

## LMJUNE

This lovely elderly woman is a retired high school English teacher who was diagnosed years ago with breast cancer. She says that she went through all the typical treatments for her type and stage of cancer and that she had exhausted her choices and had accepted her diagnosis and fate. She was given only months to live. LMJUNE loves to read (why her choice of past professional career) and to travel. She quickly announced to me that she had made the choice of MAID. She has two grown adult children and a husband who are all very loving and supportive of her choice. She said that she had lost her vision and had trouble with mobility. Her pain was currently not an issue and she was being followed by the palliative team who were monitoring and controlling her pain with medications. She said she missed reading as it had been a huge part of her life. She had decided not to pursue any further medical treatment to prolong her life as she wanted to live the remainder of what she had with good quality and not quantity. She hoped to do some more travel. She said it was important for her to be involved in the planning of her celebration of life (she wanted to pick out the food to be served and the music, etc.) and that it was really important for her to know that those in attendance had fun and enjoyed the celebration rather than seeing it as a sad and mournful event. She seemed very attentive to details and was certain of what mattered to her in her final upcoming months. She seemed very at peace with her decisions and had the support of her family. She said that one thing that upset her was that she felt that some of the health care team looked down upon her and judged her for wanting MAID when it came to the time. I asked her if I could do anything to help her with this and she asked for me to discuss with the manager (of the clinic/ward) and I told her that I would approach them with her concerns and would ensure that they discussed the matter with her as well as possibly may need to educate or re-educate the staff (with no disclosures of the patient's identity). We also discussed how to address some of her interests that she felt that she had lost the ability to enjoy reading books and I mentioned accessing eBooks or possibly seeing if there were any volunteers who were able to read to her when in hospital (or even at home) as my own grandmother had done this at her local hospital for years prior to her own death. She was thankful for our conversation and connection as she said that I had been the only person in the team to approach her regarding her concerns in her final months of her life. I told her that I would be following up with her at another time.