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| Learning Objective(s): | Culture, belief and context all affect the way people understand and respond to health and well-being.  This case study will encourage students to understand culture’s influence on a patient's perspective on health and illness – cause, prevention, treatment; diversity exists within a culture; and respect a patient’s preparedness and readiness to make changes or accept help | | | | | | | | | | |
| Patient demographics: | **Born in Australia?** | | | | | **Cultural/Ethnic/Religious group(s)** | | | | **Age group (years)** | 18-40 |
| Yes |  | | | | Muslim 🡪 specify \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | 41-60 |
| No: | Country of birth \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | | | | European 🡪 specify \_\_\_\_\_\_\_\_\_\_\_ | | | | 61-80 |
|  | No. of years in Australia | | | \_\_\_\_\_\_\_\_\_\_\_\_ | Vietnamese | | | | > 80 |
|  | How arrived? | Family reunion | | | Iraqi | | | | **Gender** | Male |
|  |  | Economic migration | | | Sudanese | | | | Female |
|  |  | Refugee | | | Chinese 🡪 specify \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Language group(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
|  |  | others \_\_\_\_\_\_\_\_\_\_\_\_ | | | others \_\_\_Catholic\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Level of English proficiency:** competent | |
| **Sexual orientation** | | | Heterosexual | | | | **Family structure/Living arrangements** | Married/de facto | | |
| Gay/lesbian | | | | Single | | |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Divorced | | |
|  | | | | Living with family | | |
|  | | | | No. of dependent children \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Patient history: | Medical history (include past and current diagnosis): hypertension and hyperlipidaemia; relatively well until diagnosis of Stg 4 gastric cancer with peritoneal seeding (inoperable) about 6 months ago | | | | | | | | | | |
| Past and current medications: candesartan; rosuvastatin; chemotherapy(epirubicin, oxaliplatin, and capecitabine); radiotherapy, morphine sc pump, paracetamol, ondansetron, metoclopramide, dexamethasone, lorazepam, temazepam, coloxyl with senna, lactulose | | | | | | | | | | |
| Allergies: nil known | | | | | |  | | | | |
| Identifiable information (include scars, disabilities): nil | | | | | | | | | | |
| Other information (include labs, x-rays, clinical photographs): nil | | | | | | | | | | |
| Family history: nil | | | | | | | | | | |
| Health care setting(s): | Hospital - inpatient | | | | | | | | | | |
| Hospital - outpatient | | | | | | | | | | |
| Hospital - ED | | | | | | | | | | |
| Community – private practice | | | | | | | | | | |
| Community – community health service; specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Residential care | | | | | | | | | | |
| Ambulance | | | | | | | | | | |
| Case Presentation: | Introduction (1-2 statements about patient):  Patient is currently undergoing chemotherapy/radiotherapy for stage 4 inoperable gastric cancer with peritoneal seeding. S/He has a supportive family, but will likely require palliative care service. | | | | | | | | | | |
| Nature of the issues (include location, intensity and associated symptoms):  Rapid weight loss since diagnosis 6 months ago. Pain managed with morphine pump and regular paracetamol/codeine, but has alternating constipation and diarrhoea and also nausea/vomiting. Other issues include pancytopaenia, alopecia, anorexia, lethargy, mucositis, loss of appetite and shortness of breath. In view of the poor prognosis and the complexity of symptom and side effects, you are considering referring him/her to a palliative care service. | | | | | | | | | | |
| Context: | Key cultural issue(s) influencing health and wellbeing presented in the case   * Patient doesn’t like to talk about his/her cancer. He still regrets the day he allowed his/her GP to order the endoscopy that led to his diagnosis. “I was perfectly well until then!” * Patient’s children are keen to have some home help or nursing care for him/her, but patient is reluctant - does not want a ‘stranger’ in the house; prefers to keep the care ‘in the family’. S/He believes that it is his children’s responsibility to look after him/her. * Patient believes that his/her life-long faith in God will help him/her – God will decide his/her fate – “It is in God’s hands.” * Patient believes that ‘palliative care’ services are places where people go to die. | | | | | | | | | | |
| Students’ Role: | Students’ expected actions/interactions:  Students should use their listening skills to understand the patient's perception of his/her situation and his/her readiness to accept palliative case/assistance, and demonstrate respect for the patient's choices and decisions. Students should discuss the factual information about patient’s condition and prognosis, outline his/her care options. If appropriate, and with patient’s permission, organise a family conference. Perhaps, again with patient’s permission, engage the priest in his/her care planning. | | | | | | | | | | |