Fostering Culturally Sensitive Practice

"Culture, ethnicity and religion weave the fabric of each person's particular response to treatment and healing."

By Elizabeth J. Latimer, MD, CCFP, FCFP

As Specter has stated, culture, religion and ethnicity are three very important factors that influence how patients and families respond to illness and treatment.[1] This is particularly true in the presence of a life-threatening situation. Leininger defines culture as "the learned, shared and transmitted values, beliefs, norms and lifeway practices of a particular group that guides thinking, decisions and actions in patterned ways."[2]

Significant life passages are heavily influenced by culture. Dying, like birth, adolescence and marriage, is a significant life passage, and as such, the approach of death and the time around dying are life events where cultural values and practices will be important for all involved.

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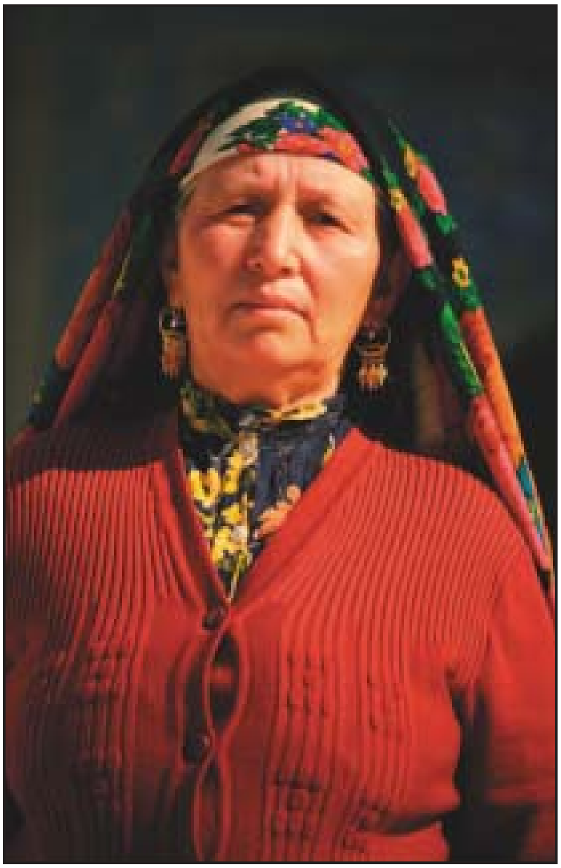

The goals of culturally sensitive care are twofold: to foster an atmosphere where the expression of culture is encouraged and celebrated, and to prevent the occurrence of events that may distress patient and family. A heightened interest in cultural influences will enrich the caring experience for all parties involved.

Areas of Cultural Influence

There are many ways in which our cultural heritage will influence end-of-life palliative care:[3]

- Values and beliefs about the expression of pain and pain control;
- Values and beliefs about opioid analgesics;
- Truth-telling about diagnosis and prognosis of illness;
- Lack of a shared language between health team and patient and family;
- The role of talking and sharing emotions;
- Nonverbal ways of communicating;
- Ethical decision-making about treatment and care;
- The role of family and friends in care and decision-making;
- The role of physical touch in caregiving and providing emotional support;
- Personal privacy needs;
- Physical care arrangements to facilitate religious and cultural needs;
- Dietary requirements, including types of food, dishes, food-handling and serving;
- Personal care practices, such as bathing and toileting;
- Use of complimentary and alternative therapies;
- Religion, spirituality and faith, in the life of patient and family;
- Rituals and ceremonies at the time of death and in expressing grief and the time of mourning;
- Beliefs about causation of illness;
- Expectations of hospitals and health professionals' roles; and
- Culture and care in the home.

Suggestions for Fostering Culturally-Sensitive Care

- Focus on meeting the needs of each individual person and family, knowing they will experience their culture in their own unique way.

- Learn to think in terms of shared concerns and experiences with unique adaptations. Seek common ground while acknowledging "uniqueness," rather than "difference." For example, people of all cultures feel grief and loss. We can share that universal experience of sadness with all other human beings, asking, "What are the unique ways in which this sadness and grief will be expressed and managed in this person given his/her cultural heritage and life experiences?"
- Develop sensitive ways of inquiring about cultural matters. Develop questions which will elicit the information you need. For example: "I want to give the best care to your loved one. Are there particular things I should do or should avoid doing as I give this care?"
- Obtain information about the particular culture of the patient and family from reading and consulting cross-cultural resources. Encourage your hospital libraries to develop a cultural resource section.
- Gain important specific information: the religious beliefs and role of faith in the life of the sick person and his/her family; his/her social and religious support systems; the lines of decision-making from a cultural perspective and in this family; the cultural and religious perspectives on the causal agents of illness and death, on sanctity of life and on the definition of when actual death is considered to have occurred. Such information is invaluable when treatment decisions are being made, particularly around issues of cessation of treatment, life-support decisions and cardiopulmonary resuscitation.
- Utilize an interdisciplinary team approach to gaining information and providing care. Use team meetings to focus on cultural aspects of care and incorporate these in the patient's care plan.

- Provide ongoing dialogue with patients and families right from the outset of the illness. Cultivate an atmosphere of openness and availability. Seek to emphasize shared goals with the family.
- Be aware of your own non-verbal communication and body language (*e.g.*, facial expressions and gestures). Be aware of your "way of being." Your caring, sincerity and respect will always be sensed by patients and families, and will do much to enhance peace of mind and trust, even when words cannot be understood.
- Seek ways of enhancing verbal communication. Given time and a relaxed atmosphere, a path to some degree of verbal communication may be found. The challenge is to take the time to listen, choose words that are commonly used, speak clearly and slowly and use one or two words at a

time. Families can develop word lists of key phrases to enhance practical communication about pain relief, toileting needs, fluid and food intake, as well as emotions which are being experienced. The selection and use of interpreters requires particular care. Confirm the patient and family will be comfortable with the interpreter who is chosen. The health team and interpreter should meet prior to seeing patient and family, to ensure understanding about what is to be conveyed and the goals of the dialogue. Sufficient time should be allotted to the interview with the patient, or to the family meeting, to allow for the process of translation. The quality of translation should be accurate and unbiased. The interpreters will require support in their difficult task of conveying bad news, because in the process of translation, they become the person who actually conveys the reality to the patient and family.

- Children of seriously ill people often find it difficult to serve as interpreters, particularly when the process of interpreting requires role reversal, or when the information to be conveyed is emotionally distressing, (*i.e.*, talking about diagnosis and prognosis). They may find the burden of such translation too great. Wherever possible, alternatives should be sought.
- Acknowledge to yourself and the health-care team what is possible in clinical situations. For example, when considering the practice of truth-telling in serious illness, it may not be possible to reconcile the differing cultural perspectives of family and health-care team. Although the team may continue to feel uncomfortable with this, it is more beneficient and morally defensible on the part of the health team not to force their views onto the family and patient. Cessation of treatment, such as artificial ventilation, parenteral nutrition and hydration, may not be permissible in some cultural and religious groups. However, mutual understanding and respect for differing perspectives can always be maintained.

In such situations, it can be helpful for health-care teams to look beyond the current situation, to the time after death and the future life of the family members. They need to be able to grieve in an adaptive way and to live knowing they have done what they felt was best for their loved one.

References

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