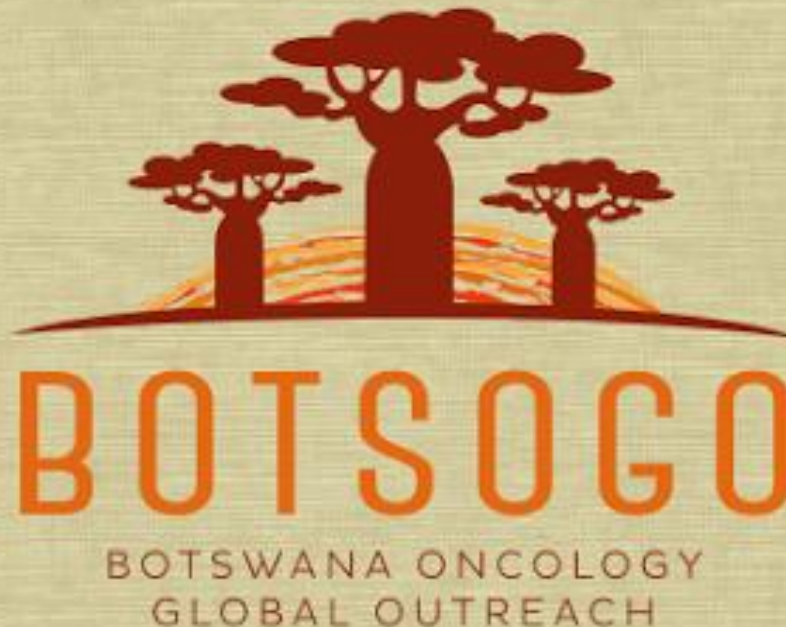


A case of a young woman with breast cancer

When religion collides with Medicine
What to do as a caregiver

Dr. Babe Eunice Gaolebale



History

- TGK , 49F divorced
- Mother of 5, youngest 8 years
- Lives in Gaborone
- Self employed but now not actively working
- Supported by ex-husband financially
- 84 year old mother was caring for her and the children before admission



History

- History : 2008 , noticed a lump
- Patient was 8 weeks pregnant
- Consulted a surgeon left breast excision biopsy
- Invasive ductal carcinoma , HER2 +ve, ER/PR +ve



ACCORDING TO THE PATIENT : no records to confirm

Plan was

- mastectomy
- abortion to be eligible to have further treatments
- due to religious beliefs she declined



Reasons for declining treatment

She states

DITHUTO TSA BADIMO –ELECTED SCHOOL OF ANCESTORS – TEACHINGS main church in South Africa

- They believe in ancestors –gods
- One is not allowed to have surgery or abortion or any form of medical treatment except prayers from this religion
- The teachings include : self care , honouring marriages
- Use of traditional medicines is prohibited



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- She had an uneventful pregnancy
 - Gave birth to a baby girl “my pride and joy “
 - States no regrets keeping her pregnancy and not having mastectomy
 - Continued with her religion which she felt was beneficial
 - Did not attend any medical services for the 2 years



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- 2010 had a normal mammogram
 - No referral to any system made and no follow up
 - Continued with her religious practices at home
 - Progressive changes noticed over the last 2 yrs
 - Discoloration, reduction in size of Left breast and involvement of Rt breast



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- January 2017
 - Progressive shortness of breath leading to admission at end of January
 - c/o chest pain and shortness of breath
 - Needed permission from the religious leaders to seek medical attention

