

**Patient Name: David Thomas**

Diagnosis: Tracheostomy, Cancer

Character Brief

### Patient story

David is a 54 year old man who was recently diagnosed with tongue cancer. Today he is visiting the preadmission clinic to prepare for surgery to remove the cancer. The operation is scheduled for next week.

### Background information about the patient

David lives in Cohuna in country Victoria. He lives alone in a two bedroom unit and has a supportive partner Kathy. He has a 34 year old son Ben, who lives in Melbourne. Ben and David have not shared a close relationship, but since his cancer diagnosis David has been keen to improve this. David works full-time in IT support for a local bank in Kerang, 30 minutes drive from his home. He has taken three months leave from his employment to allow him time to recover from the surgery. David usually has four to five drinks per evening (beer or wine) and more on weekends. He had smoked 20 cigarettes per day since his teenage years, but quit two years ago.

Below are some prompts about his background. Any information not included may be improvised.

- "I live alone. Have done so for most of my life. Sometimes I will stay at Kathy's house, but it is hard with her kids. They are teenagers and want some space." Kathy has 2 teenage children from a previous marriage.
- "I live in a unit. It has two bedrooms, one for me and one room I use as a study." David owns his unit and does not have a mortgage.
- "I have a son Ben. He lives in Melbourne. We're not that close, but I'd like to be. Since being diagnosed with cancer, it has made me want to get to know him better. We talk on the phone a few times a year. I usually visit him for Christmas. But he has his own life."
- "Ben's mother Raelene raised him. We had a fling when I was young and training in the army in Melbourne. I wasn't ready to be a Dad." David has little contact with Raelene. He provided her with child support payments when Ben was younger.
- "Ben's married and thinking of becoming a Dad. Maybe I could be a better grandfather."
- "I've always been good with computers. It's part of my job." David works full time in IT support for a local bank in Kerang, 30 minutes drive from Cohuna. He has taken three months leave from his employment to allow him time to recover from the surgery. He is not sure if he will need longer. He would like to return to work, but is worried about whether he will be able to talk and if he will look different. He also doesn't know if he will need to have chemotherapy or radiotherapy – the surgeons have mentioned it, but can't give him any clear answers until after the operation.

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- David is staying at a hotel in Melbourne until he gets admitted to hospital. He has a few mates from his army days in Melbourne that he may catch up with and he'd like to catch up with Ben again. Ben knows that he is coming to Melbourne for some tests, but isn't aware that David has cancer.
- Kathy is unable to come to Melbourne as her children are in school and she is unable to leave them. She has said that David can stay with her after he comes home from hospital, but David doesn't want to put too much pressure on her. Kathy works part time as a cleaner and struggles financially.
- David has a good network of friends in Cohuna. They often meet at the pub in the evenings and David will share a few drinks with them each night.
- David completed high school and trained for several years in the army before settling into office and IT jobs. He has a normal level of written and spoken communication.

## Physical characteristics

David is dressed casually and neatly. He is looking a little tired, but otherwise appears well.

David's level of anxiety is somewhat normal considering his recent experiences (i.e. no need for high levels of anxiety). He becomes more relaxed when speaking about his concerns.

## Patient's affects/ behaviours

David is moderately anxious about the upcoming procedure and his recent diagnosis of cancer. He has found it difficult to sleep due to worry and is feeling tired. He has found it difficult to share his feelings with family and friends for several reasons. Everything has happened so quickly, he is overwhelmed with information and he has spent long periods away from home (in Bendigo and Melbourne for tests). He also does not want to cause too much concern for everyone and has previously been quite independent. He is willing to provide honest information to health professionals.

## Patient's current concerns

David has several concerns:

Cancer: he is afraid that the surgery may not be successful and he may die from it. He is only young and did not expect this to happen. He just wishes it would all go away and he wouldn't have to deal with it.

Surgery: he knows he will look disfigured after the surgery and is concerned about how people will look at him / treat him. He is also concerned about what Kathy will think of him and whether she will still find him attractive.

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In hospital: he is concerned about not being able to communicate properly. He thinks it will be frustrating to not be able to tell people what he needs. He is also very independent and doesn't like to rely heavily on others for help. He's never had any serious illness before and has found this all very overwhelming. It has all happened very quickly.

### Patient's history of the problem

"I started to get some pain in my mouth and noticed a little lump under my tongue. I ignored it at first, but about 6 weeks ago when it didn't get better I went to the GP and he told me it didn't look good. He sent me to a specialist in Bendigo who did some tests (an MRI, biopsy and an endoscopy). They found it was cancer and said it was going to be a big operation, so I had to come to Melbourne."

The surgeon removing the tumour (ENT surgeon) is Mr Wright and the surgeon reconstructing his mouth/tongue (Plastic surgeon) is Miss Li. He has met them both briefly.

### Patient's past medical history

"I get bad heartburn and reflux so I take Losec every day and this had helped"

"I've had asthma all my life. It is usually managed with my ventolin puffer. I rarely have to go to hospital for it – not since I was a kid. It can get worse with stress and exercise. Since the diagnosis, I have found I am using my puffer more often." "I used to use my puffer once or twice a week, now I am using it every day."

"I used to smoke, but since I met Kathy I have stopped. She didn't like my smoking." "I haven't had a cigarette in 2 years." "I used to smoke about a packet a day. It was something that I started as a teenager. "

### Additional Information for Part B

In Part B - the morning after the operation - you will be dressed into a hospital gown and have multiple drips and drains attached to you. You will have a plastic cast on your left arm i.e. you cannot use this arm to write or gesture with.

You will have a (fake) tracheostomy tube in your neck. You are unable to speak or make sounds. However, you can communicate using some of the options suggested to you by speech pathology in Part A. Your responses should be short.

You have had not much sleep overnight and are feeling tired. You have found that your chest feels quite tight and it is difficult to breathe (similar to how you feel when your asthma is playing up). You have also been quite anxious. You have a some pain around your throat and arm (about 5 or less out of 10).

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You have also had a fair bit of mucus in your chest. The nurses have inserted a catheter into your tracheostomy tube and suctioned this mucus out - this is called suctioning. Suctioning can be quite unpleasant - you cannot breathe during it and the procedure lasts for about 15 seconds. It causes you to cough and feels like someone is sucking the air out of you. But afterwards you find it much easier to breathe and it is essential to keeping your lungs healthy.

The doctors came to see you this morning and said that the operation went well.

You have not had any visitors.

You have not been out of bed since the operation.

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