Diabetes and Older People: a multicultural Perspective

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Overview of the presentation

• Who are ‘older people?’
• Outline general and cultural issues that need to be considered when planning care and education for and with older people
• Note that respect for personhood, dignity, autonomy, spirituality and culture is important
• Older people’s stories are vital
Chronological age is not an good indicator of health status, care needs or self-care capability

- Older people are individuals – *not a homogeneous group*
- Have often lived a long time with diabetes so they are experts in ‘their’ diabetes
- Accumulated wisdom that can help them apply new information to new situations and solve problems
Cultural group is not a good indicator of health status, care needs or self-care capacity

- Similar beliefs exist among cultural groups but beliefs differ among locations and countries
- People also have individual stories and explanatory models that are informed by culture
- Some general cultural beliefs:
  - Seeking help when you are self-caring is an indulgent luxury
  - Discussing problems before they happen will bring them on
  - Overweight is healthy
Life transitions in older age

• Life transitions are important to personalised care planning
• Vary with the individual: some may happen before people come to Australia, some after they arrive
• Common transitions include:
  • Stopping paid employment
  • Volunteer work, including caring for family members
  • Travel e.g. scenic cruises, to visit homelands
  • Stopping driving
  • Moving into an aged care home – may or may not be culturally suitable
"Do you know what I fear most about old age?"

"No what?"

"Incontinence!"
"Well... the Glaxo pill protects my heart from the side effects of the Pfizer pill that prevents potential liver failure due to the Merck pill that minimizes the risk of stroke posed by the Novartis pill that reduces blood clots caused by the Glaxo pill."

"The devil of it is I can't remember the illness that started all this..."
Complementary medicines and other therapies

- Commonly used for a range of reasons
- Some are part of a health system e.g. Ayurveda
- Part of medicine and other belief systems
- Some have an evidence-base, many do not
- Use is associated with benefits and risk
- Contribute to polypharmacy
For an illness that is easily cured we simply need a good physician, good medicine, caring nursing and an obedient patient.

(The Buddha’s Art of Healing)
Aged Care facilities

- 68% women
- 43% > age 85
- 21% ATSIG
- 31% born overseas
- 39% NESB
- Life expectancy ~ 3 years
- ~ 20% has diabetes (AIHW 2016)
Some cultural and religious beliefs and customs concerning end of life

• Death is God’s will or plan
• There is life after death
• Reincarnation
• Death means you slip into a coma
• Need a cleansing ceremony after a death at home

The ancient Japanese had term for specific kinds of death e.g. *roshi* death in old age
Death poems are mere delusion — death is death.

(Jisei to wa sunawachi mayoi tada shinan)

(Bury me when I die beneath a wine barrel in a tavern. With luck the cask will leak.)

(Ware shinaba sakaya no kame no shita ni ikeyo moshi ya shizuku no mori ya sen nan)

(Moriya Sen'an d. 1838)
Family carers

- Families provide a significant amount of care
- > 60% of care is provided by a spouse, often old with health problems
- Spend:
  - 10.1 hours/week when person is on oral GLM
  - 14.1 hours/week when the person is on insulin
  - Compared to 6 hours/week caring for people without diabetes
Diabetes-related beliefs are part of a person’s cultural and personal belief systems

• Health is a state of balance
• Illness is caused by deficiencies/excesses – imbalance
• Ritual healing practices can restore balance
• You get diabetes if:
  • You go to Australia – Australia causes diabetes
  • It is in your family
  • You eat too much sweets
  • You behave immorally – diabetes is a punishment
  • It is God’s will
Diabetes-related beliefs are part of a person’s cultural and personal belief systems

• Food is symbolic and is used in cultural and religious ways as well as to survive:
  – High blood sugar makes you drunk in the head
  – Eating ‘white foods’ makes blood sugar go high
  – Using a lot of oil in cooking is a sign of wealth
  – Bitter food balances blood sugar
Arrive in Australia – it’s different!

• Leave their own countries for many reasons
• Some are vulnerable and have been physically and emotionally traumatised
• Some are highly qualified but work in ‘menial’ jobs
• Some cling to ‘the old ways’ e.g. become ‘more Greek than the Greeks’
• May be:
  • Migrants
  • Refugees or displaced people
  • Visitors
Ageist language and labels

- Words are powerful, even dangerous: they influence behaviours and outcomes
- Ageist language and elderspeak are demeaning and lead to resistive behaviours in people with dementia
- Deprive people of dignity and personhood
- Cultural labels include CALD, ethnic, and linguistically challenged
- Do not capture people’s individual stories
- Do not embody inclusion or personalised care

Many health professionals see culture/not speaking English as a barrier
Gomers are human beings who lost what goes into being human beings. They want to die and we will not let them
To stay young, the doctor said to exercise and eat the right foods.

What?!

I thought he said ACCESSORIZE and BUY NICE SHOES!
Some ways to enhance communication

• Have an appropriate environment
• Ask good questions
• Listen to the answer - didirri
• Use:
  – Stories, metaphor and pictures
  – Conversation maps
  – Songs
  – Gossip circles
  – Powerful others
  – Experiential methods e.g. cooking groups
**HAGAR**

Do you know what your problems are?

I drink too much, I eat too much, I fight too much, and I stay out too late.

Right!

It just saves time when I list them myself...

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Chris Browne 3-4
The wisdom and experience of older people is a resource of inestimable worth. Recognizing and treasuring the contributions of older people is essential to the long-term flourishing of any society.

— Daisaku Ikeda —