

IPHER

**Interprofessional Health
Education and Research**

The Case of Mrs. Emma Taffey

Mrs. Emma Taffey is a right-handed 73-year-old woman who comes from a small outport in Newfoundland. She is married to a retired fishery worker. Mrs. Taffey has a grade eight education. She is a native-English speaker who has never worked outside of the home. She has raised 12 children, seven of whom still live in the vicinity. The Taffey home is a two-storey wooden house with a shanty (i.e. outhouse) attached to the back porch. There is a water pump in the kitchen and a wood burning stove for heat.

Mrs. Taffey enjoys canning, knitting, needlepoint, and quilting. She has a small income from her knitting and quilting work. She has a sizeable social support system that includes her children, her husband, and many friends.

Medical Information

Mrs. Taffey is overweight and has insulin dependent-diabetes mellitus (IDDM). In conjunction with being a brittle diabetic, she has peripheral neuropathy with parenthesis of her fingers and feet, vision problems (diabetic retinopathy), bilateral sensorineural hearing loss (SNHL), and peripheral vascular disease. Mrs. Taffey also smokes, on average, one package of cigarettes daily.

Presenting Problem

Mrs. Taffey has made the journey to Memorial University Health Sciences Centre in St. John's with her husband and one of her daughters. Her family physician has recommended the amputation of her right leg, below the knee. Pressure sores on the left foot require monitoring and may lead to another amputation. The cost of a prosthesis is relatively high, given the limited family income. The outport in which the family resides is very isolated from September to May. Mrs. Taffey must be discharged within eight-to-ten weeks in order to catch the coastal supply boat to her home town, or else she may be stranded in St. John's for the winter. Fortunately her husband can stay with their son and daughter-in-law who live in St. John's but her daughter will need to return home soon to care for her own family. Once she goes home, access to health care will be very limited. Her family physician flies in once/month to care for the health needs of those in the outport community. Occasionally other health professionals fly in with him when there is a specific need.

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.