

# CHCA Project ECHO Integrated Seniors Care

All Teach, All Learn

Bridging the Knowledge Gap in Home and Primary Health Care



## Respecting Spiritual and Cultural Identity in Integrated Seniors Care

**Case Study:** Mr. Ravi Patel

**Age:** 79 years

**Location:** Suburban Burnaby, British Columbia, within the Fraser Health Authority catchment area and connected to a local Primary Care Network (PCN).

### Background and Cultural Context:

Mr. Patel immigrated to Canada from Gujarat, India in 1981 as a young adult. He and his wife settled in the Greater Vancouver area, raised their family, and have lived in Burnaby for over 30 years. While he is fluent in English and deeply familiar with the Canadian health system, his cultural values, spiritual worldview, and approach to authority and decision-making are strongly shaped by his upbringing and Hindu faith. Remaining at home is not only a practical preference for Mr. Patel, but a spiritual one. He associates home with dignity, continuity, and the ability to engage in daily prayer and reflection.

**Living Situation and Social Context:** Mr. Patel lives with his wife of 55 years, Mrs. Kamla Patel (78), in a multigenerational household that includes their adult daughter, son-in-law, and two teenage grandchildren. The home is culturally rich, with shared meals, prayer space in the living room, and daily routines structured around family and faith.

### Medical History and Functional Status:

- Congestive heart failure (NYHA Class II–III)
- Type 2 diabetes with mild neuropathy
- Chronic kidney disease (Stage 3)
- Osteoarthritis affecting knees and hands
- He is frail, with declining stamina and fluctuating symptoms; he has experienced 2 falls in the past 4 months, triggering calls to EMS and visits to the local ED (falls were non-injurious; Mrs. Patel called EMS as the couple was home alone and unable to get Mr. Patel off the floor)
- Mild cognitive impairment
- ADLs: remains independent with most personal care
- IADLs: requires assistance with medication organization and navigating appointments

### Primary Care Encounter:

During a routine visit with his family physician, attended by Mr. Patel and his daughter, discussion focuses on medical risk, medication optimization, and the possibility of future hospitalization. Advance care planning is introduced as a precaution. Mr. Patel listens quietly and nods. He does not ask questions or express disagreement. His daughter leads much of the conversation and reassures the physician that the family will manage. After the visit, Mr. Patel tells his wife he felt uncomfortable but did not want to appear ungrateful or challenge the physician's expertise.

### Home Care Visit:

Following two recent emergency department visits, home care nursing support is initiated. Visits focus on symptom monitoring and education. Mr. Patel is polite and cooperative but reserved. He often defers questions to his wife or daughter. He avoids discussing future decline or hospitalization.

### Mrs. Patel later shares concerns privately with the home care nurse:

- Mr. Patel believes illness is part of a natural life course guided by karma
- He worries that aggressive treatments may interfere with spiritual peace
- He fears losing clarity of mind or dignity at the end of life
- He does not want to burden his family but feels responsible for maintaining harmony



Project ECHO Integrated Seniors Care (ISC) is a transformative initiative to enhance primary and home care providers' skills, knowledge, and attitudes to deliver integrated, patient-centered care for seniors with complex chronic conditions. Project ECHO ISC offers collaborative, expert-led presentations and case-based learning to bridge these gaps.