

## Case 4 – Sara

Sara a 28 year old Iranian physiotherapist moved to Australia with her radiologist husband, as skilled immigrants, 18 months ago with their daughter. Neither parent has obtained work in their professional field since immigrating, they have no family in Australia. Sara works in part time childcare and caring for their daughter, Ahmed works in a pathology collection centre. Both are pursuing Australian qualifications to resume their careers. You have seen Sara intermittently over 12 months for minor concerns, this time she feels run-down and worried, she requests sleeping tablets for insomnia.

...Sara is frustrated she cannot work as a physiotherapist, which would help the family budget and allow Ahmed to concentrate on his studies and return to radiology. Sara is softly spoken, withdrawn, avoids eye-contact and has flat affect. She volunteers she desperately wants a brother or sister for Anna, but Ahmed firmly believes that they cannot afford to have another child. You notice a fading bruise on her cheek, she says is the result of a fall. Further exploration of her history is unrevealing.

### Best Practice Response

Relevant ethical considerations and medico-legal issues

- The therapeutic relationship is based on respect, openness, trust and good communication. A good doctor-patient partnership involves treating each patient as an individual. When working with patients from migrant and refugee backgrounds doctors should ensure that care is delivered in a culturally sensitive manner.

To achieve this outcome, doctors should:

- be mindful of their own personal beliefs and assumptions;
- respect the values and beliefs of all patients;
- inform themselves of cultural issues relevant to their patient;
- cater to the patient's specific language, cultural and communication needs by using, whenever necessary, qualified language interpreters or cultural interpreters. It is inappropriate to place family members or friends of the patient in the role of interpreter, particularly when abuse and violence is an issue.
- To facilitate open and effective communication, it is good practice to reassure patients, particularly when domestic abuse is suspected, that the information disclosed during the consultation- subject to legal and mandatory reporting requirements- is strictly confidential. Migrant and refugee patients should also be assured that trained interpreters are also bound by rules of confidentiality.
- Diazepam and its derivatives used as sleeping tablets are susceptible to abuse. Doctors need to manage the risks surrounding diazepam dependency and should explore with the patient the reason/s for seeking medication and offering safer alternatives.
- When a patient from a migrant or refugee background presents with symptoms suggestive of domestic abuse or violence, seek to empower the woman to make positive changes to her life by offering assistance and support in a culturally sensitive manner. Explore safety issues with the patient and offer ongoing support and help.