**Health Case Study**

 Provision of medical care is influenced by a myriad of internal and external factors. As such, terminally ill patients have to grapple with an avenue whereby the choices they make shapes the trajectory of their medical treatment process. Further, the socio-cultural environment has the potential to influence the medical treatment process. From complementary and Alternative Medical (CAM) practices to western medicine, the prospect of conflicts of interests or beliefs is bound to prevail in accessing palliative care. Therefore, this paper will examine the various aspects of medical treatment as per the case questions.

**Current Research, Practices for the End of Life, Palliative Care and the Complementary and Alternative Medicine Perspectives**

Palliative care, also known as comfort care, has become a movement across the US that is garnering popularity in the recent years. In the contemporary environment, hospitals have been developing comfort coupled with pain management programs that focus on supporting the notion of minimization of pain with emphasis on the maximization of comfort for patients (Armenakis & Kiefer, 2014). As such, the use of various medications has been evident in the provision of palliative care (Ventola, 2010). Apart from the western medicine, the advent of alternative coupled with complementary medicine has become evident. As well, alternative medicine denotes the description of any form of medical treatment coupled with an intervention that is not documented or identified as being safe or effective. Nonetheless, from the evaluation of Ella, the alternative therapies can entail acupuncture, guided imagery, hypnosis, biofeedback coupled with relaxation. On the other hand, complimentary alternative medication (CAM) denotes a new approach towards the treatment process that entails a combination of scientific medicine with the complementary therapies. Through the approach, there prevails the combination of approaches such as acupuncture to delivery western medicine to specific parts of the body. In the recent years, the appreciation of CAM has been because of the need for personal control coupled with dissatisfaction with the conventional medical care.

**Cultural and Traditional Issues**

Traditional issues are bound to come up extensively with the progression of Ella's cancer. Brought up in a traditional society that believes considerably on the need to conform to the traditions, it is evident that she may resort to sticking to her traditional medicine. Of utmost concern is her husband, John who is a staunch believer in Native American traditions. Being brought up in a society that believes in the traditions, the influence of the husband on Ella may translate into preference of certain acts such as banishing of evil spirits coupled with meditation as alternative medication as opposed to sticking to contemporary forms of medication. Consequently, among the traditional issues that may further emerge include:

* Beliefs of both Ella’s Spanish heritage and Native American emphasis on the sanctity of life
* Conflict between Ella’s family and their business partners Maldonado on their option to stick to traditional medicines as opposed to seeking western medicine
* Conflicts of interests among the involved parties about the traditional medication which may translate into litigation

**Integration of Complementary and Alternative Medicine and Beliefs, Mainstream Medical Practices, and Cultural/Traditional Rituals and Practices**

 Legal issues are of utmost concern in the integration of CAM, mainstream medical practices with traditional rituals. As per Armenakis and Kiefer, (2014), in the current legal system, there prevail various issues that are still unresolved that are inclusive of provider oversight, inconsistency in the legislative mandate. Further, regarding the inconsistent legislative mandate, Haliko et al. (2017) emphasize that there is the need for the definition of standards of care, the scope of practice and liability issues for the users of the CAM, traditional practices with mainstream medical practices. For the healthcare providers, it is imperative to comprehend that failure to poses a license is an issue of concern. Consequently, without a license, integration of western medicine practices with CAM or traditional medicine opens up the potential for litigation. Across America, the regulation is adamant towards ensuring that no integration of the various treatment options prevails since it can translate into negative results that will be daunting to determine which treatment option led to the adverse outcomes.

**Scenarios**

**Ella Wishes to Continue the Complementary and Alternative Practices**

 John, Ella’s husband, will agree with the CAM practices. As an individual whose life has been influenced by both traditions and mainstream practices, he seems open to the option. On the other hand, Lila, their daughter will not accept the use of CAM. As such, the use of the mainstream medicine such as insulin to manage her diabetes is a revelation that CAM is not effective. Further, Al, the husband of Lila will be not being in support due to his considerable fear of both hospitals and funeral homes. Al equally may believe in CAM due to the prospect that he has no health issues.
**Ella Is Coerced Into Following Mainstream Medical Advice**

 Lila will react positively to the option of mainstream medication since she is proof if its effectiveness. Accordingly, it is through mainstream medication that Lila is currently managing both her stress and weight. On the other hand, AL, as mentioned, has a fear of healthcare organizations hence will not be positive about opting for mainstream medical practices. John, the husband, will be accommodative to the western mainstream practices.
**Ella’s husband, John, insists that, as father and husband, his family traditions should be followed**

The significant backlash will be evident in the instance that they focus on traditions. Native American traditions are based on banishing evil and traditional medicine which are not tested nor registered by the government (McClain, Rosenfield & Breitbart, 2003). Hence, Lila and Al may opt out of the option due to both personal and cultural beliefs. Further, John will be jeopardizing his career as an attorney for opting for the option which could further lead to conflicts in the family.

