

Cultural Diversity at the End of Life: Issues and Guidelines for Family Physicians

H. Russell Searight, Jennifer Gafford, *Am Fam Physician* 2005;71:515-22.

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ABSTRACT

Ethnic minorities currently compose approximately one third of the population of the United States. The U.S. model of health care, which values autonomy in medical decision making, is not easily applied to members of some racial or ethnic groups. Cultural factors strongly influence patients' reactions to serious illness and decisions about end-of-life care. Research has identified three basic dimensions in end-of-life treatment that vary culturally: communication of "bad news"; locus of decision making; and attitudes toward advance directives and end-of-life care. In contrast to the emphasis on "truth telling" in the United States, it is not uncommon for health care professionals outside the United States to conceal serious diagnoses from patients, because disclosure of serious illness may be viewed as disrespectful, impolite, or even harmful to the patient. Similarly, with regard to decision making, the U.S. emphasis on patient autonomy may contrast with preferences for more family-based, physician-based, or shared physician- and family-based decision making among some cultures. Finally, survey data suggest lower rates of advance directive completion among patients of specific ethnic backgrounds, which may reflect distrust of the U.S. health care system, current health care disparities, cultural perspectives on death and suffering, and family dynamics. By paying attention to the patient's values, spirituality, and relationship dynamics, the family physician can elicit and follow cultural preferences.

STRENGTHS

- Very few papers have focused on the impact of cultural background on the end-of-life treatment
- Addresses the 3 basic dimensions in end-of-life treatment (bad news, locus of decision making, advance directives and end-of-life care), which are among the most common challenges in Family Medicine Practice
- Identifies the approach of different ethnic groups towards both ethical frameworks for medical decisions and End-of-Life Care.
- Good and reliable guidelines for cross-cultural interviews, medical interviews with translators etc
- Suggests potential solutions for cross-cultural communication for serious illnesses and end-of life care
- Applicable to any health care provider involved in end of life care of patients.

WEAKNESSES

- Unclear type of study: literature reviewed, metaanalysis... vs. authors experience
- No data regarding pt number, ages, genders, religion, cognition level, refugee vs. immigrant status, level of education
- Unreported source of funding

Relevance to Palliative care

The healthcare provider-patient relationship serves as a fundamental foundation upon which all end of life care is provided. Although the article addresses to family physicians many of its guiding principles can be applied to any of clinical encounters in palliative care. The Physician's (and other health care providers in palliative care) partnership with his/her patients and their families can actively develop a unique insight into their values, spirituality and relationship dynamics that may be especially helpful at the end of life. This article provides a useful framework for teaching communication skills in palliative care settings.