



# Amish Culture & Cancer

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# Amish History

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- Born out of Reformation movement in Europe in 1600s
- Amish are descendants of Anabaptists
- Anabaptists produced three groups still in existence
  - Mennonites – Dutch and Prussian
  - Hutterian Brethren- Austria
  - Swiss Brethren



# Amish History

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- Amish are branch of Swiss Brethren
  - Led by Jacob Ammann
  - Split with main group over three issues
    - Advocated communion twice a year
    - Foot washing as part of religious ceremony
    - Social avoidance of excommunicated members



# Amish History

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- Anabaptists persecuted in Europe for their beliefs
  - Illegal to be Anabaptists
  - Immigrated to America
    - 1727- 1770 and 1815 – 1860
    - Settled in Pennsylvania
    - Moved west for land and preserve way of life
      - First Amish in WI - 1925



# Religious and Cultural Beliefs

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- Christian faith based on teachings of Bible, particularly Old Testament
- Amish are chosen people belonging to “true church”
- Salvation not an individual effort
- Embodies teachings of Jesus into voluntary social order
  - Act alike, look alike, behave alike, we all will be saved



# Religious and Cultural Beliefs

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- Separation from the world
  - True believers must be separate from rest of world
  - Ordnung
  - *Gelassenheit*
  - Belief in hard work
  - Belief that thrift and simplicity counteract temptations of pride and other worldly values
  - Faith in value of traditional beliefs and ways of doing things as guideposts for future action



# Religious and Cultural Beliefs

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- Baptism
  - Membership into church community
  - Adult
  - Religious instruction for a year
  - Voluntary
  - Signifies repentance and total commitment of one's entire life to church community



# Religious and Cultural Beliefs

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- Excommunication and Social Avoidance
  - Individuals shunned to maintain separation from unrighteous world and keep community pure
  - Process intended to force person to examine sins and repent
  - Reasons for excommunication
    - Living in open sin
    - Causing division within community
    - Teaching false doctrine



# Religious and Cultural Beliefs

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- Closeness to nature
  - Limit occupation to farming or activities closely associated with farming
- Values encompass basic beliefs, traditions, and wisdom that guides daily lives
  - Marriage, family, children important
  - Live a disciplined life in a disciplined brotherhood
  - Avoid ostentatious displays of wealth
  - Individual fruits of labor used to perpetuate community life



# Amish Community

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- Organized around the church
- Three levels
  - Settlement
  - District
  - Affiliation
- Formalized leadership roles occupied by men
  - Bishops
  - Ministers
  - Deacons
  - Social workers
- Nominated by community members and chosen by lot
- No formal training for duties
- Traditional gender roles and respect for age



# Medical Practices

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- Very health conscious
- Emphasis on hard work
  - Health = good appetite, ability to do hard work, and looking well
  - Poor health = poor appetite, fatigue, feeling poorly
  - Individuals who sit in offices and get little fresh air, sunshine, and do no physical work are unhealthy
- Sickness is a socially approved deviation
  - Going to health practitioner is good therapy especially if one feels better after
  - Chiropractor, Reflexologist, Herbalist, Medical Practitioner, Iridologist



# Medical Practices

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- Attitudes influenced by Bible
  - God made man and body should not be tampered with
  - Medications can help but God will heal
  - Reluctant to use dramatic or invasive treatments (Chemotherapy)
  - Do not believe in saving lives at any cost
  - More comfortable with death



# Medical Practices

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- Nothing in Bible that forbids seeking medical care
  - Will accept hospitalizations, surgery, dental work, blood transfusions and immunizations
  - Varies from community to community
  - Bishop strongly influences decisions
  - Cautious about entering our medical system
    - Lack of knowledge
    - Mistrust
    - Cost
  - Wait for approval from own members
  - No trained Amish practitioners



# Medical Practices

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- Amish as patients
  - Transportation problems
  - Wait too long before coming in
  - Little or no preventive care
  - Seek advice from multiple practitioners
  - Use of folk remedies and practitioners
  - Too many strong pills or medicine not good
  - Will look for someone they trust and feel comfortable with rather than technical expertise



# Medical Practices

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- Folk Medicine
  - Traditional home remedies
  - Use of “natural” foods and vitamins
  - Travel great distances for care



# Case Studies

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- Two sisters married to two brothers
  - Susie & James
  - Amanda & Walter



# Case Studies

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- Susie
  - First seen April 14, 2004
  - Concern with thyroid and RUQ/flank pain
  - PMH: Hypothyroidism, Right kidney removed 1998 due to cancer
  - FH: Father dec age 52 CVA, Mother 70 - HTN; 4 brothers – healthy; eight sisters – one with melanoma.
  - SH: Married, 9 children, worked as housewife
  - PE, blood work, CXR done April 21, 2004
    - Abnormal pap, blood work normal
    - CXR showed density in left lung suspicious for metastatic cancer
    - Initially reluctant to have further evaluation
    - CT done May 19, 2004 showed mass and enlarged lymph nodes
    - Refused to see oncologist
    - “I will pray to God and if he can’t cure me then no man can”
    - Seen in Aug and was treating with herbs, diet and prayer
  - Seen again in Nov for repeat pap
    - Taking herbs and drinking carrot juice
    - Not taking Synthroid because herbalist said it is not approved by FDA and is bad for her



# Case Studies

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- Next seen in Feb 2005
- Husband read of blood test to determine if a person has cancer
- Wanted to see if herbal treatments were helping
- Cost over \$200
- Returned in April for annual PE
  - Having lots of fatigue, HA, cough, short of breath
  - Worried about cancer and breastfeeding



# Case Studies

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- Seen in Aug 2005 with HA, nausea, and dizziness
- Seen again in Sept with continued HA and dizziness
  - Husband reports mood changes and personality changes
  - Lost concentration during visit



# Case Studies

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- Husband calls in Nov asking for MRI of head
- Having severe HAs, poor memory, odd behavior
- MRI done Nov 5<sup>th</sup> in Hillsboro
  - Read by radiologist in Madison
  - Large tumor on right side of brain
  - ER MD notified
  - Sherriff contacted James who went to ER
  - Spoke with MD in Madison and declined further treatment
- Hospice was contacted and services started
- Weekly home visits
- Susie died at home Dec 17, 2005, age 43



# Case Studies

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- Amanda
- First seen Dec 8, 2005
- Had c/o abd and chest pain which resolved before she was seen
- PMH: Melanoma, HA, umbilical hernia repair
- FH: same
- SH: Married, homemaker, 10 children
- Exam was negative



# Case Studies

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- Next seen May 30, 2006
- C/o epigastric pain
- Had suffered miscarriage 3 wks prior
- Pain started week after
- Treated with Nexium which seemed to help



# Case Studies

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- Seen again June 19
- Continued with abd pain
- Requesting a pap smear
- Lab work normal
- Advised abd US
- Delayed having US due to James' wedding to another sister
- US done 6/30 showed a mass
- CT done 7/6 showed large mass in pancreas and stomach
- Declined further treatment



# Case Studies

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- Received call from neighbor on 7/22
- After dx, family contacted iridologist from either Kentucky or Tennessee
- Started herbal preparation received at another Amish home
- Became ill, unable to void, vomiting blood
- Seen in ER
  - Catheter placed
  - Death imminent
- Home visit made on 7/28 and hospice services started
- Amanda died at home August 18, 2006, age 46