CROSS-CULTURAL ADVANCE CARE PLANNING

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Objectives

1. Participants will learn strategies to assist with facilitating ACP conversations across cultures

2. Participants will identify three ways cultural differences exist and ways to address those differences

3. Participants will review case studies to explore ways to practically interact across cultural divides
Current State of ACP

Multiple studies consistently show that people of minority cultural and linguistic backgrounds tend to:

- Complete advance directives and advance care plans less frequently than does the majority population (and may even reject these outright)
- Prefer family/group decision making
- Regard advance directives as an “intrusive” legal mechanism that interferes with their responsibilities as family members to care for their loved ones
- Indicate preferences for “aggressive,” life-prolonging treatment to be administered regardless of the state of illness
- Be less trusting of the health care system (especially if previously treated in a manner they perceived and experienced as being prejudicial, discriminatory, and dismissive of their culture)

Ethics and Advance Care Planning in a Culturally Diverse Society; Megan-Jane Johnstone and Olga Kanitsaki J Transcult Nurs 2009 20: 405 originally published online 13 July 2009
Current State of ACP: Why is This So?

- “While some see ACP as an empowering process through which an individual is able to define his/her own conception of a good life...others may perceive it as invasive and a violation of deeply held cultural tenets.”

- “The focus of being an active participant in planning for one’s own future medical treatment is founded on the assumption that all people value open discussion about illness and medical decision making.”

Culture, Ethics and Advance Care Planning Alissa Hurwitz Swota; 2009; Lexington Books
What is “cross-cultural?”

“Cross-cultural communication is a field of study that looks at how people from differing backgrounds communicate, in similar and different ways, and how they attempt to communicate.”

“Culturally sensitive health care is not something that should be engaged in only when a patient and provider are from different cultures. Instead, it should be the standard of care.”
What is “cross-cultural?”
What affects cross-cultural communication

- Language
- Health Literacy
- Individual Understanding
- Individual Expectation
- Practitioner's experience and comfort
What affects cross-cultural communication: Culture and Customs

Culture
- Language
- Religion
- Food and Music

Customs
- Rituals
- Death/burial preferences
- Etiquette
More than 31 million Americans are unable to speak the same language as their health care provider (Flores 2000)

Furthermore, even when a patient and provider come from the same cultural background there is no guarantee that the patient will understand what the provider is saying.
What affects cross-cultural communication: Language

Å Non-Verbal
   Å Eye contact
   Å Hand gestures
   Å Body language

Å Verbal
   Å What resources exist
   Å Interpreters
   Å Technological communication (phone, MARTI, etc.)
Case Study

*Mr. R 78 year old Hispanic man diagnosed with lung cancer 5 years ago. He is not fluent in English; however his spouse is fluent
*Oncologist suggest Mr. R consider drafting an ACP
*Although Mr. R does not want any life-sustaining measures his wife tells his Oncologist that he would like anything necessary done to prolong his life. Mr. R signs this document.
*At the next visit Mr. R comes alone and an interpreter is present. The oncologist tries to clear up a few points regarding Mr. R’s ACP and is shocked when the interpreter states that Mr. R’s preferences do not correspond with the document he signed at the last visit.
*Oncologist recommends that Mr. R go home to clear up any uncertainty he has with his spouse.
What affects cross-cultural communication: Individual Understanding and Expectations

Individual Understanding:
- Assess what individual understands thus far
- Be clear to introduce yourself

Expectations:
- Could begin meeting with exploring expectations
- Be willing to spend time discussing expectations even if they aren't ACP related
- May not know what to expect
What affects cross-cultural communication: Practitioner's experience and comfort with cultural sensitivity

**Experience:**
- It's preferable to have someone experienced with diverse populations
- It's okay to ask questions
- Be genuine
- It's okay to make mistakes

**Cultural sensitivity:**
- Is a learned behavior
- Explore individual preferences and do not make assumptions
What affects cross-cultural communication: Practitioner's experience and comfort with cultural sensitivity

- A few reminders:
  - Do not assume the patient comes from a similar cultural background
  - Do not assume that patient subscribes to the biomedical world perspective
  - Leave behind pre-conceived ideas about the patient's culture
  - Show a willingness to listen and learn about things like visions and spirits, things that are not often welcomed from a scientific, biomedical perspective.
What affects cross-cultural communication: Health Literacy

