Diagnosis: Dementia

Are you saying I'm crazy?

When we think about the diagnosis of dementia, as medical doctors we generally think of a neurocognitive degenerative disorder. However, that may not be what our patients and their families or caregivers are thinking. In many languages the word "dementia" translates into words with numerous negative connotations. Many cultures have difficulty accepting the diagnosis of dementia.[1] As physicians, we need to be sensitive to understanding what a diagnosis of dementia means to patients and how it may affect the individual and their support network. Use of an interpreter may ameliorate some of the difficulties of communicating the diagnosis and may also prevent possible negative associations and isolation. In addition, providing education and written materials in a patient's native language can assist caregivers and the patient with their understanding of diagnosis and prognosis.

If you search for the definition of dementia in Google, the following result is returned: "a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning."[2] And the following synonyms are offered: "mental illness, madness, insanity, derangement, and lunacy."[2] It is not hard to see why the general English-speaking population may have difficulty digesting a diagnosis of dementia given the historical definition provided.

What are some of the other cultural differences in perception of this diagnosis? In Arabic-speaking communities, dementia is often considered a normal part of aging, but it is also associated with having a mental illness. The word *kharaf* is a common term in Arabic used to describe dementia. It roughly translates to mean "unraveled, lost their mind, or speaking nonsense," and commonly carries negative connotations. [3]

The Chinese language encompasses many dialects, and the view of dementia differs among Chinese communities. Some consider it to be a normal part of aging while others are inclined to not even discuss symptoms or the diagnosis of dementia. It is often kept secret within families. As such, there may be more incidents of social isolation of the affected individuals.[3] In traditional Chinese, dementia roughly translates to "crazy, madness, crackers, or hysterics."[4]

In general in Spanish, the term dementia translates equally to mean "forgetfulness" and "memory loss."[3] However, in some of the numerous dialects it translates to "loco" or "crazy."[3] Other translations include "insanity" and "madness."[4] The acceptance of dementia is quite high for many Spanish-speaking communities and family support is usually quite good.[3]

Some other literal translations include "imbecility" in Russian, "madman" in Japanese, and "entrancement," "insaneness," and "neurosis" in Hindi.[4]

An interpreter can play an important role both in the initial assessment of a suspected dementia and in the dissemination of information to the patient and supporting individuals. Since many cultural values and attitudes are passed on through language,[5] it is important to ensure that the right messages are being transmitted. Use of an interpreter can help pass on the diagnosis of dementia and can assist with any questions arising from the patient or the family. It is important that the interpreter be advised ahead of time to not use the more negative connotations of the word "dementia." He or she must understand the need to explain that dementia is a common term used to explain numerous degenerative brain disorders and that it is not synonymous with a mental illness. Ultimately, there is a risk that the inability to communicate effectively may lead to inadequate follow-up care and, perhaps, cultural isolation.[3]

As physicians, cultural sensitivity and attempting to explore the perceptions of the diagnosis of dementia once it has been disclosed is essential to ensuring a basic understanding of the disease for patients and their families. Hinton and colleagues found that many patients and families have had common adverse experiences related to the diagnosis of dementia due to unsatisfactory diagnosis disclosure and explanation, inadequate work-up, uncaring or insensitive attitude, language barriers, and discrimination.[6] Provision of basic education on dementia and the most common contributing factors may ease the acceptance of the condition for patients diagnosed with dementia and their families. Encouraging the supporting individuals to educate themselves is also key to ensuring less social isolation and stigmatization of those diagnosed with dementia.

There are many written materials available in various languages on the Alzheimer Society of BC's website (www.alzheimerbc.org/We-Can-Help/Resources-and

This article is the opinion of the Council on Health Promotion and has not been peer reviewed by the BCMJ *Editorial Board.*

-Information/Non-English-Resources.aspx). Information is currently available in English, French, Japanese, Chinese, Korean, Farsi, and Punjabi. For more dementia resources in other languages, visit the Alzheimer's Disease International website (http://www.alz.co.uk/).

—Lauri McCoy MD, CFPC, Geriatrics

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Submitting claims for a certified surgical assistant

Fee codes T70019, T70020

Claims for certified surgical assistants are billed under the following fee codes:

T70019: Certified surgical assistant (where it is necessary for one certified surgeon to assist another certified surgeon, an explanation of the need is required except for procedures prefixed by the letter "C") – for up to 1 hour. Note: Time is calculated at the earliest, from the time of physician/patient contact in the operating suite.

T70020: Time after 1 hour of continuous certified surgical assistance for one patient, up to and including 3 hours of continuous surgical assistance for one patient – each 15 minutes or fraction thereof.

Notes: i) After 3 hours of continuous surgical assistance for one patient, bill under fee item 00198 (time after 3 hours of continuous surgical assistance for one patient, each 15 minutes or fraction thereof).

ii) Please indicate start and end time of service on claim.

In order to meet the criteria to bill a certified surgical assist:

- A detailed explanation needs to be provided in the operative report or a separate letter sent to MSP by the primary surgeon. Reports and letters can also be faxed to MSP at 250 405-3593.
- The letter by the surgeon to MSP should include the following: Name, PHN, DOB, DOS, procedure(s) performed (include fee code) and should describe the complexity of the procedure, such as comorbidities, obesity, and other factors that require a certified assist versus a regular assist.
- It is recommended that you note the start and end times in your operative report in the event you are audited.

If you simply state "A certified assist was required" or "a medical necessity" with no explanation as to the complexity of the procedure, the certified surgical assistant fee could be reduced to a surgical assist fee (fee items 00195, 00196, or 00197).

Any fee item with an "S" prefix is deemed not to require an assistant, and claims submitted for an assistant on these fee items will not be paid.

Always refer to the *Doctors of BC Guide to Fees* and its Preamble for interpretations of all fees.

—Keith J. White, MD
Chair, Patterns of Practice Committee

This article is the opinion of the Patterns of Practice Committee and has not been peer reviewed by the BCMJ *Editorial Board. For further information contact Juanita Grant, audit and billing advisor, Physician and External Affairs, at 604 638-2829 or jgrant@doctorsofbc.ca.*