Culturally Diverse Communities’ Views on End of Life Care

LeeAnne Bielar, RN, Director of Health Services, Silverado Senior Living-Escondido & Jatana Williams, BS, Director of Community Relations, Silverado Hospice –San Diego

Course Overview

Diversity in this country is continually increasing. Because of this, there is the increased risk for cross-cultural misunderstandings surrounding end-of-life care. Culture fundamentally influences how individuals make meaning out of illness, suffering, and dying. This presentation will assist attendees in better understanding these influences.
Objectives

• Define diversity and discuss sources of diversity such as ethnicity, class, sexual orientation, religion, and disability;
• Describe the ways that cultural diversity both can complicate and facilitate end-of-life experiences.
• Discuss what topics to address when doing a cultural assessment.
• Discuss the knowledge, sensitivities, and skills necessary to work with culturally-diverse populations in end-of-life care.
• Assess the challenges hospice and palliative care present for culturally diverse groups including African-Americans, Latinos/Hispanics, and Asian Americans.

End of Life Care

• Hospice specializes in providing compassionate care and treating our loved ones with dignity when they find themselves with a life limiting illness.

• Hospice will address the needs and concerns of the patients and their loved ones as the situation becomes complicated and complex.
Culture Defined

• A system of shared beliefs, customs.
• It serves as a guide for our interactions with each other.
• These beliefs provide security, integrity and a sense of belonging.
• Culture is constantly evolving.
• Not limited to a particular ethnicity, religion, region, race or gender.

End of Life Services
Patient Ethnicity & Race
National Hospice & Palliative Care Organization 2010

<table>
<thead>
<tr>
<th>Patient Ethnicity</th>
<th>2010</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino(a)</td>
<td>5.7%</td>
<td>5.3%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>8.9%</td>
<td>8.7%</td>
<td>7.2%</td>
</tr>
<tr>
<td>White Caucasian</td>
<td>77.3%</td>
<td>80.5%</td>
<td>81.9%</td>
</tr>
<tr>
<td>Asian &amp; Pacific Islander</td>
<td>2.5%</td>
<td>1.9%</td>
<td>1.1%</td>
</tr>
<tr>
<td>American Indian</td>
<td>0.3%</td>
<td>0.2%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Multiracial or Other Race</td>
<td>11.0%</td>
<td>8.7%</td>
<td>9.5%</td>
</tr>
</tbody>
</table>
The Hispanic Community

Barriers to the Utilization of Hospice

- Hospice Translation-Hospicio
- Language Difficulties
- Lack of Trust of Providers
- Views about Family
Religious & Spiritual Traditions

Principles of faith and beliefs

- Hinduism
- Buddhism
- Christianity
- Islam
The Asian Communities

Disclosures & Decision Making in Asian Communities
The African-American Community

History of Healthcare

- Jim Crow laws and violence towards African-American people.
- Medical studies done on African American men with syphilis.
- Belief that U.S. government created HIV/AIDS.
Religious & Spiritual Traditions

Stereotype versus Generalization

- Generalization begins with an assumption about a group but leads to seeking further information whether the assumption fits the person.

- Stereotyping makes an assumption about a person based on group membership without bothering to learn whether or not the individual fits that assumption.
Cultural Competence

• Beware of stereotyping
• Individuals are unique
• Stereotypes = an ending point
• Generalizations = a starting point

Cultural Assessment

CONFHER Model

• C = Communication
• O = Orientation
• N = Nutrition
• F = Family Relationships
• H = Health Beliefs
• E = Education
• R = Religion
C = Communication

- What is the primary language
- Need for interpreter
- Conversational style
- Personal Space
- Eye Contact
- Touch

O = Orientation

- Is there a specific ethnic or cultural identity, values?
- Birthplace?
- How long have they lived in this country?

N = Nutrition

- Food Preferences or Taboos
- What are beliefs re: artificial nutrition?
F = Family Relationships

- What is the family structure?
- How is family defined and who makes up their family?
- Is there a head of the household or decision maker?
- Gender roles?
- Role of children?

H = Health Beliefs

- Western belief
- What do they believe?
- Who do they normally consult with for health issues?
- How do they explain their illness?
- Views on death?
E = Education

• What is the patient’s learning style and educational level?
• Can they read and write?
• Can they read and write English?
• Occupation?

R = Religion/Spirituality

• How does their religious or spiritual beliefs impact their healthcare decisions?
• Do they believe in an afterlife?
• Views on suffering?
• Rituals, ceremonies, symbolic figures or practices
Harlem Renaissance author, poet and playwright, Langston Hughes (1902-1967) once said, “There is no color line in death.” Mr. Hughes understood that however we reach the end of life, our mortality is universal; there is no color line in death.

Resources

- Cultural Influences on Death, Dying, and Bereavement: An Overview – Bert Hayslip, Jr. and GiBaeg Han
- The Culturally Competent Practitioner – Paul C. Rosenblatt
  Characteristics of Culturally Effective Counselors - Kenneth J. Doka
- Ethical Aspects of Cultural Diversity – Bruce Jennings
- Diversity and Access to Hospice Care – Richard B. Fife
  Training for Diversity – Richard B. Fife
- Cultural Diversity: Implications for Funeral Rituals – Stephen M. Mack and Sumner J. Waring, III