# Case study three: Joyce

Joyce suffers with arthritis. She is the main carer for her husband, Robert, who has a lung condition called Chronic Obstructive Pulmonary Disease (COPD).

Robert’s health has significantly deteriorated recently. He is unable to leave the house, and struggles to walk more than a couple of yards without becoming extremely breathless. Robert wears an Oxygen mask most of the time. Joyce and Robert live in the same house that they bought their children up in, but now mainly use the ground floor. Neither of the children lives locally, but they do visit when they can. Their daughter rings every other day to check how Robert is.

Joyce doesn’t like to leave Robert on his own. She worries about him falling or needing help, so she doesn’t go out apart from to the local shop to collect their groceries.

There are lots of doctors and nurses who have been involved with Roberts care. This includes the doctors at the hospital, Robert’s GP, a respiratory nurse specialist who visits at home, and the district nurses who come and take Robert’s blood and also got them a commode. The nurses had suggested that Robert might need some carers coming in to help to get washed and dressed. Robert declined this as he would be embarrassed by them attending to his personal needs. He would rather that Joyce did this.

Joyce’s arthritis has been getting worse, and she knows that it flare’s up when she is under stress. Joyce knows that she is struggling to cope, but feels like she is failing in her role as Robert’s wife if she can’t look after him how she would like to. She does not want to let Robert down by telling him how she feels, or to upset him by discussing what they might do if the situation gets any worse.