Cultural Sensitivity at the End of Life*

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	COMMUNICATION NORMS	LANGUAGE	TRADITION AND HEALTH BELIEFS	EXPRESSION OF PAIN AND SYMPTOM MANAGEMENT	TRUTH TELLING AND DIAGNOSIS/PROGNOSIS DISCLOSURE	DECISION MAKING AND ADVANCE DIRECTIVES	IMMINENT DYING AND AT DEATH	FAMILY STRUCTURE/ DYNAMICS
African American	**Greeting:** Mr./ Mrs., handshake, eye contact **Verbal:** May get agitated or emotional if anxious or frightened, may be loud **Nonverbal:** animated, affection shown by touching, hugging, maintain eye contact to show trust. Silence indicates lack of trust	**Primary:** English **Other:** Portuguese, French, Swahili, Sotho, Nguni, Ciluba, Spanish *May vary based on country of origin	• Lack of trust in Doctors/ Health Care Professionals • Faith and root healers used with western medicine practices • Look to faith to understand illness • Highly spiritual	• Open expression of pain • May avoid medication for fear of addiction	• In disclosing information avoid medical jargon • Consult family about serious or terminal illness, they may decide to have elder reveal prognosis to patient • "Shielding" of diagnosis is usually preferred	• Egalitarian decision making outside of household, father/ mother is decision maker inside of household • Family/Community important in decision-making • Father or eldest member is spokesperson • Frequently, Living wills considered giving up hope	• Denial is seen as healthy response • Discuss hospice in terms of improving access to all health care • Open and public emoting • Care for elders at home until death is imminent • Death in house is bad luck • Wake is generally held in evening, church ceremony in morning. Funeral, may include flower girl, nurses and obituary reading	• Matriarchal, extended, nuclear and close friends form a support system • Patient's independence is maintained • Sons often care for ailing parents • Elders command respect
Caribbean American/ West Indian	**Greeting:** Mr./Mrs. until invited to call by first name, handshake, direct eye contact, light embrace is appropriate **Verbal:** Patient and family may speak loudly and use direct statements, may seem aggressive **Nonverbal:** less aware of personal/physical space	**Primary:** English **Other:** Spanish, Haitian Creole, French, Hindi, Dutch some languages are extremely specific to country of origin *May vary based on country of origin — inquire about dialect	• Holistic practices: use mind, body, spirit to achieve balance and maintain health • Illness is caused by mental stress or supernatural forces • Medical professionals are trusted and respected	• May be vocal about pain and vague about the source • May be stoic • Prefer injections or IV medications	• Important to clarify with patient whether he/ she wants information first and who within the family can receive it • Terminal illness is discussed with immediate family	• Consult elders first for decision making, leading male makes most decisions • May consult elder in community who is most educated to help in decision making	• When death is imminent, a spiritual advisor is requested to be present • For elderly, death is seen as either natural or supernatural • Death for young person attributed to supernatural cause • At time of death, family is at bedside to cry and mourn • Preference is to die at home • Family may want to wash the body	• Patriarchal in most Caribbean cultures • Nuclear family and extended family • Women's role as emotional provider and mediator • Haitians: woman is manager of the home • Marriage as well as living together out of wedlock are common
Chinese	**Greeting:** Mr./Mrs. **Nonverbal:** Patient and family may smile and nod but this does not necessarily represent agreement or understanding	**Primary:** Mandarin **Other:** English, Cantonese, Hakka, Wu, Min, Xiang, Gan * Older first generation most likely have been unskilled laborers, newer immigrants most likely skilled professionals * May vary based on country of origin	• Use home, herbal, and folk remedies typical for chronic conditions and minor ailments • Mental illness caused by evil spirits • Genetic defects blamed on the mother • Resist surgery from spiritual belief that soul will escape the body and be lost	• Trouble using numerical pain scale • Easier to explain pain • Stoical when in pain • High tolerance for pain • Metabolize medications differently, attention to appropriate dosing	• Emphasis on the implicit rather than explicit • Rude to talk about details of a disease to the patient • Most families prefer not to disclose to patient	• Oldest male is the decision maker • Decision making based on collective good rather than only what is good for the patient	• Preferred place of death is outside of the home to prevent bad karma • Talking about death and dying, considered unlucky and is forbidden • Death at old age (>80) considered blessing • Families may wish to remain with the body post death in a quiet area to allow time for the spirit to journey to the next life	Patriarchal