**Examining the Biological Basis for Care**

**Son Sam, the Alcoholic**

 Sam will have to grapple with the need to take care of both his mother and himself. Consequently, the need to take care of his mother can lead to financial hurdles. In the end, Sam may be rendered disadvantaged due to the need for both rehabilitation and payment for Ella’s long-term care.
**Daughter Lila, with Type II Diabetes**

 The health state of Lila denotes that she is in need of medical care. Constant access to insulin translates into an increased strain on the finances.  Of utmost concern is the increase in stress due to her mother's admission to long-term care which could further increase the severity of her diabetes.
**Grandson Josh, Starting To Have Drug Problems**

 The drug problems of Josh are facets of concern. Of utmost importance are the implications on the family in regards to the need for constant care. Consequently, because of the long-term care, the grandson may be side-lined by the family.

**Granddaughter Lucy, Bipolar With More Entrenched Drug Problems**

 The granddaughter Lucy requires constant care. Attention should be undivided in the management of her state. Nonetheless, with the need for long-term care for her grandmother, the prospect of being sidelined can prevail.
**Daughter-In-Law, Sarah’s Stress Related To Her Family’s Medical Issues (Son With Leukemia And Brother With HIV)**

Daughter in law’s stress related to the family and medical issues are bound to impact on the family considerably. With the father considering the family as all crazy, it is imperative to examine the biological perspective. Hence, biological factors could translate into genetic discourses on such ailments coupled with cancer as being hereditary which could translate to the children of the family being equally affected.

**The Micro, Meso, and Macro Influences Affecting both the Patient and the Diverse Family Members**

 Micro-level practices as per Haliko, et al., (2017) focus on the individual interacting with the client. On an individual basis, the micro level intervention can denote ca nurse resident interacting with a client at home. Alternatively, it can denote a social worker offering services to a client at a mental or home facility. As per Broom & Kirby, (2013) meso level intervention denotes bringing people together who may not be couples or family members but may benefit from social or resource network. Accordingly, meso level denotes a direct change of the system that affects a client such as neighborhood or estate is bound to prevail. An example of a meso level intervention denotes group counseling, self-help groups or community associations.  As per diverse pundits, macro-level makes an emphasis on systemic issues. It is inclusive of creation and maintenance of a network of service providers for the establishment of a continuum of care. Therefore, the macro level intervention can translate into the intersection with the political realm through the creation and lobby for the adoption of policy changes. In the planning implementation and coordination of social programs, the prospect of macro scale activities is evident. The coordination of numerous services coupled with policy work generates an avenue towards addressing the health or social issues.

**Family (micro) Conflicts and Differences, and the Extended Family’s (meso) Reaction, Community Resources (macro) that Support Ella's Needs for Care, and The Ability of the Community Resources to Meet the Family’s Needs**

Conflicts are bound to emerge due to Ella’s choice to stick to the alternative medicines and not conforming to the western medicine in the end days. As such, the need for the family to put aside their pride and let Ella live her last days as she wants will be evident at the micro level. Consequently, with the backing of the husband, the hiring of a home nurse at the micro level will be evident whose role will be to provide the necessary care. On the other hand, at the meso level, it is fundamental to comprehend that the neighborhood coupled with extended family will have to ensure that provision of best care prevails (Haliko et al., 2017). Nonetheless, the extended family will exude conflict of ideas on how the care should prevail. John as the husband may opt for home care through the traditional practices. Maldonado as a family friend and business associate may be of the need for western practices such as the provision of comprehensive management programs that are offered in the hospitals.  Lastly, regarding the macro level, it is critical to examine aspects such as lobbying which is influential in the treatment process. From the analysis of Ella, the prospect of lobbying should be through her husband. As well, it should entail the adoption of a comprehensive initiative in which the State changes the manner in which hospitals offer their services to the terminally ill. John as the husband should depend on the adoption of a distinctive approach to the development of policies that reduce the costs of health insurance and the various approaches adopted for the palliative care process.

**Medical Issues and the Advantages and Disadvantages of Hospital versus Home**

 The emphasis on medical issues related to Ella in her choice for opting for CAM in her treatment process is an issue of concern specifically, in her access to hospital care. Therefore, it will be critical for the family to re-examine the hospital care as an option. Nonetheless, the focus on hospital care presents various advantages and disadvantages for the family.

