Resources

Sometimes the Best Resource is a Network

By Peter Bennett, MSW, CSWA

Recently, while working with a woman diagnosed with advanced lung cancer, I realized that sometimes a network is the best resource. Deb came to my clinic to consult with a medical oncologist with whom I work. And brought her cat!

That is to say, she brought a shopping caddy with a pet carrier strapped to it, with the cat inside. As she wheeled her shopping caddy back to meet with the doctor for an initial consult, I heard someone at the front desk say, “Did I just hear a cat?” About 30 minutes later a nurse coordinator introduced me to Deb, who in turn introduced me to her cat. “Her name is ‘Luna’, which is short for Lunatic,” Deb said with a wry smile. The nurse coordinator asked me to help Deb set up pet sitting for Luna.

Deb and I engaged in an easy and friendly way. As we chatted, I asked her if she knew someone who could pet-sit during seven weeks of chemotherapy and radiation. She told me she didn’t have any family but she did have a friend, though the friend had moved out her building a few years ago and they hadn’t really kept in touch. I tried to gently communicate to Deb that she was not likely going to be able to bring her cat to the clinic while she was doing chemotherapy and probably not for the radiation treatments either, but that I could help her find a pet-sitter. I also asked if she might be able to leave Luna at home for a several-hour stretch. “The problem is, if I leave Luna at home by herself, there are really bad people who will break into my apartment and inject her with drugs. I am not going to let that happen. If I can’t find a pet-sitter there is no way in hell I am going to leave her at home while I am doing cancer treatment.” Deb said all this with a very even and matter-of-fact voice. Deb does have a mental health diagnosis that includes paranoid and delusional thinking. The more we talked the more I realized she and I would likely be working together closely.

Later that day I contacted the management in the Section Eight apartment building where Deb lives, as well as her primary care provider (PCP). I spoke with a nurse manager in the doctor’s office who had a genuine affection for Deb. She told me, also matter-of-factly, “It is important you understand that she will not do the treatment if she can’t bring her cat with her.”

My next task was to find out if there was any way she could bring the cat. In the chemotherapy unit, the answer was a clear “no.” One of the managers, however, told me the cat could be in a corner of the lobby, away from other patients, but definitely not in the treatment unit. I asked our American Cancer Society (ACS) patient navigator if a volunteer would be willing to pet-sit in the lobby on the one day per week Deb would have chemotherapy. She said she would ask her volunteers and get back to me.

With a manager in Radiation Medicine I got a major break. He said the patient could bring the cat, as long as it was in the carrier (and was basically hygienic), and that the patient knew the cat could not go into the actual treatment room. “It would be harmful to the cat,” he said, with a
look of genuine concern on his face.

A few days later the Section Eight building manager called me back and told me about a program, Housing with Services (HWS), that operates in Deb’s building, and that a social worker with HWS has her office on site. I was now becoming increasingly optimistic about the chances of what I was quietly referring to myself as “Operation Kitty.” I called the HWS social worker, Lisa, who told me she had just met Deb that day and that they had talked about Luna as well as other topics.

Because of the connections with ACS volunteers, Lisa, and the PCP’s office, the logistics pertaining to Luna’s accommodation were simpler than I would have imagined. After a time or two it seemed unreasonable for an ACS volunteer to pet-sit in the lobby, so I asked my office mates if they minded having a (not exactly quiet) kitty with them. They graciously accepted. And Lisa was able to pet-sit on several occasions.

One notable chapter of this process was being invited to a meeting, via teleconference, that Lisa set up with Deb around advance care planning. Present also were the nurse from Deb’s PCP’s office and a nurse with HWS, who facilitated the conversation. Deb was able to communicate her understanding of her illness, her thoughts and wishes about such resources as in-home caregiving, adult care homes and hospice. Deb expressed her wishes very thoughtfully and articulately. After the meeting we made sure each of our three agencies had copies of Deb’s advance directive and POLST (advance care planning) forms.

Deb made it through her seven weeks of treatment better than most. I now happily see her for follow-up appointments, always with Luna in tow. I know that Deb has a few people looking out for her, and that I am one of the people in that network. We are not her family, but our care for her may be helpful as she continues to gracefully face this serious illness. If Deb misses a follow-up appointment and I can’t reach her over the phone, I know I can call Lisa, who could check on her. If, at some point, I see the need for something such as home health services, I can call the PCP’s office and talk with someone I have some rapport with and who knows Deb well.

This resource happens to be a network. A network we created for the benefit of one person… and her cat.

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