

## Case Study: Buddhist Patient and Pain Medicine

*Authored by Joset Brown*

A thirty-year-old female presented to the emergency department with intense leg pain after she slipped down a flight of stairs. The patient had no prior health history, lived alone, and identified as Buddhist on her intake form. Upon admission, the patient tearfully expressed to the nurse that, on a scale of one-ten, her level of pain was a ten. The nurse conveyed this to the physician who suspected that she had a fractured femur after initial examination. The doctor placed orders for pain medication as well as X-rays.

When the patient heard this plan, she responded: “I will not take any Western drugs.” The doctor asked the patient what she meant by her comment and she clarified that her tradition “did not permit any form of intoxication,” even if Westerners call it “medicine.”

### Reflection:

- How might the provider solicit more information about the patient’s reservations regarding medication and its potential psychoactive side effects?
- What spiritual and non-pharmacological practices do some Buddhists utilize to navigate pain?
- How could the provider and interdisciplinary team address the patient’s pain?
- Two weeks later, this provider cares for another Buddhist patient who is very willing to take pain medication for a similar injury. Discuss.

### Additional Resources:

Chan, T. W., Poon, E., & Hegney, D. G. (2011). What nurses need to know about Buddhist perspectives of end-of-life care and dying. *Progress in Palliative care*, 19(2), 61-65.

Foronda, C., Baptiste, D. L., Reinholdt, M. M., & Ousman, K. (2016). Cultural humility: A concept analysis. *Journal of Transcultural Nursing*, 27(3), 210-217.

Hughes, J. and Keowon, D (1995). Buddhism and medical ethics: A bibliographic introduction. *Journal of Buddhist Ethics*, vol. 2.

SSorajjakool, S., Carr, M. F., Nam, J. J., Sorajjakool, S., & Bursey, E. (Eds.). (2017). *World religions for healthcare professionals* (pp. 66-81). London: Taylor & Francis.