris worked with two young girls whose mother was killed in a car accident. They went to live with their grandmother in a different part of town, which involved a change of schools. Patty felt torn between following the instructions of the children's grandmother, to wait before having any further contact with the girls, and the instructions of her field instructor, to immediately contact them at their new school to offer support and guidance. Making the situation more difficult, Patty herself had an extensive history of losses.

23. I Don't Want Them Mad at Me

Emily Prentice, hospice social worker, had to prioritize her work on multiple issues and needs presented by the Jones family. Donald Jones was dying of leukemia at age forty-two; his wife had died of complications of diabetes five years before. Donald had made no arrangements for the custody or guardianship of his two daughters, ages sixteen and twelve. Emily's efforts to facilitate this were complicated by Donald's changing desires, avoidance of conflict with his daughters, and deteriorating condition. When the hospice team first met him, his speech was already slurred and difficult to understand, and it became more so as he quickly grew weaker, to the point that it was difficult to converse at all.

1. The Request 2. Responsibilities 3. Family Matters 4. Drug Interactions 5. Whose Will When? 6. Unusual Appeal 7. The Last Dose 8. No Place for Grief 9. Right Before Their Eyes 10. Private Charity 11. Suicidal Co-ed 12. What Can I Tell?

Case Settings											
Hospice	X	X	X	X	X		X				
Hospital							X				
Nursing home					X						
Residential care	X										
Outpatient medical clinic									X	X	
Criminal justice						X					
School							X	X		X	
Other agency / community							X	X			
Client System/Target of Change											
Individual	X	X		X		X	X	X		X	X
Family			X		X			X			
Group		X						X	X		
Supervisee		X							X		
Organization	X	X			X	X	X	X			X
Ecological Context											
Client/patient		X		X	X	X	X			X	X
Family	X		X					X			X
Task or treatment group		X					X		X		
Organization	X	X		X	X	X	X	X	X	X	X
Community							X	X	X	X	
Populations at Risk											
Elderly			X	X		X					
Children	X						X	X	X	X	
Women	X	X	X		X			X		X	X
Racial / ethnic minorities						X			X		X
Sexual minorities											
Developmental disabilities	X										
Poverty						X					X
Immigrants / refugees						X			X		
Other Critical Factors											
Mental illness						X				X	
Substance abuse				X						X	X
Violence						X		X	X	X	
Religion / spirituality							X				

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Hospital			X	X				
Nursing home								
Residential care	X					X		
Outpatient medical clinic			X					
Criminal justice								
School							X	
Other agency / community						X	X	
Client System/Target of Change								
Individual		X	X	X	X	X	X	X
Family		X		X	X		X	X
Group							X	
Supervisee	X	X						
Organization	X	X	X	X		X		
Ecological Context								
Client / patient			X	X	X	X	X	X
Family		X			X			X
Task or treatment group	X						X	
Organization	X	X	X		X	X		X
Community							X	
Populations at Risk								
Elderly				X	X	X		X
Children	X		X				X	X
Women		X	X		X		X	X
Racial / ethnic minorities	X						X	X
Sexual minorities	X						X	
Developmental disabilities						X		
Poverty			X			X	X	X
Immigrants / refugees								
Other Critical Factors								
Mental illness								
Substance abuse						X		
Violence		X	X					
Religion / spirituality			X				X	

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Chronology											
Suicide risk						X			X	X	
Dying	X	X	X	X	X	X	X				X
Death			X				X	X	X		
Bereavement			X					X	X		X
Ethical Issues											
Client competence and decision-making capacity	X	X		X	X	X			X	X	
Autonomy and self-determination	X	X	X	X	X	X		X	X	X	X
Informed consent			X								
Quality of life	X	X			X	X	X				
Withholding / withdrawing life-prolonging care	X			X	X		X				
Hastening death	X			X	X	X	X				
Suicide									X	X	
Confidentiality			X	X					X	X	X
Professional collegiality							X		X	X	
Professional competence			X								
Social Work Role in End-of-Life Care											
Host settings	X				X	X	X	X	X	X	X
Interdisciplinary settings	X	X		X	X	X	X	X		X	X
Interdisciplinary relationships	X				X	X	X			X	X
Biological and Medical Aspects											
Social worker use of / need for medical knowledge	X	X	X	X	X	X	X		X	X	X
Pain / symptom management	X			X	X	X	X				
Withholding / withdrawing life-prolonging care	X				X	X		X			
Dying process	X	X	X					X			
Hastening death	X							X			

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Chronology											
Suicide risk	X		X				X				
Dying		X	X	X	X	X		X	X		X
Death				X							X
Bereavement	X						X		X	X	
Ethical Issues											
Client competence and decision-making capacity		X	X	X	X		X				X
Autonomy and self-determination				X	X	X	X				X
Informed consent			X	X				X			X
Quality of life	X		X	X			X	X			
Withholding / withdrawing life-prolonging care			X						X		
Hastening death									X		
Suicide			X				X				
Confidentiality			X							X	X
Professional collegiality	X	X		X	X						X
Professional competence								X	X		
Social Work Role in End-of-Life Care											
Host settings	X			X	X						X
Interdisciplinary settings		X		X	X			X		X	
Interdisciplinary relationships	X		X	X	X			X			
Biological and Medical Aspects											
Social worker use of / need for medical knowledge	X		X	X	X		X	X			X
Pain / symptom management				X					X		
Withholding / withdrawing life-prolonging care			X					X			
Dying process	X		X		X		X				X
Hastening death						X					

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Technical Knowledge											
Advance directives			X		X						
Informed consent		X			X					X	
Withholding / withdrawing life-prolonging care	X				X		X				
Governmental / organizational policies related to EOL care	X			X				X			X
Dying process	X	X	X	X	X		X				
Grief				X				X	X	X	X
Developmental issues related to illness, death, grief	X						X	X	X		
Family relationships and dying / grief	X		X		X			X		X	X
Social worker use of / need for medical knowledge	X			X		X	X				X
Trauma / crisis situations								X	X	X	X
Client competence / capacity	X	X		X		X				X	X
Suicide								X	X	X	
Major Social Trends											
Quality of life	X	X		X	X	X					
Good death			X		X						
Cost containment											
Medical advances					X						

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Technical Knowledge											
Advance directives											
Informed consent											
Withholding / withdrawing life-prolonging care											
Governmental / organizational policies related to EOL care	X		X						X		X
Dying process	X		X			X			X		X
Grief	X		X			X	X		X	X	
Developmental issues related to illness, death, grief			X			X			X	X	X
Family relationships and dying / grief	X		X		X	X			X	X	X
Social worker use of / need for medical knowledge	X		X	X					X		X
Trauma / crisis situations			X								X
Client competence / capacity						X			X		X
Suicide			X					X			
Major Social Trends											
Quality of life											X
Good death	X		X								
Cost containment	X										X
Medical advances	X			X					X	X	

