# Samuel's journey

# Bwgcolman (Palm Island) - First Nations -**Kidney Disease and Diabetes**

Samuel is a 58 year old man who has family on Palm Island and in Townsville. He likes to stay on Bwgcolman country, as he often runs into trouble with family, finances & alcohol when in Townsville. Samuel's father, like Samuel, required renal dialysis three times a week, for the last 7 years of his life. Samuel is very worried about his own son, who was recently diagnosed with diabetes.



**DIALYSIS - JOYCE PALMER HEALTH SERVICE (JPHS)** 

The team & other patients know Samuel well. They often share stories about family & talk about the footy results.

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**Key Themes: 7** NDIS is the main funding source (younger population living with chronic disease) Sour chairs available for dialysis at JPHS. Temporary chair swap arrangement available if someone living on Palm Island needs to travel to Townsville Culturally appropriate health and bereavement services Complex family dynamics M Impact of serious diagnosis on wider family (e.g. school attendance, employment pariticipation etc) **Order** Choice of escort for healthcare in Townsville

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The renal team from Townsville **University Hospital** (TUH) visit JPHS every month. Samuel is not eligible for a kidney transplant due to his poor overall health.

# is admitted to TUH with

alcohol intoxication and a wound infection. He is admitted to the Intensive Care Unit (ICU) with sepsis.

**SORRY BUSINESS** 

While in Townsville for

sorry business, Samuel

#### **VISITING SERVICES & PALM ISLAND COMMUNITY COMPANY**

Non-government allied health providers work with JPHS doctors, nurses & health workers to complete a NDIS application for equipment & ongoing support services as Samuel's health &

function decline.

### **PSYCHOLOGICAL SUPPORT**

The multi-disciplinary team refer Samuel to a counsellor, but he misses the appointments. Samuel gets support from his friends at dialysis, the junior football club and church.

#### **SUBSTITUTE DECISION MAKERS**



The ICU doctors have difficulty identifying Samuel's substitute decision maker and establishing Samuel's wishes. The renal team assist, as they have known Samuel for many years.











Supported by





PalliativeCare

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## **FAMILY CONFLICT**

In Samuel's final days at TUH, the indigenous health liaison officers (IHLO) organise a visiting roster, as there is conflict between his Bwgcolman-based and Townsville-based family. John dies in the ICU at TUH.



#### BEREAVEMENT

In the months following Samuel's death, many of his friends miss dialysis. Several of Samuel's family members struggle to go to school or work. Some start drinking and smoking more.

#### **DIFFICULTY RETURNING HOME**

The financial cost to return Samuel to Bwgcolman for his funeral delays arrangements and results in many family disagreements.

#### **Potential issues/barriers:**

**(** Impact of complex grief on health choices & advance care planning Multiple generations of families dying from diabetes & renal failure. Often the family is still grieving when the next family member is diagnosed or starts dialysis

**O** Visiting services ability to find patients & the need for health worker support

Orug & alcohol dependence