HONORING CULTURAL DIVERSITY AT END-OF-LIFE

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LEARNING OBJECTIVES

• Provide a framework for understanding culture and its influence on end-of-life care;

• Explore major cultural considerations at end-of-life;

• Identify practical guidelines for providing culturally competent care at end-of-life.

CRITICAL CONSIDERATIONS

• What is most important at end of life?

• How does diversity influence end of life process?
A FRAMEWORK FOR UNDERSTANDING CULTURE

DEFINITION OF CULTURE

• Culture deals with the social heritage of a person. It has been defined as the way of life of a society, consisting of prescribed ways of behaving or norms of conduct, beliefs, values, and skills.

CULTURAL SENSITIVITY

• Cultural sensitivity describes an awareness of, and appreciation for, the differences in values, beliefs, and norms of people from different cultural and spiritual backgrounds.
CULTURAL COMPETENCE

• Cultural competence implies professionals practice cultural sensitivity and are able to engage and interact effectively with people from diverse backgrounds.

WHAT HAPPENS WHEN WE OVERLOOK CULTURAL DIVERSITY?

• May misinterpret individual's or family's reactions
• May fail to offer support or assistance that might be perceived as helpful
• May offend the dying person and create a barrier to their receiving care and support

MAJOR CULTURAL CONSIDERATIONS AT END-OF-LIFE

• Perception of loss, death, dying
• Perception of grief and mourning
• Beliefs & accepted practices
MAJOR CULTURAL CONSIDERATIONS

• Expression and communication

• Perception of health care providers & resources

• Use of helping resources and natural support systems

MAJOR CULTURAL CONSIDERATIONS

• Engagement and rapport

• Decision-making process

• Involvement of family

IMPORTANT ASPECTS OF HELPING RELATIONSHIP

• Trust

• Respect

• Relationship
INFLUENCE OF RELIGION & SPIRITUALITY

- Faith based connections
- Role of God or a supreme being
- Role of prayer

THE ROLE OF FAMILY

- Family involvement may be vital
- Family may be defined in different and unique ways
- Family centered model of decision making may be valued (even more so than individual patient autonomy)

PATTERNS OF KINSHIP & FAMILY INVOLVEMENT
ASKED MODEL
(Campinha-Bacote, 2002)

- Cultural Awareness: Am I aware of my biases and prejudices towards other cultural groups, as well as racism and other “isms” in healthcare?
- Cultural Skill: Do I have the skill of conducting a cultural assessment in a sensitive manner?

ASKED MODEL (continued)

- Cultural Knowledge: Am I knowledgeable about the worldviews of different cultural and ethnic groups?
- Cultural Encounters: Do I seek out face to face and other types of interactions with individuals who are different from myself?

ASKED MODEL (continued)

- Cultural Desire: Do I really “want to” become culturally competent?
PRACTICAL GUIDELINES FOR HONORING DIVERSITY

• First step:—know yourself—what are your beliefs, life experiences, practices, and thoughts around end of life; and what are your biases about diverse others.

PRACTICAL GUIDELINES FOR HONORING DIVERSITY

• Second step: it is important for healthcare providers to expand their knowledge about persons with diverse cultural backgrounds.

GUIDELINES FOR KNOWING

• Ask questions

• Listen attentively

• Explore information

• Identify a cultural broker
PRACTICAL GUIDELINES FOR HONORING DIVERSITY

• Third step: Based on knowledge about different cultures, develop new strategies or modify skills for meeting diverse cultural needs.

PRACTICAL GUIDELINES FOR HONORING DIVERSITY

• Fourth step: demonstrate respect, curiosity and desire to work with diverse patients and families—develop cultural commitment to know others.

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REFERENCES


