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“Nonna” is 75 and has been in hospice care at the home of her eldest daughter for several weeks with a diagnosis of metastatic breast cancer.

She is cared for by a large and loving family including 5 children and 12 grandchildren ranging in age from 2 to 14. Her pain is mostly controlled, but her mood is low and she says to anyone who will listen, “I can’t stand being so useless,” “I wish God would just hurry up and take me,” “Who needs hell, I’ve got it here on earth!” Her daughter and other family members report that these complaints are very unlike her – lifelong, she was full of energy and “zest.”

On a recent visit from the nurse, Nonna waited until her children were out of the room and whispered to the nurse, “I heard there’s a pill you can give me to make it all be over! Is there? I just want to die . . .”

The nurse and physician review Nonna’s medical history and talk to her about her levels of pain and distress. Her pain is mostly controlled and she’s not physically uncomfortable other than just being weak. “It’s not that,” she says, “It’s just that I can’t eat! I can’t cook!”

The hospice team know from their interactions with Nonna and her family that she is, indeed, the matriarch of the kitchen. Her house “always smelled of marinara and parmesan,” and she always had something on the stove or in the oven. Meals were feasts in Nonna’s house, and she reveled in the satisfied groans of full bellies around her dinner table.

Now that she is mostly confined to bed, she says, “My life is over – I might as well just die. What’s the use?”

A framework for responding to Nonna’s request:

Nonna’s main complaint is that she can’t cook and can’t eat, and therefore she’s useless and “might as well just die.” What type of suffering does this indicate?

What meaning does cooking and eating have for Nonna?

What questions would you ask Nonna to try to understand her suffering more completely? How would you:

Clarify her request?

Is she really asking for medical aid in dying? Or is she looking for a way to improve her life?

Understand the motivation behind her request?

What is her underlying concern? What is she most afraid of? Is she depressed?

Affirm your commitment to her care?

Is she afraid her family or her hospice team will judge her for her choices? Reject her suffering because it isn’t “pain”?

Begin to address her problems and concerns?

If she is too weak to cook, can she watch and instruct someone else to cook (for instance, her older grandchildren)? Is there any part of the cooking she can do sitting down or even from her bed (peeling vegetables, mincing herbs, forming meatballs, etc.)? Can she dictate or record her recipes? Could they be turned into a book for members of the family? What other interventions might address her sense of uselessness?

Discuss legal and ethical alternatives?

If these questions have been deeply probed and interventions offered and failed or been rejected, what options exist? If medical aid in dying is available for Nonna, how would you help her explore that option? What would be your hospice's role? If it's not legal, and she is determined to accelerate her death, are there therapies or interventions that can be withdrawn safely? Is she open to voluntarily stopping eating and drinking? Are there other approaches to calm her anxieties and distress?