Transcultural Psychiatry in Medical Ethics: A Case of Assessing Decision Making Capacity (DMC) within the Lens of an East African Refugee

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BACKGROUND

- While the principles of medicine are universal, they should be applied in a cultural relativistic manner when appropriate.
- We present the complex case of an Eritrean refugee in highlighting cultural relativism in assessing for DMC.

**Domain 1:** Cultural identity of the individual
- What are the linguistic system?
- What are the self-identified cultural affiliations and any other socially relevant aspects of identity?
- What is the level of involvement with the culture(s) of origin and the host culture?

**Domain 2:** Cultural conceptualizations of distress
- What cultural factors may be influencing the individual’s experience of, understanding of, and communication about symptoms and problems?
- What is the impact of culture on coping and help-seeking patterns?

**Domain 3:** Psychosocial stressors and cultural features of vulnerability and resiliency
- What are the key stressors and supports in the social environment?
- What is the level of functioning and resilience when compared to individual’s cultural reference group?

**Domain 4:** Cultural features of the relationship between the individual and the clinician
- How do culture, social, & language differences affect how clinicians understand and respond to individuals?
- How might these factors enhance assessment and ongoing care?

**Domain 5:** Overall Cultural Assessment
- Summary of the implications of the information gathered: How do the cultural factors impact assessment, diagnosis, and care of the individual?

CASE REPORT

KW is 29 year old refugee from Eritrea with a history of HIV from sexual assault who presented to ED after police found her wandering after recent divorce from husband who took their son with him.

- Admitted for failure to thrive with noted BMI of 15.79 and CD4 count 190 with viral load 1.1 million (copies/ml). At that time, she was appointed a state legal guardian.

- On initial presentation, patient beneficence > autonomy however with improving nutrition, she exhibited the capacity to refuse further ECT.
- Discharged with hopes to have psychotherapeutic intervention from those who shared her language and culture, as noted by Lambo in creating his Aro Village System in Nigeria.³

DISCUSSION

**Domain 1:**
- Language: Tigrinya. Cultural affiliations: Eritrean. Faith tradition: Muslim
- In Ethiopian culture, divorce is a last resort as marriage is considered sacred; need to involve male elders to formalize separation.¹
- Stigma surrounding HIV in Ethiopia may have contributed to the initial denial of her diagnosis and refusal of treatment.²

**Domain 2:**
- Eating disorders from an Ethiopian lens were previously described as an “eating arrest” in times of crises, which was expressed through lack of ability to eat.⁵

**Domain 3:**
- Stressor: acute separation with husband with no current supports and poor communication d/t language barrier while hospitalized
- Functioning and resiliency impacted given isolation and barriers as above

**Domain 4:**
- On initial presentation, patient’s guardian and the ethics team were engaged for involuntary administration of antiretroviral and psychotropic medications as the patient’s mental state was thought to be reversible.
- ECT ultimately discontinued given concern for re-traumatization, and she was discharged with hopes that she re-engage with members of her community.

CONCLUSION

- Although this patient was deemed legally incompetent, patient appeared to be exhibit DMC to refuse ECT in the context of her cultural formulation and improving condition.
- The nature of relationship between decisional capacity and related provider bias required for legal competence and the process of assigning state legal guardians requires continued discussion.

- This case highlights a situation in which Western medical/psychiatric evaluations and treatments were applied to a patient whose cultural conceptualization of her physical and emotional health were vastly different.

REFERENCES