

Case Scenario: Mrs. N

Mrs. N is a 71 year old Filipino-Portuguese woman who lives on the second floor of a two-story walk up in Makiki with her daughter Jena and Jena's fiancé. Mrs. N's husband Mr. N of 34 years passed away suddenly three years ago while receiving treatment for bone marrow cancer in a Los Angeles hospital facility. She was born and raised in Hilo by her paternal grandparents and has three younger siblings, one sister that lives in Kahului with her boyfriend, a sister who lives in Mililani with her husband, and a brother who lives in Nanakuli with his wife and adult son. Mrs. N was estranged from her father and mother at the age of 14 due to her grandmother suspecting abuse on the part of her father. The rest of her siblings were raised with her parents. Along with her 33 year old daughter, Mrs. N has a 49 year old son from a previous marriage who lives in Nuuanu and has one adult daughter. Mrs. N's youngest 27 year old daughter lives with her boyfriend's family in Aiea.

Before her husband passed away, Mrs. N was very involved in the Christian church they were members of for 15 years but has since switched to attending her daughter and daughter's fiancé's church. She states that the main reason for this is she no longer drives. She says that she is fine with this switch as most of the people she connected with at the previous church she claimed were mainly her husband's friends. She does not attend any other social groups or clubs. Mrs. N retired from her job as a secretary in a private legal firm shortly after her husband's passing. She found that she was unable to focus and keep up with the pace of the work she had done for the past 18 years, and her husband left her with enough money in his pension and Social Security to get by.

Jena grew worried about her mother being isolated without her father a few months after his passing around and asked her mother to move in with them. When Mrs. N first moved in with her daughter about a year ago, she was quite independent and would walk to buy groceries and kept up with her personal bills, preparing her own meals, and upkeep of her hygiene. She helped out with walking the family dog and had little trouble navigating the neighborhood or walking up and down the two flights of stairs leading to her apartment. However, in the past 4 months, with a rising number of homeless persons taking residence in nearby lots and sleeping on their street, Mrs. N felt uneasy about going outside and began to stay in the house most of if not all of the day.

Jena also has begun noticing that her mother avoids reading her mail and going on her computer. Mrs. N spends most of the day sleeping or watching the same movies over and over on her TV. She has also stopped cooking and resorted to eating whatever her daughter makes along with eating her favorite chips and soda. Luckily, Jena noticed a passed due bill for her mother's credit card which stated the balance had not been paid in three months. This led her to Jena asking her younger sister to check their mother's online financial accounts and hospital MyChart. The sister found that there were passed due payments on a loan from the bank along with two credit

cards and that she had not been in communication with her primary care physician regarding a few outstanding tests and appointments. Mrs. N claims that she doesn't remember having any loans or credit cards and insists that she doesn't need to go to see any doctors except her daughter-in-law who is her optometrist because her eyes have been bothering her.

As Jena has been the closest individual to her mother in the past few years, she spoke with her mother about becoming her power of attorney and as Jena was convinced that her mother was suffering from a form of dementia. Mrs. N's mother passed away a year before her husband from Alzheimer's disease and coronary heart disease and Jena reached out to her mother's primary care physician about a check-up appointment to address her memory concerns. After hearing about recent experiences and conducting a cognitive assessment, Mrs. N's PCP was concerned about her cognitive impairment and made a referral to the neurology department.

When Mrs. N was finally able to confirm an appointment with the neurologist a few months after the referral, a panel of bloodwork was ordered and an MRI was administered as part of neurology protocol for significant cognitive impairment. Throughout this time Mrs. N had heightened agitation and some emotional outbursts due to frustration with her memory difficulties. She withdrew even more from communication with her friends and family. This put a strain on the relationship between her and Jena. A week later at the neurology follow-up, it was discovered that Mrs. N had a golf ball sized tumor sitting on the frontal lobe of her brain behind her right eye. The pressure of the tumor created massive inflammation in the rest of her brain and the neurologist referred Mrs. N to the neurosurgery department to determine if removal is necessary. Mrs. N and Jena were both surprised with the diagnosis and in the following days Mrs. N was in a much happier state of mind. She said it was because there was something that could be done about her memory issues and that gave her hope.

Discussion Questions

- Do you resonate with this scenario in any way?
- What strengths and resources does Mrs. N have?
- What are the different people and systems influencing Mrs. N's situation?
- What problems can you identify in this scenario? What are ways of addressing them?