Case Study (Kirk, “Managing Pain, Managing Ethics,” *Pain Management Nursing*, Vol. 8, No. 1 March 2007)

Edward Cox is a seventy-four year old white male with primary end-stage colon cancer and metastases to the brain and lungs. He lives at home with his wife, Martha, and is a patient of Good Care Home Hospice. Over the past two weeks, he has become increasingly unable to communicate verbally with his wife and the hospice nurse. However, he consistently shows signs of increasing discomfort and occasional bouts of breakthrough pain. His wife does a fairly reliable job of administering short acting analgesics to address the breakthrough pain. She does not, however, consistently administer the prescribed long-acting analgesia to address her husband’s constant and increasing baseline pain and agitation. On several occasions, the hospice nurse has explained to Mrs. Cox that treating Mr. Cox’s breakthrough pain, while important, does not sufficiently treat his constant and increasing state of distress, which the nurse believes is a result of insufficient analgesia and resulting fatigue from his inability to rest comfortably.

The hospice social worker and chaplain have both visited Mr. and Mrs. Cox several times, and have individual reinforced the necessity of round-the-clock, long-acting analgesia to keep Mr. Cox comfortable. However, Mrs. Cox continues to insist on administering her husband’s pain medications “at her discretion.” The Cox’s hospice nurse is growing increasingly angry at Mrs. Cox, believing that she is essentially torturing her husband as he dies by withholding the prescribed pain medications. There are no children or other family members to bring in the circle of care, and with each visit she sees Mr. Cox in growing distress, the nurse’s frustration and anger grows.