



End-Of-Life Care

Cultural Considerations and Case Discussion

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Overall Cancer Incidence and	Death Rates	
(NIH/N Cancer Institutes. 2004)	All Sites	
Racial/Ethnic Group	<u>Incidence</u>	<u>Death</u>
All	470.1	192.7
African American/Black	504.1	238.8
White	477.5	190.7
Hispanic/Latino	356.0	129.1
Asian/Pacific Islander	314.9	115.5
American Indian/Alaska Native	297.6	160.4

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Liver and Stomach	Cancer	Incidence	And Death	Rates
(NIH/N Cancer Institutes. 2004)	Liver and Bile Duct		Stomach	
Racial/Ethnic Group	<u>Incidence</u>	<u>Death</u>	<u>Incidence</u>	<u>Death</u>
All	6.2	4.9	8.1	4.2
African American/Black	7.6	6.5	12.5	8.2
Asian/Pacific Islander	13.9	10.6	14.3	8.0
Hispanic/Latino	9.7	7.6	12.3	6.8
American Indian/Alaska Native	9.7	8.4	11.5	7.2
White	5.2	4.5	7.1	3.7



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Four Structural Components (Lie. 2011)

- **Setting**
- **Manner of communicating the news**
- **What and how much information to disclose**
- **Emotional support**



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Cultural Diversity in Health Care and Truth Telling

(Russell Searight, Gafford. 2005)

- Emphasis on individualism vs collectivism
- Definition of family (extended, nuclear, nonblood kin)
- Common views of gender roles, child-rearing practices, and care of older adults
- Views of marriage and relationships
- Communication patterns (direct versus indirect; relative emphasis on nonverbal communication; meanings of nonverbal gestures)
- Common religious and spiritual-belief systems
- Views of physicians
- Views of suffering
- Views of afterlife



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Cross-Cultural Interview Questions Regarding Serious Illness and End-of-Life Care (Russell Searight, Gafford. 2005)

- “Some people want to know everything about their medical condition, and others do not. What is your preference?”
- “Do you prefer to make medical decisions about future tests or treatments for yourself, or would you prefer that someone else make them for you?”
- To patients who request that the physician discuss their condition with family members: “Would you be more comfortable if I spoke with your (brother, son, daughter) alone, or would you like to be present?” If the patient chooses not to be present:
- “If you change your mind at any point and would like more information, please let me know. I will answer any questions you have.” (This exchange should be documented in the medical record.)



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- When discussing medical issues with family members, particularly through a translator, to confirm their understanding: “I want to be sure that I am explaining your mother’s treatment options accurately. Could you explain to me what you understand about your mother’s condition and the treatment that we are recommending?”
- “Is there anything that would be helpful for me to know about how your family/community/religious faith views serious illness and treatment?”
- “Sometimes people are uncomfortable discussing these issues with a doctor who is of a different race or cultural background. Are you comfortable with me treating you? Will you please let me know if there is anything about your background that would be helpful for me to know in working with you or your (mother, father, sister, brother)?”



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Assess Level of Cultural Influence:

ABCDE (Adapted from Koenig and Gates-Williams)

Evaluate patient's and families'

- Attitude- What attitudes does the patient and family have toward truth telling about diagnosis and prognosis? What is their general attitude toward discussions of death and dying? How reflective are their practices of traditional beliefs and practices?



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- Beliefs- What are the patient's and family's religious and spiritual beliefs, especially those relating to the meaning of death, the afterlife, the possibility of miracles?
- Context- Investigate the historical and political context of their lives, including place of birth, refugee/immigration status, poverty, experience with discrimination or lack of access to care, languages spoken, and degree of integration within their ethnic community.



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- Decision Making- Is the emphasis on the individual patient making his or her own decisions or is the approach family centered?
- Environment- What resources are available to aid the effort to interpret the significance of cultural dimensions of a case, including translators, health care workers from the same community, community or religious leaders, and family members?



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Readings:

- Yeo G, Hikuyeda N. Cultural issues in end-of-life decision making among Asians and Pacific Islanders in the United States. In: Braun K, Pietsch JH, Blanchette PL, eds. Cultural issues in end-of-life decision making. Thousand Oaks, Calif: Sage, 2000:101-25.
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- Kagawa-Singer M, Blackhall LJ. Negotiating cross-cultural issues at the end of life: "You got to go where he lives." *JAMA*. 2001;286:2993-3001.
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- Hern HE Jr, Koenig BA, Moore LJ, Marshall PA. The difference that culture can make in end-of-life decision-making. *Camb Q Healthc Ethics*. 1998;7:27-40.
- Koenig BA, Gates-Williams J. Understanding cultural difference in caring for dying patients. *West J Med*. 1995;163:244-249.
- Matsumura S, Bito S, Liu H, Kahn K, Fukuhara S, Kagawa-Singer M, et al. Acculturation of attitudes toward end-of-life care: a cross-cultural survey of Japanese Americans and Japanese. *J Gen Intern Med*. 2002;17:531-9.



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Information/resources:

- <http://www.nhpco.org/i4a/pages/index.cfm?pageid=3254>
- <http://www.cancer.gov/cancertopics/factsheet/Support/end-of-life-care>
- <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/about-ethics-group/ethics-resource-center/end-of-life-care.page>
- <http://www.nlm.nih.gov/medlineplus/endoflifeissues.html>
- <http://www.apa.org/pi/aids/programs/eol/index.aspx>