

## **Case Scenario 1 – Mrs. Mary Avaalaaquiaq**

Mrs. Mary Avaalaaquiaq is an 81-year-old Inuit female who lives in the remote northern community of Pond Inlet, Baffin Island (population = 500). Her home is a crowded two bedroom bungalow in which several of her five children and six grandchildren reside. She does not speak or understand English very well and requires a translator when meeting with health care professionals.

### **Medical Information**

Mrs. Avaalaaquiaq was taken by her eldest daughter to see the resident nurse practitioner because she was experiencing shortness of breath, upper bilateral chest pain, and difficulty swallowing solids and semi-solids (but not liquids). The nurse examined Mrs. Avaalaaquiaq and determined that the elder needed to be examined more thoroughly by the consulting family physician who would be in Pond Inlet within the next 10 days. The medical team in Montreal conducted a thorough assessment of Mrs. Avaalaaquiaq. They diagnosed advanced cancerous lesions in both of her lungs and a secondary metastasis in her larynx. Mrs. Avaalaaquiaq successfully underwent an emergency laryngectomy because airway system was being compromised by the laryngeal tumor. She and her daughter were seen by the consulting ENT and speech-language pathologist (SLP) pre- and post-operatively. The SLP counseled the daughter and Mrs. Avaalaaquiaq, via translations by her daughter, regarding the use and care of an electrolarynx (Servox brand). They were given written instructions (in English) regarding the use and care of the electrolarynx, as well as a description of nonverbal communication strategies. Mrs. Avaalaaquiaq also underwent a short course of chemo and radiotherapies to help ease her chest pain. Long-term therapies were not recommended or implemented. The prognosis for Mrs. Avaalaaquiaq was poor. This was discussed with her and her daughter, along with several care options.

### **Presenting Problem**

- Mrs. Avaalaaquiaq was given the choice of staying in Montreal to receive palliative care or returning to her community. She was told she had 3-6 months to live; medical intervention was no longer appropriate.
- The outreach team in Montreal made recommendations regarding palliative care, pain management, and communication care plans which were to be implemented in Mrs. Avaalaaquiaq's home community using local resources (nurse practitioner, consulting family physician who visits the community once a month, her children, and her grandchildren).

*Adapted from Case Studies in Gerontology for the Applied Health Sciences: An Education Resource developed by J.B. Orange, S. Hobson, M.F. Cheeseman, A.A. Vandervoot, and M.E. Black, July, 1997.*