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Respect for Diversity in Palliative Care

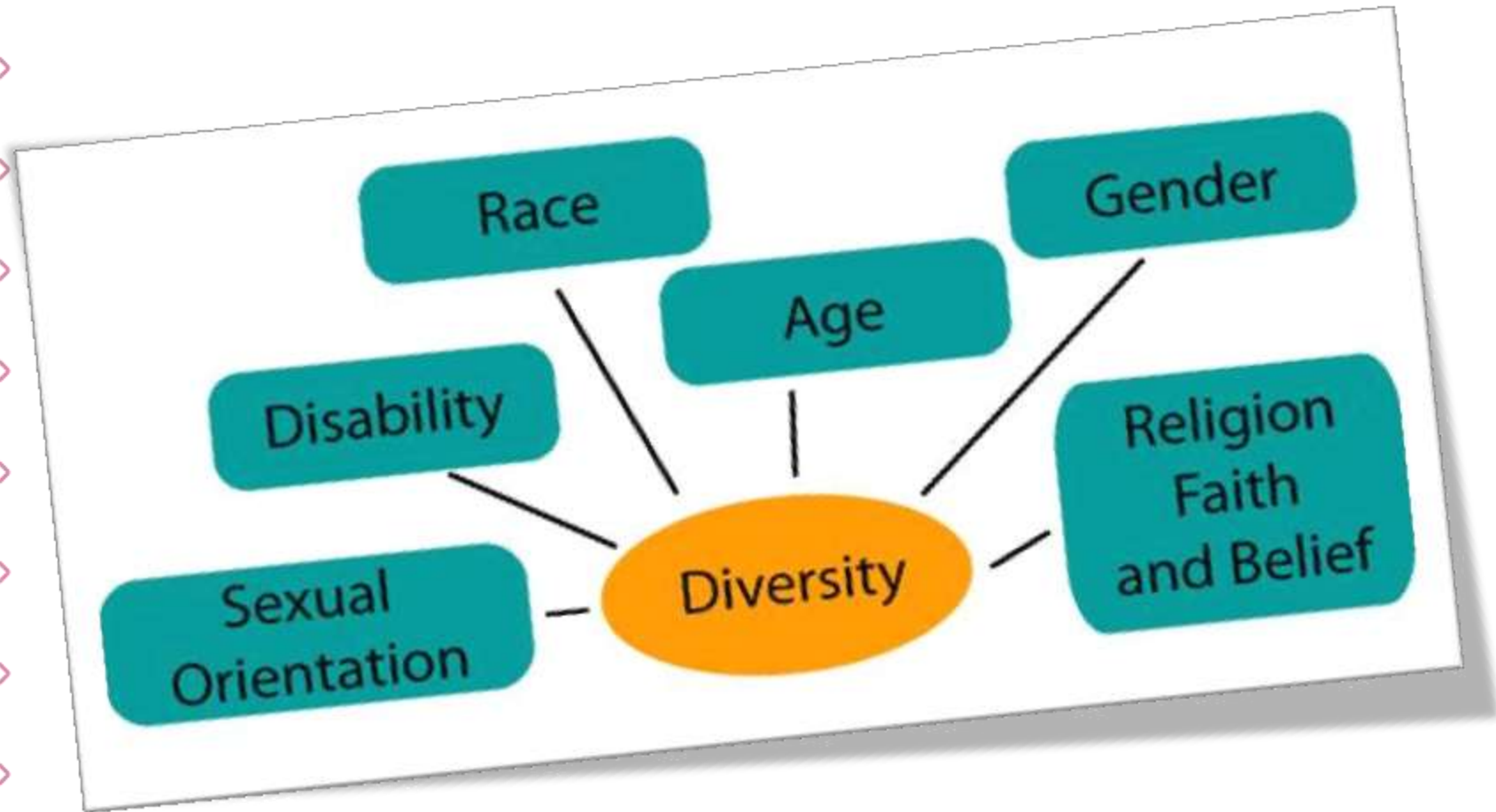Lea-anne Tuaoi
Nurse Practitioner

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What is Palliative Care?

- Palliative care is care that helps people live their life as fully and as comfortably as possible when living with a life-limiting or terminal illness.

- Relief of pain and other symptoms e.g. vomiting, shortness of breath
- Resources such as equipment needed to aid care at home
- Assistance for families to come together to talk about sensitive issues
- Links to other services such as home help and financial support
- Support for people to meet cultural obligations
- Support for emotional, social and spiritual concerns
- Counselling and grief support
- Referrals to respite care services
- Palliative care is a family-centred model of care, meaning that family and carers can receive practical and emotional support.

(Palliative Care Australia , 2017)

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What is Diversity?

Respect for Diversity in Palliative Care

- https://www.youtube.com/watch?v=jD8tjhVO1Tc

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Respect for Diversity in Palliative Care

- All being wish to be happy.

- All beings wish to be free of suffering.

- Role of palliative care is to:
  - Alleviate suffering
    - Service
    - Kindness
    - Compassion
    - Equanimity

"My religion is very simple. My religion is kindness." — The Dalai Lama

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Who accesses Palliative Care?

