Family, Culture, Medicine: A Problem-Based Learning Case*

by

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Part I – Introduction

Linda Gorman is a registered nurse at the Sandstone County Health Department's Family Health Clinic. The clinic's patient population includes a sizeable refugee and immigrant community, in addition to the native-born, low-income individuals and families the clinic serves. Linda, white and native-born, had been working with Mrs. Saeto, an immigrant from Laos of the *Mien* ethnic group, since Mrs. Saeto's youngest child, Marie, was referred as a newborn by the WIC program. Marie is now six months old, and the child's mother has brought her in for a well child visit and immunizations. The examination promises to be routine. Linda observes a happy baby with growth and developmental indicators normal for her age. As the nurse continues with the customary physical exam, however, her attention is drawn to a set of small, red blisters to one side of the baby's navel. When Linda asks Mrs. Saeto about the marks, the child's mother readily explains that they are burns.

Questions

1. What questions come to mind about the above scenario?
2. How might Linda respond?
3. What information would help clarify the issues raised?

Part II – Request for Advisement from the Ethics Committee

Your group's task in its role as the Ethics Committee is to create an advisement document. To help you with this, please read the three documents below.

NANP National Association of Nursing Professionals

MEMO

To: NANP Ethics Committee Members
From: Gelja Tannenbaum, RN, Ethics Committee Chair
Re: Request for advisement

A local chapter has contacted me, asking the committee for an advisement on the situation described in the attached documentation.

I would appreciate it if you would review the materials and evaluate possible courses of action, assessing the implications of each and referring to supporting documentation as appropriate.

Once the committee has finished its work on the advisement, I will send it back to the local chapter for comment.

For your reference, enclosed is a copy of the NANP Ethics Committee Charter.

NANP National Association of Nursing Professionals

National Association of Nursing Professionals Ethics Committee Charter

Purpose/Mission

The Ethics Committee was created by NANP to analyze the ethical issues that affect the professional responsibilities and work environments of credentialed nurses practicing in their various capacities. Specifically, the Ethics Committee is charged by NANP to:

- Address ethical issues in health care as they relate to nursing practice.
- Provide guidance on ethical questions raised by emerging technologies and changes in medical and care-giving environments.
- Serve in an advisory capacity to local NANP chapters, including responding to requests for advisement.
- Review relevant ethical standards and guidelines, including scholarly references.
- Promote the role of nurses and the voice of the nursing profession in addressing ethical issues touching the profession, including in the public policy realm.

Ethics Committee reports are made available to NANP member chapters. The Committee may also post issue summaries to the NANP website; present information to the public and to policy-making forums, as appropriate; and submit reports for publication in peer-reviewed journals.

Membership

The Ethics Committee will consists of seven members, one each elected from NANP's six Regional Conferences. The NANP National Vice-President for External Affairs will fill the seventh position on the Committee. Members from the Regional Conferences will be elected to a 3-year term, with terms staggered such that two members will be elected each year. At the first meeting following elections, members of the Committee will elect a Committee Chair from among the six elected members.

Staffing/ Meetings

The Ethics Committee receives support from staff at the NANP main office, where it meets four times yearly.

Funding

The Ethics Committee is funded from the NANP General Budget.

Baby M Case

The patient is a 6-month-old female of Asian descent (mother is from Laos). Mother brought patient for 6-month well-baby check and immunizations. Patient shows normal development on Denver screening, 55th percentile height and weight. Patient presented with 5 abdominal lesions in area of navel. Lesions blistered, no sign of infection. Upon questioning, mother described as burns inflicted by her mother-in-law as cure for child's constipation and night waking. Following is a near verbatim transcription of my conversation with patient's Mother.

Nurse: What happened here?

Mother: That is from a cure.

Nurse: A cure?

Mother: Yes. Two days ago, I think Marie has *Gusia mun toe.* My mother-in-law agrees. When a baby has *Gusia mun toe*, she doesn't settle, won't eat, and is constipated. When I had her in my arms, she would throw back her head, so we knew she had it. But the *Mien* [ethnic group from Laos] have a cure for this. We take the inside part of a certain reed, dip it in pork fat, and light it on fire. When my mother-in-law moves the flame over the baby's tummy, it makes little blisters and takes the pain away. The little blisters popped, like popcorn. The blisters meant the spirits did not make my baby sick. If no blisters came, the cure did not work, and we would need to have a shaman do a spirit cure for her. When she finished, I put Tiger Balm on the burns—this is a cream.

