AETC-NMC
AIDS Education and Training Center
National Multicultural Center
HOWARD UNIVERSITY COLLEGE OF MEDICINE

Case Study Adapted from Addressing HIV Care and Latino Model

Kerry, a 32-year-old Native American woman from a small reservation in Montana presented to a large urban clinic in the Northwest for care. She was married at age 17 and had contracted HIV from prior IVDU. She has been unemployed for the past 10 years. Her husband, Carlos, a Central American immigrant, had been HIV tested and was negative, although Kerry admitted they occasionally had unprotected intercourse.
Her medical history was complicated by periodic alcohol and crack binges, and a history of abnormal Pap smears. Her family and social history revealed childhood physical and sexual abuse, and chemical dependency.

Although she had a brother living nearby in the city, she was adamant that he and family in Montana know nothing about her diagnosis or treatment as she feared family revenge.
She did not want her family to try to take her back to the reservation - a place she escaped from and she made it clear she didn't want to return, even after death. Her husband agreed with her decision not to return to the reservation, and noted that her family did not like him, as he was an "outsider."

Kerry knew that her brother Mike often called the primary care doctor for updates on her condition. The patient reminded her physician that she wanted her diagnosis kept confidential, even if that seemed harmful to others.

She was initially started on antiretroviral therapy, but frequently missed appointments for medical and gynecological care. She occasionally spoke of wanting to see a medicine person through the clinic, but did not follow through on this because the healer was male, and because she occasionally needs drugs.

Her CD4 counts continued to decline, with rising viral load, and she was admitted to the hospital's intensive care unit with opportunistic infection and cardiomyopathy.

She had previously expressed a strong desire to be a "no code," but suddenly changed her mind in the ICU just prior to her death. After her death, her brother and elder aunt demanded to know her diagnosis. Then they told her husband that "they were her blood family, and she

needed to be buried at home," regardless of her wishes, and that he had no legal or other rights to make any decisions.

Discussion Questions:

1. What are the barriers to care in this case?
2. What ethical decisions must the health care providers make concerning her diagnosis and treatment
3. What course of action could the health care providers have taken for more culturally competent care?
4. How can the issue of her burial be resolved?
5. Discuss other Cultural Competence issues that may impact retention into care and treatment.