- Health literacy:
  - According to a 2004 report by the Institute of Medicine (IOM), nearly half of all adult Americans—over 90 million people—have difficulty understanding and acting upon healthcare information.
  - Even if someone speaks the same language, do not make assumptions on what they understand.
  - Ask individual to reframe what is said.
  - Explore any individual beliefs or fears.
  - Provide correct information.
  - Takes time.
What might affect cross-cultural communication: Health Literacy

Health Literacy not Race Predicts End-of-Life Care Preferences

ANGELO E. VOLANDES, M.D., MICHAEL PAASCHE-ORLOW, M.D., M.A., M.P.H.,
MURIEL R. GILICK, M.D., E.F. COOK, Sc.D., SHIMON SHAYKEVICH, M.Sc.,
ELMER D. ABBO, M.D., J.D., and LISA LEHMANN, M.D., Ph.D.
Case Study

*Deaf couple; referred by PCP

*Sign interpreter available

*First meeting could not move beyond language and communication concerns

*Main concerns were communication related with community and health care providers

*Several words did not translate well; used interpreter as a cultural broker

*Quality of interpreter is important
Case Study

*35 year-old Spanish-speaking, undocumented and pregnant female referred from site staff RN

*Aunt was healthcare agent

*Bilingual ACP facilitator available

*Originally referred by Physician referral line because was seen at urgent care & had no PCP

*Main interest was caretaker of unborn baby

*Referred to appropriate legal resources
Strategies to explore

• Have interpreters available
  * Interpret language but may also be a "cultural broker"
  * Assess individual expectations of meeting

• Offer culturally appropriate tools
  * Documents
  * Instructions
  * Appointment reminders
Culturally Sensitive Resources for ACP
## Where to start: Existing Resources

<table>
<thead>
<tr>
<th>Model Name</th>
<th>Components of Tool</th>
<th>Benefits of Tool</th>
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<tbody>
<tr>
<td>OncoTalk: Pearls/Ideas to Facilitate Conversations about Goals of Care</td>
<td>- Offers specific phrases that might be helpful for engaging in the ACP process</td>
<td>- Provides crucial reminder for providers to establish clear understanding of patient’s goals</td>
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<td>(Module 4: Fryer-Edwards et al. 2002)</td>
<td></td>
<td>- Makes explicit that ACP is an opportunity not an obligation for patients</td>
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<tr>
<td>Taylor and Cameron: List of five steps in an idealized process of advance</td>
<td>- Raising the topic and giving information</td>
<td>-- Gives guidance in terms of order in which to embark on the ACP process</td>
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<td>care planning (Taylor and Cameron 2002)</td>
<td>- Facilitating a structured discussion</td>
<td>- Prompts providers to revisit directives and not allow them to become outdated</td>
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<tr>
<td>Giger-Davidhizar Transcultural Model (Giger et al. 2006 and DGiger and</td>
<td>- Highlights two basic questions that can help foster a more productive, smoother</td>
<td>- Helps determine important but often overlooked “environmental” details of the patient provider</td>
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<td>Davidhizar 2002)</td>
<td>ACP process (1. What is your greatest concern and 2. How can I be of help)</td>
<td>interaction</td>
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<td></td>
<td></td>
<td>- Provides specific, helpful guiding questions</td>
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Where to start: Existing Resources
Honoring Choices Minnesota

Advance Care Planning Begins with You!
ACP videos for Latino/Hispanic, Hmong and Somali individuals, patients, families and communities

Spanish:
Watch the trailer
(in Spanish with English subtitles)

Hmong:
Watch the trailer
(in Hmong with English subtitles)

Somali:
Watch the trailer
(in Somali with English subtitles)

To order a DVD containing all 3 videos, please click here.

http://metrodoctors.com/dev/index.php/voicesofACP
Where to start: Existing Resources

The Conversation Project has a host of resources, including “Starter Kits” in English, Spanish, French, Hebrew, Korean, Mandarin, Russian and Vietnamese.

http://theconversationproject.org/resources/
Where to start

- Diversity of ACP facilitators
- Explore availability of language services
- Cultural sensitivity training/Guest speakers
- Create or attain culturally sensitive resources
- Share stories and experiences
- Celebrate successes
Where to start

- Explore accessibility of facilitations (location, cost, etc)
- Remember that some individuals may want to complete either just health care agent section or medical preferences section
- See each patient as an a unique being
Thank You!