Appendix A.

Case Study one
An Aboriginal man on haemodialysis in his mid 30s lives in a remote location with his family. He had tried living in town but found the Housing Department house he was allocated was in an area where there was significant conflict and the issues of the other residents impacted negatively on his family. He moved home to his community to be with his family support network. He has to travel 170 kms return to access his dialysis. Even though he cannulates himself and is self-caring within a renal unit, his wife is not confident to support him at home with dialysis. His children are too young to take on this responsibility. This man fears he is too far from help to have home dialysis and has reported that the ambulance takes too long to get to his community were he to have a problem. He is now faced with having to move back to town as the travel has become unaffordable and unsustainable.

Case study 2
A 54 year old Aboriginal woman is on haemodialysis and has significant problems with vascular surgery and access. Surgery leaves her with permanent nerve damage to one leg, resulting in high levels of pain requiring analgesia. She now has permanent loss of mobility and independence and has lost her driver’s licence. This loss of independence is devastating for her and she is reliant on young family members and high doses of analgesia to function. There are significant transport issues for accessing dialysis at an in-centre renal unit. She reports ongoing problems at this unit with staff having what she considers limited cultural awareness. She says that “staff only tell me what to do” and feels they do not provide education or discuss her treatment with her. She also feels that staff avoid engaging with her and sees them spending time with other patients whilst not having conversations with her.

Case Study 3
A 60 year old Aboriginal man is having haemodialysis at home, after travelling three hours a day for three years to do in-centre dialysis. His niece is his carer, having been trained at the home training unit with him. This man however prioritises family commitments such as funerals and supporting others in need before his dialysis, resulting in irregular treatments. Despite this, he won’t allow his niece to remove sufficient fluid during dialysis, and is regularly fluid overloaded. This triggers a series of acute hospital admissions and the patient finds himself once again forced to travel to have his weight stabilised. This becomes a pattern, with his niece unable to provide sufficient dialysis time and fluid removal to keep him out of hospital and in-centre dialysis.