Professional Conversations: *Managing Family Conflict*

Case #1

Mrs. L has severe dementia. She has lived with her daughter Kathy and Kathy's three children (ages 14, 11, 1nd 6) for the past three years. Kathy's brother Sean lives about 300 miles away; he is divorced and lives alone. Sean is somewhat involved in care, flying in a few times a year to offer Kathy respite. Mrs. L's behavior has deteriorated—she wakes up during the night and wanders to find her old home. A few weeks ago when this happened, she started making tea before she wandered off; the kettle virtually melted but luckily set off the fire alarm. Kathy feels she is no longer able to care for her mother at home and has decided she should be placed in a nursing home. Sean vehemently disagrees.

Questions
What are some things to consider in assessing family conflicts?
What are factors that can immobilize family decision-making?
What is caregiving burden? What are some factors that contribute to caregiver burden?
What are some strategies for working with estranged families?

Case #2
Mr. C is only in his late 40s, but he has developed a rare and aggressive form of acute leukemia. For over a year, he and his wife have traveled to various medical centers around the country, seeking new treatments and possible clinical trials. Their three children (ages 5 to 15) have stayed at home with various relatives and friends caring for them, trying to keep the children's lives as normal as possible, sometimes at fairly great personal cost.

Mr. C's primary oncologist has suggested that it might be time for hospice care. Family members and caring friends seem to think that is the best option. Mrs. C is worried that their encouragement is based on the fact that they are all tired and would like to get back to their own lives. She feels some resentment towards them now when previously she felt only gratitude. Should she confront them?

Questions
Is it possible for entire families and support networks to burn out?
Is family burnout a sufficient reason for someone to enter a hospice program?
How reversible is burnout? Will it leave a legacy for the family and friends?
What role, if any, should the hospice team play in this family conflict?

Case #3
Mr. G has advanced pancreatic cancer. He is semi-conscious and suffers from delirium. His advance directives stress that he wants no heroic measures or artificial hydration or nutrition. His son Tim wishes to place him in hospice care. The other son, Evan, believes that is "giving up." Mr. G's wife, Rita is torn but primarily wishes peace in the family.

Questions
How do you deal with families that wish hospice care but request that neither hospice nor dying is mentioned?
How can you deal with families that attempt to force patients to eat?
What are some strategies for having successful family meetings?

Case #4
Mrs. K is a fairly young widow at 62. For several years she has battled advanced breast cancer. The metastasis is now widespread and there is little more curative care to offer from a medical perspective. She has children who all live at a distance, but she sees one daughter more than the other two children. Mrs. K has elected to enter hospice and she is comfortable with that choice. The issue is that her son and one daughter disagree with her choice; they feel she is giving up hope and that she needs to fight harder. Her nearby daughter , who is the most religious, feels that God's will will be done regardless of whether she enters a hospice program or not. Mrs. K has not given up hope, but her hope has changed as her situation has changed. She is hoping for symptom control and time to say good-bye. Why isn't that enough for her children?

Questions
Can we assess type and level of hope?
How does hope differ from individual to individual and from family member to family member?
How might this type of family conflict influence grief reactions following a death?