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# Talking to your Patients



## Communicating Bad News to Diverse Patient Populations

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### In this article:

1. How do I define culture, ethnicity and race?
2. What are the barriers to physician communication?
3. What are the dangers of stereotyping patients?

Notification of family when an unexpected multiple traumatic injury has occurred is often a highly stressful experience for hospital emergency physicians, surgeons, nurses and social workers.

There are effective and ineffective ways to convey bad news. It has been suggested that it is more important to deliver bad news effectively to family members than to patients themselves, particularly in situations regarding impending death. This situation is especially relevant to the multiply traumatised patient whose family members are present at the hospital, and who are likely to participate in the decisions regarding patient care.

While several articles have explored issues of communicating bad news to patients, little information is available on communication among ethnically diverse populations. Over 50% of Canadians are members of ethnically diverse groups. One must not assume that persons of varying ethnicities behave in a similar manner. If an article provides strategies for working with these groups, one must understand that it may not apply to everyone. Painting all communications with ethnically diverse populations with “broad strokes” will ultimately provide a false picture of reality. In the current article, we provide a framework for communicating bad news to individuals from ethnically diverse backgrounds.

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## How do I define culture, ethnicity and race?

**Physicians must identify their own values and beliefs and be able to explore their own biases as well as prejudices.**

Culture, ethnicity and race of patients is often used interchangeably, and inappropriately, by physicians. Culture, ethnicity and race of patients have different implications. For example, culture is everything we learn by growing up in a particular society, which is reflected in the way we live. This includes all aspects of identities such as geographical, political and family links, as well as

values, beliefs, traditions, history, language, religion and race. Comparatively, ethnicity is synonymous with cultural identity. In other words, everyone belongs to an ethnic group. This term is often used inappropriately for non-dominant or less powerful cultural identities in Canada. White people are also considered an ethnic group. Race, on the other hand, is a social construct used to categorise people according to physical characteristics such as skin colour. Clearly, physicians should be aware of these important distinctions prior to “labelling” their patients inappropriately.

## What are the barriers to physician communication?

Recently, Lingard and colleagues explored residents’ experiences in communicating with patients from diverse backgrounds.<sup>1</sup> They reported that residents’ lack of knowledge about other cultures led to perceptions of communication difficulty. Undertones of prejudice were identified with respect to stereotyping

patients from various cultural backgrounds and lifestyles. In another study, Rosenfield and colleagues identified strategies to improve cross-cultural communication among pediatric residents and patients.<sup>2</sup> Residents were instructed to gather additional psychosocial and cultural information, admit to cultural division, use shared knowledge, sympathise, and

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attempt shared management with patients. These strategies were believed to improve cross-cultural communication.

## What are the dangers of stereotyping?

The realisation that patients within diverse populations are different is an important first step. However, clinician bias and stereotyping of ethnic and racial minorities may hinder communication. Additionally, generalisations of a few individuals' beliefs to the whole culture or race, is problematic. For instance, a survey of senior citizens reported that Korean Americans (35%) and Mexican Americans (48%) were less likely than African Americans (69%) to believe that patients should be told about a terminal prognosis.<sup>3,4</sup> However, another study found varied expectations within racial groups suggesting that a "cookbook" approach to communicating with diverse patient populations should be cautioned.<sup>4</sup>

## Framework for communicating

Table 1 presents key recommendations that can be interchanged, added to, or adapted to fit different hospital structures and doctor's offices. This process is very slow and changes will not happen over night.  **Continued on page 30.**



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Table 1

## Framework for Communication with Diverse Patient Populations

- Physicians must be able to identify the ways in which our society impacts their values and beliefs especially about diverse groups.
- Be cautious of the “cookbook” approach. There is diversity among groups and there is a danger of using broad strokes that can be exclusive.
- Physicians must identify their own values and beliefs and be able to explore their own biases as well as prejudices.
- Physicians must familiarise themselves with the following terms: racism, anti-racism, anti-oppression, sexism, classism, heterosexism, and ablism.
- Case scenarios reflecting diverse groups should be used in all phases of a resident/physician education including rounds as well as oral and written examinations.
- No single workshop is efficient or effective in teaching residents to develop anti-discriminatory practices. Workshops and teaching seminars must be held on an ongoing basis with an experienced outside facilitator. The facilitator must be someone who is not affiliated with the hospital as to encourage open dialogue among residents.
- Ensure that all residents/physicians receive regular performance appraisals, which include specific learning commitments for the following year.
- Ensure that staff who are supervising residents have adequate and appropriate training to provide regular supervision for residents working in a diverse environment.
- Create allies. Residents and staff must be encouraged to outreach to community agencies which predominately serve diverse groups to share information.
- Develop strong policies on anti-discrimination and anti-racism. Ensure all residents and staff are familiar with these policies.

### References

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## Take-home message

- Working with diverse populations goes beyond discussions of culture and ethnicity.
- We need to have a solid understanding of the ways in which health institutions are mirrors of those values and beliefs that are most entrenched in society.
- Physicians need to be aware of key issues such as classism and racism, which have been watered down in the name of “multiculturalism.”
- Physicians need to move away from techniques of working with diverse groups to a process of understanding how our own biases and prejudices influence our communication skills with patients from diverse backgrounds.

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