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Case Report – Health Inequity Case Report

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KEYWORDS :

This case report is regarding A.K, a child presenting with tonsillitis. Informed verbal consent was obtained from child and parents.

History of Presenting Complaint
A.K a fifteen-month-old Aboriginal female presented to the hospital emergency department following the inability to obtain an appointment at an Aboriginal Medical Centre. A.K presented post three days of cough, decreased fluid and food intake, decreased number of wet nappies, irritability and poor sleep. No contacts reported to be unwell.

Past History
Nil significant

Perinatal History
A.K's mother reported a normal pregnancy and vaginal delivery at 37 weeks gestation. A.K was breast fed for 2 months.

Family History
- Mother: postnatal depression
- Maternal grandparents: type 2 diabetes

Medications, Allergies & Immunisations
Nil medications or allergies.

Immunisations behind schedule. A.K has not had the following immunisations:

- 6 month: DTP, polio, pneumococcal
- 12 month: Hib, Hep B, MMR, meningococcal C

Development, Diet & Growth
A.K. reached developmental milestones at appropriate ages. Growth, weight and head circumference are in the 50 percentiles for her age. A.K's diet consisted mostly of mashed vegetables, meat, flavoured milk and 'junk' foods.

Social History
A.K lives in temporary government housing with her unemployed mother who is 35 weeks pregnant. A.K's mother reported domestic violence with A.K's father who recently left the family. A.K's mother relies on public transport. Social support is provided by extended family and friends. A.K's mother smokes cigarettes at home.

Examination
General appearance and vital signs:

- Weight 10kg, length 77cm, head circumference 46cm
- Lethargic, irritable
- Pulse rate: 155/min, regular
- Respiratory rate: 40 breaths/min
- Temperature: 36.2°C
- Blood pressure: 95/60mmHg
- Oxygen saturation: 96% on room air
- Capillary refill < 2 seconds
- Normal tissue turgor
- Wet mucous membranes

Cardiovascular examination:

- Heart sounds dual
- Nil murmurs

Respiratory examination:
- No respiratory distress: no use of accessory muscles, recession, wheeze, tachypnoea, nasal flaring or grunting
- Lungs clear

Abdominal examination:
- Abdomen soft and non-tender

Other:
- No rash, meningism or photophobia
- Ear and throat: tonsils erythematous and inflamed, no exudates

Differential Diagnosis for Presentation
- Upper respiratory tract infection: tonsillitis, pharyngitis, lingual tonsillitis
- Viral infections: flu, otitis media, infectious mononucleosis
- Urinary tract infection

Investigations
Urine microscopy, culture & sensitivities

- Nil abnormalities

Interpretation:
- Excludes urinary tract infection

No other investigations considered necessary

Management
Acute Management

- Paracetamol 200mg and neurofen 100mg given orally
- Patient discharged from emergency with follow up with General Practitioner

Long Term Management

- Continued medical care provided by Aboriginal Medical Centre
- Continuing education regarding parenting
- Social work involvement: long term housing to be arranged

Discussion
This is a case of an Aboriginal child facing inequity issues presenting with probable viral tonsillitis. Inequity is defined by injustice or unfairness by not conforming to or meeting accepted standards.

Aboriginal children often face medical issues such as high infant mortality rate, newborns likely to be of low birth weight, malnutrition, passive cigarette smoke, recurrent infections and injuries. Social issues facing Aboriginal children are poverty, domestic violence, crime, under-representation in schools, identity issues and racism. Although expenditure on health services for Aboriginal people is 20% higher than that for non-Aboriginal counterparts these developing world statistics still persist. The health inequity specific to A.K's case is con-

tributed by her social disadvantage, domestic violence, parental mental health, cultural, education and medical access issues. These issues are associated with a higher childhood morbidity and mortality.

A.K and her mother face numerous challenges that influence long term medical management of A.K, their main challenge being access to appropriate services. Due to cultural and financial (the service is bulk-billed) reasons A.K's mother preferred to attend the Aboriginal Medical Centre. However the below issues prevented her from accessing the service.

- Proximity of service: she lived far from the service
- Availability of transport: she did not have a car and public transport was infrequent and not practical
- Availability of appointment times: very busy practice, need to book appointments well in advance
- Involvement of Indigenous people in delivery of health services: only one Aboriginal health care worker employed at the service

Considerations and the role of a clinician in dealing with this family include:

- Providing medical care
- Encouraging regular contact with the Aboriginal Medical Centre: Aboriginal Health Care workers and liaison officers would provide the most effective, socially and culturally appropriate medical care
- Provide information regarding other appropriate services: dentists, psychologists, childcare, housing, financial support services, quit smoking services, parent hotlines
- Liaising with other services
- Act as the leader in a multidisciplinary team
- Act as patient advocate as necessary
- Provide feedback to services regarding their effectiveness and challenges patients faced in accessing them
- Provide strict screening schedules for Aboriginal children: to ensure immunisations up to date and provide opportunity to ascertain any medical problems
- Culturally appropriate health promotion and education is vital: empowering A.K's mother with knowledge regarding parenting, common childhood illnesses, appropriate diet and environment for children and risks of passive smoking. Aboriginal elders or mothers may have a role in education groups
- Encouraging and establishing appropriate social networks: parent groups
- Liaise with Government departments as necessary e.g. Department of Human Services
- Lobby Government to improve awareness and education regarding Aboriginal child health via the media
- Lobby Government to increase funding for Aboriginal Medical Centres: provide incentives for doctor's to work in Aboriginal communities

The issues facing A.K and her mother are numerous. I began tackling them by establishing ties with medical and non-medical services for A.K's mother. I provided information and contact details of parent groups and other services she can access. In addition, I contacted the Aboriginal Medical Centre on their behalf and provided feedback regarding the difficulty for A.K's mother to access the service. They informed me that they will schedule regular appointments for A.K, update her immunisations and utilise their private vehicles to transport the family to and from appointments if needed.

During my consultation with A.K's mother I provided verbal and written information regarding viral tonsillitis in addition to appropriate children's diet and risks of passive smoking. She was grateful for the advice and stated that she would contact a quit smoking hotline and use the samples of nicotine patches I gave her.

I spoke to my emergency consultant regarding the possibility of making Aboriginal culturally appropriate information handouts (regarding childhood illness, diet etc) available in the waiting room. We also discussed improving the accessibility to the hospital Aboriginal liaison officer. These issues will be looked into further.

On discharging A.K I felt reassured that she would be followed up by the Aboriginal Medical Centre and her mother was empowered with knowledge regarding child health and contact details of services she could access if necessary. These methods are the initial and imperative steps to improving the overall health of A.K.

Clinical Summary & Issues

Clinical summary

- 15 month old Aboriginal girl presented with likely viral tonsillitis
- No past medical history of significance

Key issues that need to be addressed

- Health inequity and challenges in Aboriginal health
- Methods clinicians may employ to improve the health of children

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