



MONASH University

Medicine, Nursing and Health Sciences

Prepared by:

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Palliative care services for Indian migrants in Australia: Experiences of the family of terminally ill patients

Background of the study

- **Identifiable group of people not accessing palliative care (Hudson, 2004)**
- **Minority group unaware of the palliative care services in Australia**
- **Australia is a multicultural & multilingual country- 40% population overseas born (Taylor & Box, 1999).**

Objectives of the study

- **Explore the issues related to accessing palliative care services for Indian migrants**
- **Identify the effectiveness of the palliative care in supporting the patient and family**
- **Recommend strategies for improving care for the family member's of terminally ill Indian migrants**

Methodology

- **Qualitative descriptive research design**
- **Study setting: In-patient setting & Home based setting**
- **Sample size- 6**
- **Inclusion criteria**

Recruitment

3 strategies

- 1. Health care providers send letter of invitation**
- 2. General Practitioners forwards letter of invitation**
- 3. Snow ball sampling – families send copy of letter of invitation if they know anyone with terminal illness**



Data Collection procedure

- **Ethics Approval**
- **Semi-structured interview guide**
- **Procedure**

Results

- 3 Major themes
 1. Health system issues
 2. Cultural issues
 3. Caring experiences

Theme- 1

- **Health system issues**
 - ❖ **Lack of knowledge about Australian health care system**
 - ❖ **Lack of knowledge on palliative care services**
 - ❖ **Lack of information about Indian health profile**
 - ❖ **Cultural groups unaware of the health system**
 - ❖ **Communication issues**

One caregiver quoted as follows

- ***“About palliative care what I know is, it is the care given to the people with terminal illness, and maintaining and keeping quality of life. That is all I know” (Case- 4).***

Another caregiver expressed about communication as

- ***“When my husband was admitted in the hospital, the doctor came to visit him and explained him directly that he has cancer and could not cure it because it already spread to other parts of the body, his days are counted and he will die at anytime”. (Case- 5)***

Theme-2

- **Cultural issues**
 - ❖ **Food & Clothing**
 - ❖ **Traditional beliefs & practices**
 - ❖ **Physical issues**
 - ❖ **Religious customs & beliefs**
 - ❖ **Mixing native therapies with western medicine**
 - ❖ **Death and dying**

One caregiver described food was the problem

- ***“My husband does not like porridge or bread for breakfast, so I had to prepare Indian dishes and give him. At least then he will be happy you know and I will be satisfied I have done something good for him”.*** (Case- 2)

Another caregiver expressed about death and dying as

- ***When my mother in law was dying staff did not inform us, so we could not go in time, talk to her and spend time with her at the last stage of her life. It is our custom that we have to give her a sip of water when she is dying (Case -4)***

Theme-3

- **Caring experiences**
 - ❖ **Burden of caring**
 - ❖ **Patient experiences**
 - ❖ **Family systems**
 - ❖ **Support systems for Indians**
 - ❖ **Awareness of human rights**

One caregiver stated caring is a hard work:

- ***It is a hard work. Because my husband is aged and I cannot toilet him or shower him, more so, he is fragile and he had a number of falls. For the past weeks he was going down and was vomiting. I just cannot do that and really it is a hard work for me (Case- 2, 55 years old female caring her husband).***

Conclusion

- **Family members experienced:**
 - 1. Burden of caring**
 - 2. Communication problems**
 - 3. religious & cultural issues**
 - 4. Lack of resources & knowledge on palliative care services**
 - 5. Lack of family support**

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Thank you

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