Nurse: How did the baby react to the cure?

Mother: She cried until the blisters popped. The Tiger Balm helps them heal. If there are scars, we don't worry about them because we know about this cure.

Nurse: Didn't you think it was dangerous to burn your baby?

Mother: Of course. That's why I don't do this cure myself. My mother-in-law was taught in Laos, so she knows. If the burns are not done in the right place on the belly, there is great risk to the baby—she could become mute or retarded. But soon after the cure, Marie was calm, so we knew the cure was good. And since that day, she is healthy again.

Nurse: How long had the baby not been eating before your mother-in-law did her cure?

Mother: She eats a little bit, maybe two days.

Nurse: How long had the baby been constipated?

Mother: Five days, one week.

Nurse: Why didn't you bring her to the clinic if she seemed sick?

Mother: My mother-in-law is very skilled with this.

Nurse: Next time you think your baby might be sick, please bring her to see a nurse at the clinic rather than having your mother-in-law do a cure.

Mother: My mother-in-law knows about these matters, how the *Mien* take care of a sick baby.

Part III – Nurse's Response Letter and Individual Committee Member Assessments

NANP National Association of Nursing Professionals

MEMO

To: NANP Ethics Committee Members
From: Gelja Tannenbaum, RN, Ethics Committee Chair
Re: Draft advisement

The local chapter has reviewed the committee's draft advisement statement. The chapter President reported that discussion of the draft statement was lively and thoughtful.

As a result of this meeting, Linda Gorman, the nurse who initially forwarded the situation for comment, felt she would like to respond personally. The local chapter was very supportive of this. Attached, therefore, is Ms. Gordon's response, including some additional background that might be helpful to the committee.

In order to get a sense of where each committee member is in her/his thinking on this matter, I'm asking at this time that you prepare *individually* a short (2-3 page) assessment of the committee's draft statement in light of the comments Ms. Gordon has provided.

You might address any points that should be added or deleted and other changes you would suggest. Please be as specific as possible in your comments. It would also be helpful if you would discuss the following:

- What, in your view, are the strongest, most thoughtful, or most well-reasoned arguments made by the committee?
- Which points do you feel are weakest, less well thought out or less well substantiated?
- Is additional documentation needed?

Secondly, how would you evaluate the committee process thus far?

- What are this committee's positive features?
- Where does the committee most need to improve?
- Are there any changes in the committee process you would suggest to build on strengths and address weaknesses?

Thank you for your time and input in this important matter.

Dear Ethics Committee Members,

Thank you for your time in addressing the situation I brought forward. Though initially it seemed best to forward it confidentially, after our local chapter meeting's discussion of the issues raised in the draft statement they encouraged me to come forward so I can discuss openly some of my concerns and background pertaining to this case.

First, let me tell you something about my history and that of the patient's family. I first started treating patients from Laos and other Southeast Asian countries about five years ago when I moved to the area. I found it a frustrating experience due to language barriers and other cultural issues, almost to the point of dreading visits with certain families because there never seemed to be a "simple" case of anything. My views began to change, however, as I have gotten to know this mother and baby over the past seven months or so.

The mother emigrated from Laos some 20 years ago as a young teenager, and speaks English fairly well. Her exact current age is not known. Her husband (the baby's father) works full-time, though the family has no health insurance through his work. The baby is on Medical Assistance, along with her 3 older siblings, who I have also seen in clinic. They live with her mother-in-law as well. The mother is very proud of her cultural traditions, and has explained to me many practices—especially how they treat illnesses—that at first felt foreign, but now I can see how they make sense in terms of their culture. In the short period I have known them, the mother has opened a window for me that has helped me to better understand the beliefs and practices of the *Mien* community here in our city, and because of this, I believe I am becoming a better nurse. I have found that the number of *Mien* persons on my patient rolls is growing, and I have for a while now been harboring a suspicion that it is only a matter of time before an incident occurs such as the one I brought to the committee, given the very great difference in health care practices of the *Mien* and of Western medicine.

