Patient’s story – Mr M

The Hospice at Home Service

This story was recounted by the patient’s wife to emphasise the fine work the Hospice at Home Service had done on behalf of her husband, Mr M.

This story took place over a relatively short timescale of about six months from Mr M’s initial visit to his GP to his death.

Mr M became ill in February 2013. He had complained of pains in his back. He visited his GP who felt the problem was Shingles and diagnosed a course of treatment with pain killers. After 6 to 7 weeks of treatment the problem had not improved and Mr M’s wife said there were no outward signs of the condition Shingles.

Mr M accompanied by his wife went back to see their GP who referred Mr M for tests. Tests were carried out at North Manchester General Hospital, Bury General and Wythenshawe. Mr M and Mrs M were not given any results from the first two sets of tests. They were told as the tests were incomplete they could not be updated.

The trip to Wythenshawe was difficult for Mr M as he was now in a wheelchair, however ambulance transport was arranged.

During the series of tests Mr M had deteriorated and was showing distress. He had begun trying to dismantle furniture / equipment and tried to sit on furniture which did not exist. The clinicians dealing with Mr M were unsure if the symptoms were the onset of Dementia or the effects of the continuous Morphine treatment.

During this series of tests while at North Manchester Mr M tried to dismantle equipment in the hospital and sit where there were no chairs. Mrs M asked a nurse for help with her husband to ensure he would not harm himself. The nurse said she would help “if she had time”. Mrs M felt this attitude was very poor.

After the final tests at Wythenshawe the Clinician talked to Mrs M alone while her husband was outside in a wheelchair. The clinician advised Mrs M “to make arrangements” for her husband and to prepare herself and their family for Mr M’s death. The clinician advised Mrs M that her husband could expect to live for 3 to 6 weeks; in fact he lasted 4.5 weeks. She was told that her husband’s illness was linked to Asbestos, but she was sure he had never worked with the material and could not think how he may have come into contact with it.

Mrs M returned home with her husband. Her husband had regular visits from Macmillan nurses and district nurses. It was one of these nurses who suggested Mrs M contacted Springhill Hospice about the Hospice at Home service.

Mr M had deteriorated further and could not take his own medication and nurses had to inject his medication.
At this point nurses from the Hospice at Home service began to care for Mr M. The nurses from the hospice provided a bed to allow MR M to sleep in his living room. Night sitters from the service stayed with Mr M through the night to allow Mrs M to sleep in her own bed with the security of knowing her husband was safe. Mrs M stressed the staff from the hospice at home were exceptional and could not do enough for her husband. There was no restriction on the time they could attend; care took as long as it took.

At one point Mr M wished to urinate and was brought a bottle, however he could not manage as he felt uncomfortable urinating in front of people in such a way. The nurses helped him to go to the bathroom to try to maintain his dignity, however he still struggled. From that point a catheter was fitted.

Mrs M stated that nothing was too much trouble for the Hospice at Home service who did everything they could to care for Mr M in his final days and maintain his dignity as much as possible.