Cultural and Spiritual Considerations in End-of-Life Care

Case Example

A new nurse at your institution asks you, “Why are we catering to Ms. Smith? She is so difficult to care for; all she wants is more pain medication and lots of attention. When I go in to give her pain medication, I have to wake her up. She is taking all my time.”

Ms. Smith is a 40 yr old single African American woman with sickle cell disease. Both parents have died, no siblings and Mrs. Smith has been on disability and Medicaid since she was 21 years old. She is hospitalized with a pain crisis; this admission, palliative care will be discussed.

How Culture Influences Death

• Culture affects:
  — Views of death
  — Social customs
  — Relationships
  — Decision-making
Culture Defined

- System of shared symbols
- Provides security, integrity, belonging
- Constantly evolving
- Making meaning of illness
- Not limited to race or ethnicity
- Influences response to illness

Cultural Competence

Cultural Awareness

Cultural Desire

Components of Cultural Competence

Cultural Knowledge

Cultural Encounters

Cultural Skill

Kagawa-Barrere, 2007

Cultural Assessment

Numerous tools available

- Cultural attributes
- Variation within groups
- Individuals hold varying degrees of adherence to traditional customs within the same community & family

Kagawa-Singer et al., 2010
Components of Cultural Assessment

- Patient, family, community
  - Birthplace
  - Ethnic identity
  - Community
  - Decision making
  - Language and communication

Components of Cultural Assessment (cont.)

- Religion/spirituality
- Food preferences, prohibitions
- Economic situation
- Health beliefs regarding
  - Death
  - Grief
  - Pain
  - Traditional therapies
  - Care of the body
  - Organ donation

Nurse’s Self Assessment of Culture

- Self assessment
- Cultural beliefs of co-workers

Mazanec & Panke, 2010
Cultural Disparities in EOL Care

• Access/utilization to hospice services
• Access to medications for pain and symptom management
• Gender issues
• Impact on families with chronic illness

Vulnerable Populations & Cultural Considerations

• Minorities
• Veterans
• Homeless
• Prisoners
• Immigrant & refugee populations
• Older adults

Cultural Considerations of Spirituality and Religion

• Spirituality
  – Meaning-making
  – Need for purpose, forgiveness, love, hope, relatedness and religious faith
  – Transcendence
• Religion
  – “Organized”
  – Institutional beliefs

Taylor, 2010
FICA: An Example of A Spiritual Assessment

- F = Faith
- I = Importance, influence
- C = Community
- A = Address

Puchalski & Romer, 2000

Spiritual Care Interventions

- Providing presence
- Deep listening
- Bearing witness
- Putting compassion into action

Baird, 2010

Cultural Considerations of Communication

- Conversation style
- Personal space
- Eye contact
- Touch
- View of healthcare professionals
- Learning styles
Cultural Considerations of Communication (cont)

- Use of interpreters
  - Avoid use of family members
  - Telephone translation services
  - Speak to patient/family, not to the interpreter

Language Used at the End of Life

- “Discontinuation”
- “DNR”
- “Withdrawing/withholding”

Role of the Family

- Who is considered family?
- Who are the caregivers?
- Who makes decisions?
- Who is included in discussions?
- Is full disclosure acceptable?
Cultural Influences on Decision Making

- Beliefs about autonomy and other values differ
- Disclosure of diagnosis and prognosis
- Ascertain desire for disclosure

When Cultures Clash

- Clashes occur
- Assess your reactions
- Never lie
- Offer information
- Use cultural guides

Case Study Revisited

- Culture clash
- Opportunity for self-reflection & growth
- Review issues identified
- Reflect on cultural considerations and their impact on delivery of palliative care
Conclusion

- Culture is a major influence on end-of-life care
- Many dimensions of culture
- Self-assessment of culture
- Culturally and spiritually sensitive care
- Interdisciplinary care