The increasing immigrant presence on our patient rolls has led to many discussions with my colleagues as to how we can best serve our clients. Some of my colleagues feel that clients such as this family need to be better informed of what is expected of them by the U.S. medical system and how to comply with treatment regimens (e.g., showing up to appointments; following doctors' instructions completely; finishing an antibiotic even when symptoms have abated). Others are happy to have the *Mien* or any other group pursue their own cultural practices, but suggest they should not bother coming to our clinics if they aren't prepared to listen to our experts and work with our system. A number of providers have asked that interpreters be available when needed. But beyond this, I have been led to question not just why the *Mien* engage in practices so different from ours, but how our practices must look to them. For example, at that same six-month check-up when I noticed the burns on the baby's abdomen, I administered three immunizations that left a previously happy baby wailing from surprise and discomfort. While this was admittedly temporary (not unlike the discomfort the mother described from the burn cure), and certain immunizations commonly leave a scar (again, like the burn treatment), reactions to these immunizations also usually include localized swelling, redness, and discomfort at the site of the injections and fever, loss of appetite, and general malaise in the days following the immunizations, as I'm sure you're aware. From the mother's perspective, she came into clinic that day with a content, healthy baby and left with a crying, uncomfortable one. I have often wondered to myself if there is some lesson that can be learned here.

In terms of parenting, I have yet to see more responsive, gentle, caring behaviors of a parent, whether immigrant or native-born. The mother and father, both of whom I have seen with the children, are clearly bonded to their children and their children to them. Their children are well-groomed and well-fed, and the mother has consistently demonstrated concern for their welfare and best interests (the father speaks little English, so I communicate most directly and frequently with the mother).

I would urge the committee to step back and appraise the situation not simply based strictly on our nursing training, but considering the cultural values our patients bring to the exam room as well. If we are supposed to serve all our patients to the best of our abilities, we need to accept them, culture and all, or we may risk losing them altogether, along with the opportunity to help them as best we can.

Sincerely,

Linda Gorman, R.N.

Part IV – Governor's Request to the Ethics Committee for a Presentation

NANP National Association of Nursing Professionals

MEMO

To: NANP Ethics Committee Members
From: Gelja Tannenbaum, RN, Ethics Committee Chair
Re: Advisement matter

Earlier this week, I was contacted by the Minnesota State Governor's Office. Apparently there have been a number of high-profile cases involving immigrant families and the child welfare system in that state, prompting attention from both the media and policymakers. In the words of his staff member, the Governor is "pro-child" and wants to make strengthening the child protection system a priority of his administration. He also needs to address the concerns of the growing immigrant communities in his state, which include significant Southeast Asian, African, and Latin American groups. The Governor's office became aware of the recent advisement we prepared and requested our committee provide expertise. This is an important opportunity for the nursing profession, represented by our committee, to have real impact on the formation of public policy.

The Governor's office has requested a 15-minute presentation outlining criteria for differentiating between non-traditional cultural practices and beliefs and cases of abuse and neglect where intervention is warranted to prevent further harm to the child. Procedures for clinicians to follow in making this determination in a given case are also desired.

In addition, it would be helpful if the committee addressed such issues as:

1. Who should decide whether a particular instance is abuse?
2. What procedures should the organizations involved have in place to monitor and educate? To consult in difficult cases?

The presentation will be made to a task force from the Governor's office on a date yet to be determined. AV equipment (computer, projector, screen, whiteboard, transparency projector) will be available at the venue for your use.

Presentation to Governor's Task Force

Evaluation Rubric

Date: _____ Members: _____

Group: _____ _____

_____

_____

_____

Content

Criteria for differentiating between cultural practices and abuse clear and specific:

Well-developed ←----------→Needs improvement

Procedures for clinicians to follow in ambiguous cases concrete and practical:

Well-developed ←----------→Needs improvement

Proposed decision maker(s) and organizational procedures supported by well-reasoned rationale:

Well-developed ←----------→Needs improvement

Effective use of sources, including examples, to support proposals:

Well-developed ←----------→Needs improvement

Delivery

Effective delivery, thoughtful and logical organization of the material:

Well-developed ←----------→Needs improvement

Appropriate use of audiovisuals to support the presentation:

Well-developed ←----------→Needs improvement

Demonstrates a cohesive group effort:

Well-developed ←----------→Needs improvement

Overall Group Grade: _____ / 20