

## Case Study: Hmong Patient and Integrative Medicine

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A sixty-five-year-old Hmong male was admitted to a community hospital with pneumonia. The patient refused evening medications, telling his nurse that he would not take “Western pills.” He further shared that he was expecting a visit from his community’s religious leader. Around eleven o’clock in the evening, the patient requested a cup of hot water which the nurse provided. Later, the nurse found the patient sweating, sitting on the ground near the bowl of hot water, and inhaling the vapor from a traditional medication provided by the religious leader. The traditional Hmong medication included lemongrass, ginger, orange skin and other herbs. The patient reported symptom relief and shared that his community’s treatment for coughing included inhaling the vapor from the traditional medication. The nurse documented the patient’s refusal of evening medication and use of the substance provided by the religious leader.

### Reflection:

- Could an understanding of the patient’s spiritual/religious values and tradition help the nurse to better support him in his treatment? Why or why not?
- How do the patient’s actions enhance or impede his medical care? Discuss.
- Name one validated spiritual assessment tool. How does having this information enhance patient care?

### Additional Resources:

Fadiman, A. (1997). *The Spirit Catches You and You Fall Down*. New York: Farrar, Straus and Giroux.

Idler, E. L. (Ed.). (2014). *Religion as a Social Determinant of Public Health*. Oxford Scholarship Online.

<https://oxford.universitypressscholarship.com/view/10.1093/acprof:oso/9780199362202.01.0001/acprof-9780199362202>

Puchalski, C., & Romer, A. L. (2000). Taking a spiritual history allows clinicians to understand patients more fully. *Journal of palliative medicine*, 3(1), 129-137.