Transcultural Psychiatry in Medical Ethics:
A Case of Assessing Decision Making Capacity (DMC) within the Lens of an East African Refugee

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BACKGROUND

- While the principles of medicine are universal, they should be applied in a cultural relativistic manner when appropriate.

- We present the complex case of an Eritrean refugee in highlighting cultural relativism in assessing for DMC.

<table>
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<td>Domain 1:
Cultural Identity of the Individual

• What are the language(s) spoken?
• What are the self-identified cultural affiliations and any other clinically relevant aspects of identity?
• What is the level of involvement with the culture (s) of origin and the host culture?</td>
<td>Domain 2:
Cultural conceptualizations of distress

• What cultural factors may be influencing the individual's experience of, understanding of, and communication about symptoms and problems?
• What is the impact of culture on coping and help-seeking patterns?</td>
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<td>Domain 3:
Psychosocial stressors and cultural features of vulnerability and resilience

• What are the key stressors and supports in the social environment?
• What is the level of functioning and resilience when compared to individual's cultural reference group?</td>
<td>Domain 4:
Cultural features of the relationship between the individual and the clinician

• How do cultural, social, & language differences affect how clinicians understand and respond to individuals?
• How might these factors influence assessment and ongoing care?</td>
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<td colspan="2">Domain 5:
Overall Cultural Assessment
• Summary of the implications of the information gathered. How do the cultural factors impact assessment, diagnosis, and care of the individual?</td>
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CASE REPORT

KW is 29 year old refugee from Eritrea with a history of HIV from sexual assault who presented to ED after police found her wandering after recent divorce from husband who took their son with him.

- Admitted for failure to thrive with noted BMI of 15.79 and CD4 count 190 with viral load 1.1 million (copies/ml). At that time, she was appointed a state legal guardian.

- Psychiatry, risk management, the patient's guardian and the ethics team were engaged for involuntary administration of antiretroviral and psychotropic medications as the patient's mental state was thought to be reversible.

- ECT ultimately discontinued given concern for re-traumatization, and she was discharged with hopes that she re-engage with members of her community.

DISCUSSION

Domain 1:

- Language: Tigrinya. Cultural affiliations: Eritrean. Faith tradition: Muslim
- In Ethiopian culture, divorce is a last resort as marriage is considered sacred; need to involve male elders to formalize separation.[1]
- Stigma surrounding HIV in Ethiopia may have contributed to the initial denial of her diagnosis and refusal of treatment.[2]

Domain 2:

- Eating disorders from an Ethiopian lens were previously described as an "eating arrest" in times of crises, which was expressed through lack of ability to eat.[3]

Domain 3:

- Stressor: acute separation with husband with no current supports and poor communication d/t language barrier while hospitalized
- Functioning and resiliency impacted given isolation and barriers as above

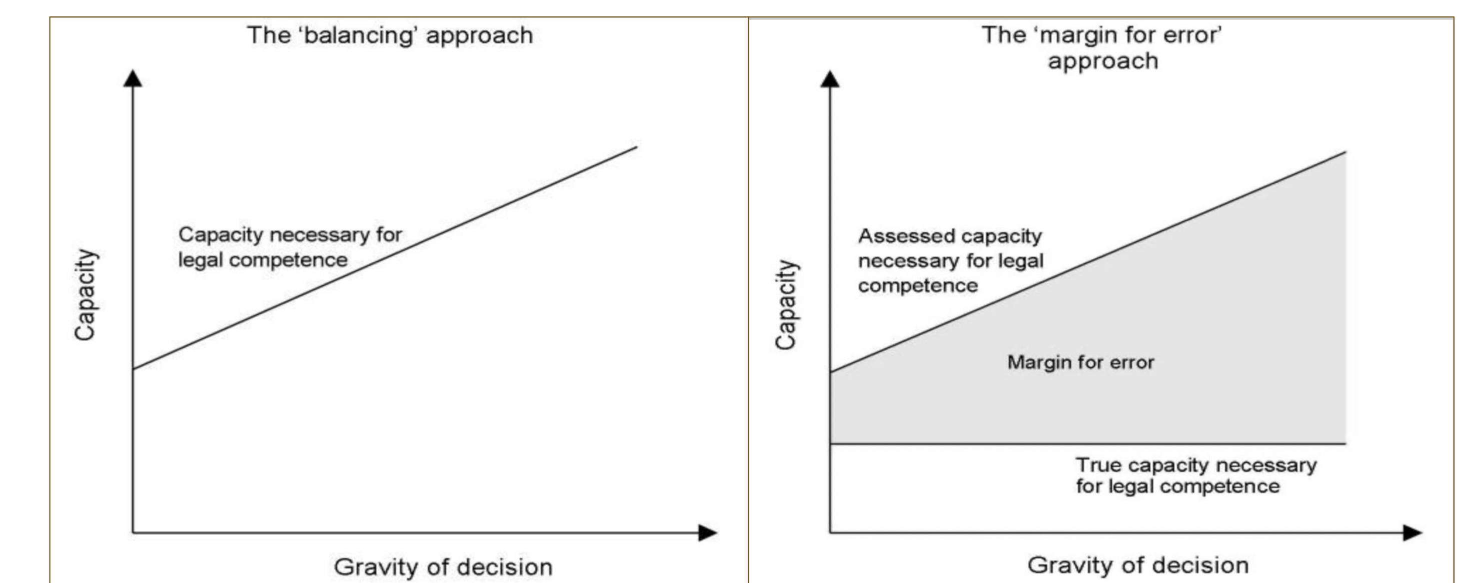
Domain 4:

- On initial presentation, patient beneficence > autonomy however with improving nutrition, she exhibited the capacity to refuse further ECT.
- Discharged with hopes to have psychotherapeutic intervention from those who shared her language and culture, as noted by Lambo in creating his Aro Village System in Nigeria.[4]

CONCLUSION

- Although this patient was deemed legally incompetent, patient appeared to be exhibit DMC to refuse ECT in the context of her cultural formulation and improving condition.

- The nature of relationship between decisional capacity and related provider bias[5] required for legal competence[6] and the process of assigning state legal guardians requires continued discussion.



- This case highlights a situation in which Western medical/psychiatric evaluations and treatments were applied to a patient whose cultural conceptualization of her physical and emotional health were vastly different.

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