 Opting for the hospital presents Ella with the option of accessing the latest technology in managing her health state. According to McClain, Rosenfield & Breitbart, (2003), hospital care at the end of life translate into accessibility to experts 24 hours a day, constant monitoring coupled with immediate treatment. The level of care and attention that Ella can access at the hospital is higher than that at home which ensures that any side effects are handled immediately.

 Further, her family can benefit from the social support. Social support emanates from the neighborhood or community offering comfort to Ella and her family during the times of financial and emotional strain. As well, the prospect that the family will generate closeness through the hospital care will ensure that their bond and any quarrels are dealt with accordingly. The hospital environment will translate into an avenue whereby family ties close or not are re-evaluated.

 On the other hand, the financial strain on the family is a potential disadvantage of the hospital option.  It will cost less to keep Ella at home as compared to the hospital. Further, it is necessary to appreciate that home healthcare professionals are effective in the provision of holistic services to the individuals who are discharged from the hospital. As such, the home healthcare professionals make an emphasis on provision of the utmost effective medical services throughout their recovery period;

 It is equally essential to comprehend that Ella in opting for hospital care will not be accustomed to the privacy that home care provides. As such, home care, as opposed to the hospital care option, would allow her to recover in the security coupled with the comfort of her home. As well, home care translates into individualized care. As per Ventola, (2010), individualized care translates into meeting the necessary needs that Ella requires at her state. Of utmost importance is the prospect that coordination of services along with family support are at the core of receiving home as opposed to hospital care.

**Psychological and Social Issues Affecting the Family**

 Recent studies were undertaken by Ventola, (2010) reveals that significant emotional trauma prevails both during treatment of a cancer patient and at the end of life period. Of utmost concern is the feeling of helplessness expressed by both the family members and the patient. Of concern is the experience that the family has to endure in seeing Ella at her weakened state which translates into psychological stress especially on John her spouse.

 As such, their daughter Lila has been experiencing stress due to her weight coupled with diabetes, and during the stressful time, her condition is bound to worsen. The emotional ramifications on Lila may be extensive, but as compared to her brother, who is alcoholic, the potential for further alcoholism may prevail. Anxiety coupled with depression is two aspects that can be heightened during this medical period that Ella has to grapple with and can easily be shown by her spouse and children. The emotional needs of the spouse and children, as per Ventola, (2010) ought to be managed and exposure to guidance and counseling is a noteworthy initiative. Ensuring that the family deals with their current state correctively in the management of the disruption evident is necessary to sustain a cohesive family without further medical issues.

**Current Scenario as it Pertains to Diversity**

 Diversity is evident in the current scenario with the interaction of people with different social-cultural beliefs in regards to medicine or day to day conduct. As well, Ella's family comprises of individuals of both Spanish and Native American heritage whose interaction has translated into social, cultural underpinnings that influence their beliefs, values, and perceptions about medicine (Armenakis & Kiefer, 2014). Further, in the interaction of the two families, elements of similarity in culture are evident as compounded by both Ella and John's appreciation of the effectiveness of CAM. It is therefore noteworthy to comprehend that despite the diversity of the two families, the prospect of appreciation of CAM is a unifying factor. Nonetheless, the western medical practices seem to be a divisive factor in their social, cultural underpinning. As well, the prospect that their children subscribe to western medical practices is bound to erode the elements of culture that seemed to be obstructive towards access to treatment for Ella.

**The Impact of Lifespan Development on the Perspectives of the Family Members**

 Lifespan development presents an in-depth outlook on the diverse aspects of the lives of Ella’s family. In the previous years, scientists used to emphasize that development was over once one had hit the age of 25 (Armenakis & Kiefer, 2014). Nonetheless, in the contemporary environment, development is life-long and is influenced by various aspects of the day to day environment. Concurrently, Ella’s situation presents an avenue for insight coupled with judgment in regards to Al and Lila. Given their children, the notion of plasticity should prevail in their analysis of the choices that their mother made regarding her health choices (Armenakis & Kiefer, 2014). Further, it is critical for the children to be in line with the notion that cultural relativity, as an aspect of lifespan development is imperative towards the judgment and understanding of the life choices that their mother made.

**Conclusion**

 End of life care management is an issue of concern that affects numerous families. From the above analysis, it is evident that Ella is grappling with distinctive choices in the access to healthcare. CAM, traditional rituals or western medical practices are various options that are being influenced by the social, economic and cultural environment. As such apart from the immediate family, the notion of outside influence in her decision-making process is evident.

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