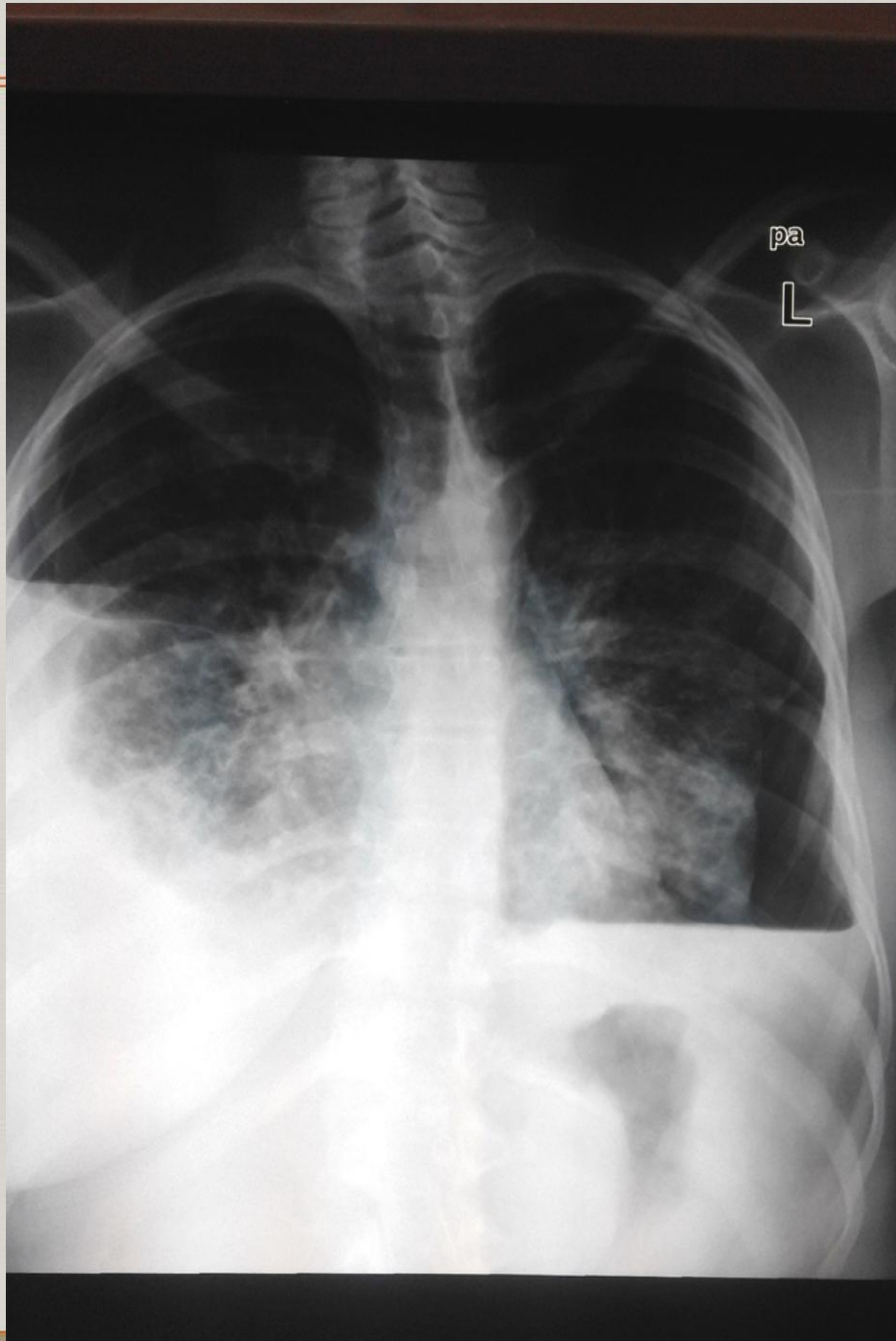


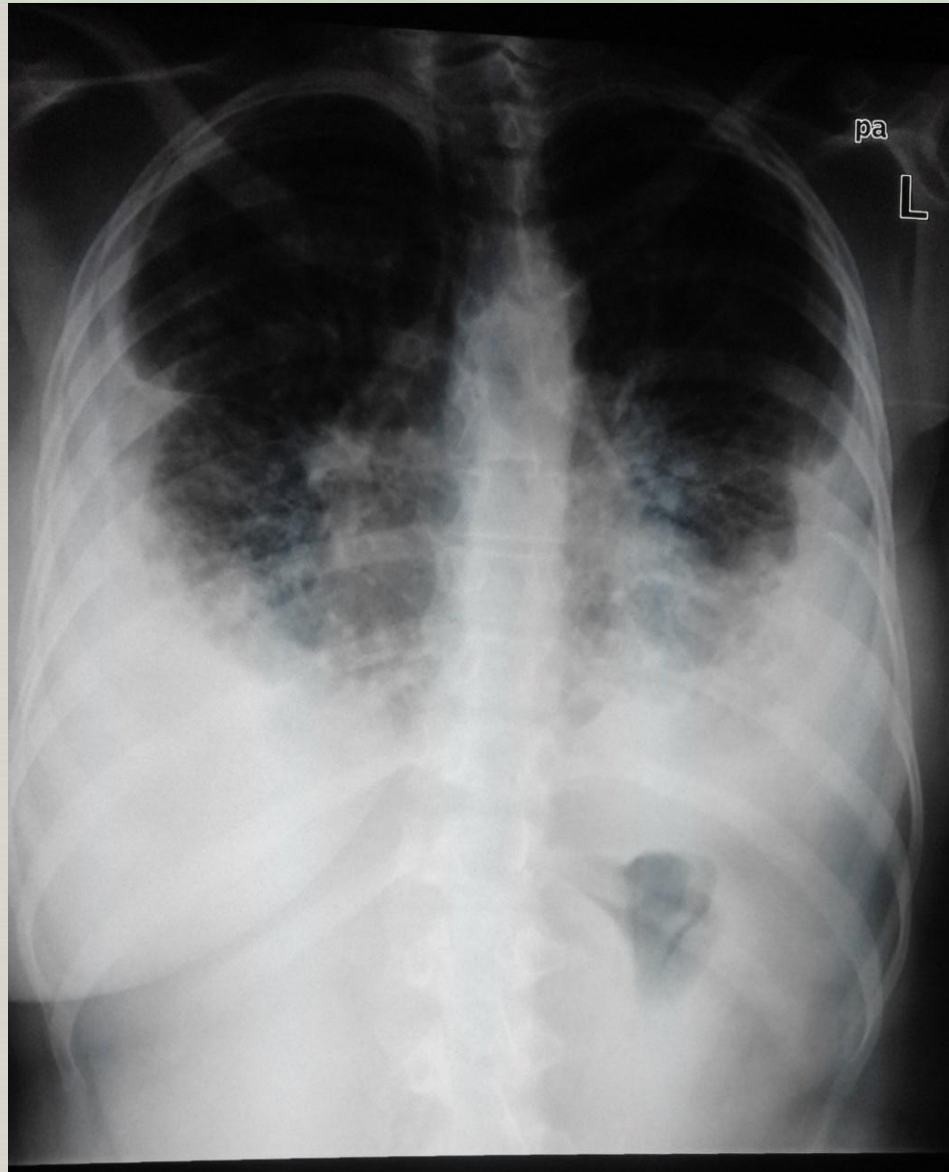
Examination

- CVS NAD
- RS – Reduced air entry bilateral ,stony dullness to percussion
- Lt Breast – nipple inversion ,discolouration, Peau d'orange
- Rt breast 8-10cm mass non tender and no discharge, Peau d'orange
- Bilateral matted axillary LN