*Bibliographical references available here

UJA Federation of New York

Cultural Sensitivity at the End of Life *continued*

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Hispanic/ Latino	**Greeting:** Respeto: Mr. Sr./ Mrs. Sra., handshake, eye contact, Women may not prefer a firm handshake **Verbal:** Personalismo: show genuine interest in patient/ family to build one to one relationship **Nonverbal:** direct eye contact from clinician to patient, patient may avoid eye contact as sign of respect towards authority figure	Spanish	• Santero/ Babalao: use of healers and priests • Mandas: offerings made to saints in return for good health • Curanderismo: folk healing, trusted intervention used for physical, psychological, social illness to cleanse body of disease • Family gathers with patient for caregiving • Look to faith to understand illness • Live by idea of balance and harmony	• Trouble using numerical pain scale, easier to explain pain • May not report pain to reduce family burden • Fear addiction to pain medicine • Moaning used to reduce pain • Preference for facility based care for acute symptoms	• Staff should speak with entire family unit, not individuals • Families may request the omitting of information to elderly patients • Terminal illness is not disclosed to patient	• Oldest male is typically the decision maker • Taboos around advance directives; speaking of death brings death • Family needs are more important than individual needs • Focus decisions on present, not future • Family looks to most educated member as spokesperson	• If catholic, practice includes anointing of the sick by a priest • Prayer at bedside • Religious practices and consultations with religious healers • Preferred place of death at the home • Family has outward emotional expression at time of expiration and goodbyes • Family goodbye prior to body removal • Funeral takes place within 24 hrs	• Patriarchal customs • Women are caregivers • Elders treated with respect and formality • Familiarismo: family and group emphasis, Family steps in to take care of patient, patient accepts
Korean	**Greeting:** Mr./Mrs., eye contact depends on comfort and trust of others. Two handed hand shake is sign of great respect. **Nonverbal:** considered rude to direct the sole of a shoe or foot towards another person, personal space is important	**Primary:** Korean **Other:** English *May speak but not read or write English	• Health seen as harmony between soul and physical being • Illness can be spiritually caused • Complement treatment with acupuncture, herbs and spiritual intervention	• Varies from silence to stoicism • Family will understand how the patient copes with pain	May prefer information to be disclosed to the family spokesperson first, then family discussion will inform patient	• Husband, father, eldest son are the decision makers and have final say • Allow time for patient and family to discuss decisions • Family needs are more important than individual needs	• Imminent death should be disclosed to family spokesperson • Cultural or religious rituals are important • Prefer patient to die at home • Family is present at last moments of life • Expect mourning and crying of the family • Families may wish to remain with the body post death in a quiet area to allow time for the spirit to journey to the next life	• Patriarchal • Strong bonds amongst nuclear, extended, intergenerational family members • Elders treated with the utmost respect
Russian	**Greeting:** Ask if patient wants to be referred to as Mr./Mrs., or by first name, make eye contact, smile **Verbal:** Patient/family is offended if they don't speak directly to clinician, May use loud voices, clinicians should offer to remove shoes upon entering home **Nonverbal:** act genuinely interested	**Primary:** Russian **Other:** English *May have ability to read English even if can't speak it	• Disease is caused by stress, internal defect, or lifestyle • Reliance on herbal remedies, massage, home treatments, cupping, leeches and relaxation therapies • Expect aggressive treatment • See illness as will of God, testing faith	• Amplify health problems to receive more aggressive treatments	• Consult children of patient for preference on disclosing information to patient • Children disclose information to the patient about their health to protect parent • Leave time for the patient and family to discuss • Don't disclose terminal diagnosis	• Hierarchical decision making • View health provider as the authority • See clinician as lacking knowledge when they involve patient in decision making • Look to father, mother, eldest son or daughter for final say • Reluctant to complete advance directives and engage in decision making conversations about end of like; talk in terms of "quality of life" and "relief from suffering"	• At imminent dying ask decision maker about cultural practices in death/dying • Inform the decision maker first • A family member will be at bedside at all times • Likely to have religious requests and needs • Family may want to wash the body, put coins on eyes, roll cloth under chin	• Nuclear • Strong bonds with family especially in times of illness • Distinct gender roles, women are nurturers and caregivers in illness • Great respect for elders

*Bibliographical references available here