The Case of Ming

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Introduction

Hospital social work can offer diverse opportunities for practice. Though emotionally intense, medical social workers often encounter the natural human process of death and dying. Helping patients and their families through these life-transforming events is an important part of the medical social worker’s position. The following is the case of “Ming”, a 98-year-old female admitted to a rural hospital at the end stages of her life cycle. The patient’s identifying information has been changed for confidentiality and HIPPA law. Over a brief two days, the medical social worker worked at the micro level with Ming and her family. The social worker worked alongside the hospital’s palliative care team to assist Ming in obtaining positive outcome.

Diversity & Social Justice

Promoting social justice, it was important to ensure that Ming and her family had their rights respected in the hospital environment. Because of significant cultural and language barriers, Ming was vulnerable to losing fair and equal treatment in her medical care. She did not have the same ease of communication, understanding, and navigation around the hospital setting as an English-speaking, Christian, Westernized white male. The social worker wanted to advocate for Ming’s voice to be heard, and to allow her choice in her medical treatment. The social worker did not want Ming’s rights to be compromised by her inability to communicate in the dominant language, different cultural background, or symptoms of organic brain syndrome. Advocating for this social justice was an essential part of her intervention with Ming.

Values & Ethics

Because Ming lives in a small community, it was important to protect her privacy and confidentiality. Guided by the NASW Code of Ethics (2017), specially that of integrity, the medical social worker ensured that Ming and her family understood their rights, ensured their privacy and allowed them to choose the services they felt would best fit for Ming and their family.

Literature Review

Applicable literature was reviewed by the medical social worker after working with Ming and her family. For client-centered care with dying patients, the research illustrated the positive impacts of palliative and hospice care, and of advanced care planning (Smith & Robinson, 2014; Torneau, 2009). The literature also provided insight into culturally-competent end-of-life care and values in the Chinese population (Pearson & Lui, 2013).

Human Behavior & the Social Environment

Ecological systems theory informed the medical social worker’s perspective on Ming’s case. The theory understands a person in the context of their environment, and within the many systems that surround and interact within their life (Rothery, 2001). Ming’s complex and individual story could be viewed through the complex systems of her life.

Policy

Assembly Bill 3000, passed in California in 2008, created the legal document of the POLST form in the state of California. The POLST form is a detailed form of advanced care planning, and provides Californian patients with a personal form that could be signed by their physician. Medical providers are legally responsible to follow the orders on a legal POLST form (California Coalition for Compassionate Care, 2014; Wolk, 2008).

Outcome Evaluation

To evaluate Ming’s outcome after her intervention, the social worker and the palliative care team could have interviewed Ming’s family before and after her intervention. Upon admission to the hospital, Ming’s family could have been asked to discuss their level of anxiety, stress, or discomfort. After the intervention, the family could have been asked to compare current feelings to their earlier emotions in the emergency room. Specifically for Ming, her family could have been asked about their interpretation of Ming’s feelings when she first arrived to the hospital setting, and then re-evaluated after the intervention. A few days after Ming left the hospital, the medical social worker could have called the family at home to determine how Ming was adjusting. These measures could have provided insight into whether the intervention positively impacted Ming and her family.

Practice

The most important part of Ming’s intervention was the development of communication and understanding between the medical staff and Ming’s family. Amazingly, the palliative care team and social worker were able to locate a hospital Registered Nurse (RN) that was raised in China and spoke fluent Mandarin. This RN agreed to supplement the telephone translation service.

To improve understanding of Ming’s values, her entire family participated in the discussion and medical decision-making regarding Ming’s care. As decided by the family, Ming’s son unified the family’s conversations. This communication was essential for the medical social worker’s pursuit of social justice and social work values, and allowing Ming active participation in her medical treatment. Allowing the time, patience, and support, Ming’s voice was heard through all of her loved ones.

Allowing time to understand cultural and religious values, it was disclosed to the social worker and palliative care team that Ming had very specific instructions about her death. At death, she did not want her body touched by another human for three days. In addition, she did not want to be sedated by pain medications in her last hours of life. She needed to be alert so she could pray to the Buddhas during the last minutes of her life. These instructions were essential for Ming’s transition to the afterlife, and her ability to find peace and dignity in death.

Guided by Ming’s values and beliefs, the medical team and social worker assisted Ming in her goals. The intervention was expedited, to allow Ming to return home as quickly as possible with her family. Each step was discussed with Ming’s family, to determine if it was in line with Ming’s personal belief system. In this way, the social worker and medical staff attempted to provide the most client-centered medical care for Ming as possible.