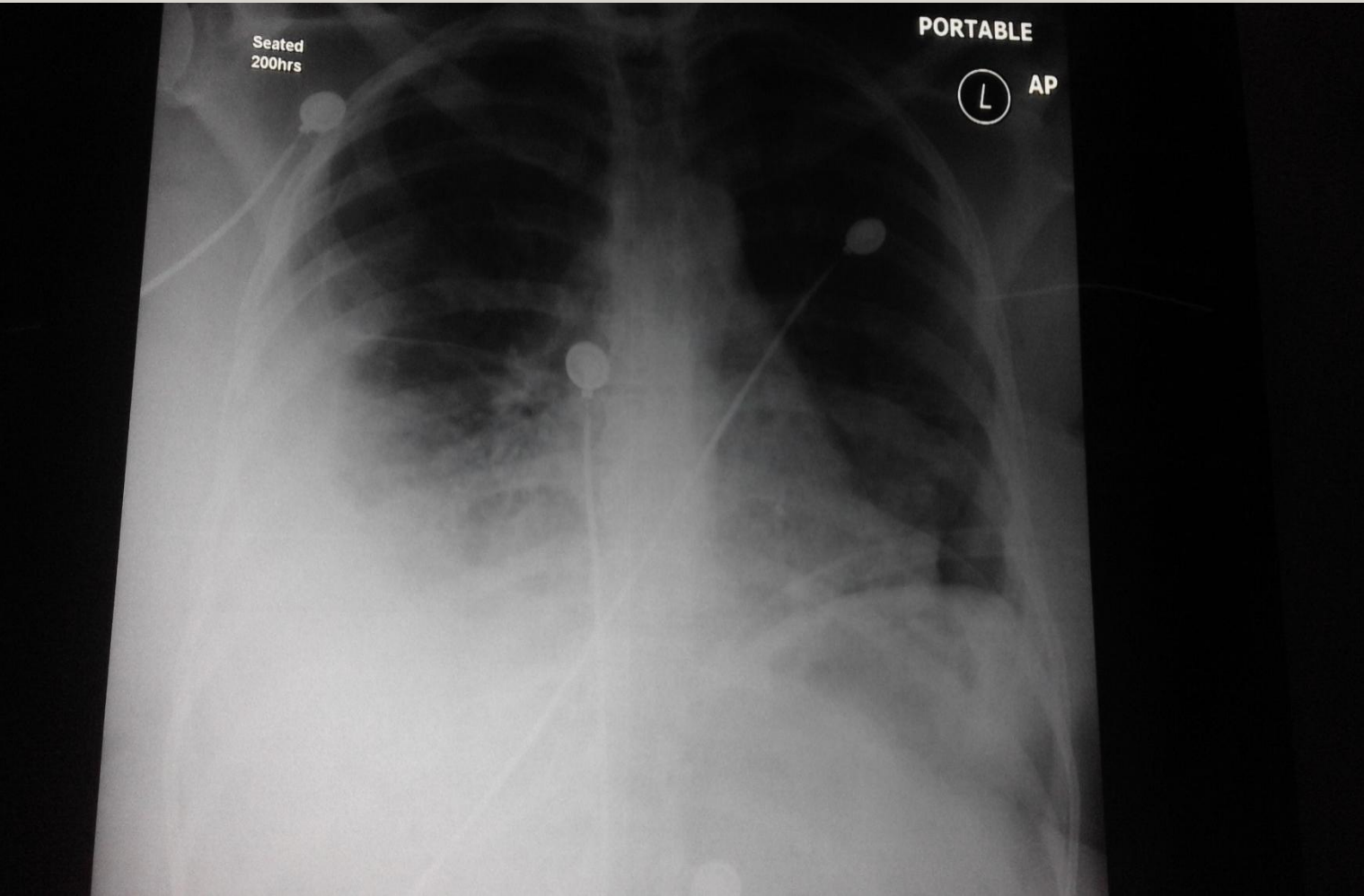






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- Chest drain inserted , with significant symptomatic improvement





Blood tests

- FBC- WBC 10.20, HB 13.9, PLT 382
- RFTS NORMAL
- LFTS - ALL NORMAL
- ALBUMIN 35.3 NORMAL



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- Symptomatic improvement with oral morphine syrup
 - Oxygen dependent
 - Chest drain removed – Early February 2017
 - Remained oxygen dependent
 - Now complex issues regarding discharge as will require home oxygen



Family counseling

- Present : sister , niece , and daughter
- Issues – sister and niece angry with patients decision to refuse treatment
- Felt that patient does not listen to their advice and that she is “stubborn”
- Daughter although does not believe in mums religion – supports mum to continue with it
- believes this makes her mother happy and helps her emotionally and psychologically
- family willing to support patient at home
- Challenge with Home oxygen



Summary

- 49 year old female, HIV-ve , Stage 4 breast Ca
- Invasive ductal carcinoma , HER2, ER/PR +VE 2008
- On Tamoxifen
- Declined treatment due to religious beliefs
- Good insight regarding condition and stage currently
- No regrets or distress
- Remains hopeful and will continue with her religious beliefs
- Aim to discharge home with O2 and hospice support





Discussion

- Religion vs treatment- patient choice
- Ethical considerations
- Family values vs patient????

