

MK DOB: 05/02 (D/M)

When an inquiry was made regarding how MK would define her identity outside of her pathology, her affect appeared to brighten at the inquiry. She readily expressed not having been asked *who* she was instead of consistently being asked about her diagnosis and physical symptoms.

MK shared that she comes from a small town and has lived in the same town for the duration of her life. She also shared that she currently resides in her childhood home which she transitioned back into after the death of both her parents. She initially had been hesitant to be admitted to hospice as she'd always intended to leave the family home "feet first." She expressed an immense love for her 2 children, and husband and a passion for her career as a nurse as she'd watched her mother thrive as a nurse, as well. MK expressed that she simply wishes to have a dignified death. Writer inquired about what a "dignified death" would look like for her to which she described one that was pain free comfortable and one that supported her autonomy to the best of our ability. MK also expressed being fearful of being a burden to others with her issues. Further inquiry regarding her hesitancy to express her needs for fear of being a burden revealed that she'd always been the caregiver and expressing her wants and needs is an uncomfortable position for her to be in. Exploratory conversation created a plan that would permit the team to be more anticipatory to her care needs as opposed to waiting for her to readily express them. MK also shared that hygiene is very important to her so having the care team ensure her teeth are brushed, hair washed and brushed and personal care provided would increase her comfort.

MK went on to share that "when the time comes, music would be really important to support my peaceful death. I'm confident my children will have a playlist to be put on." Consent obtained to document this request as well as to check in with her family to ensure this EOL request is prioritized. Her anguish over how well her spouse will be supported was communicated and she expressed feeling more comfort being in hospice knowing that her spouse will be tended to at the time of her death.

Frequent check-in's were completed throughout the conversation to ensure understanding as well as reflecting back what my understanding was of her wishes and definition of dignified care. Confirmation of EOL care plan received as well as consent obtained to document conversation to ensure all members of the multidisciplinary care team were on the same page.