- Westernized country
- White
- English speaking
- Cancer patients
- Educated
- Middle to high socioeconomic status
- Living in a city
- Can you see some problems here??

- (Moller,2005; Ahmed et.al., 2004)

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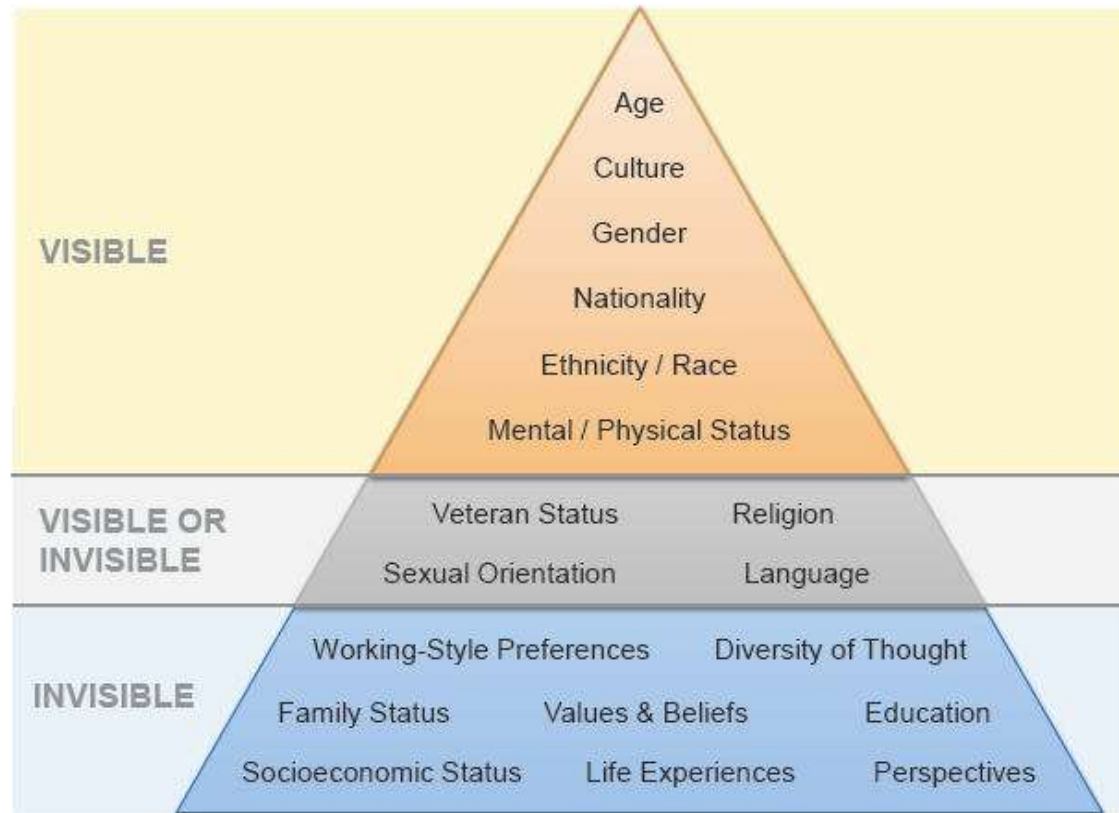dedicated holistic support
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What is Culture?

- Values and norms
- Beliefs and attitudes
- Food, music, humour
- Language, communication styles, practices
- Spirituality, religion, ceremonies, symbols
- Relationships, family, friends
- Dress, appearance
- Learning styles mental processes,
- Time and time consciousness

What makes up Culture?

Figure 1: Visible and Invisible Diversity Traits

Source: Bersin by Deloitte, 2014.

Why does Culture affect Communication in Palliative Care?

- Language and understanding difficulties.
- Verbal and nonverbal

- Cultural ideas about health and illness
- .
- Cultural ideas about dying.

- Preconceived ideas about health care professionals.

- Cultural beliefs about medicine and medical treatment.

- THE CULTURE OF BOTH SENDER AND RECEIVER!

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Culture of Communication

- CASE STUDY:
- 75 year old Vietnamese man with a diagnosis of a parotid tumour arrives at Palliative Care OPD with a Fentanyl patch stuck on the side of his face.
- What do you think he was told about the fentanyl patch when it was prescribed?
- Important to keep the message clear.
- Important not to use words that are ambiguous.
- Avoid the use of medical terminology and euphemisms.
- Often health care professionals employ euphemisms like "mass" "shadow" "irregularity" or "secondary" to describe cancer. Studies have shown that using the word "cancer" in discussions does initially increase patient anxiety, but leads to better long term psychological adjustment, and enables more open and honest communication between the patient and health care professional

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Non Disclosure

- CASE STUDY
- 80 year old Vietnamese lady
- Incidental finding of large lung mass whilst admitted to hospital for unrelated matter.
- Request from adult children "not to tell" their mother she had "cancer"
- WHAT WOULD YOU DO?

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Non-verbal communication

- Conduct some reading of the cultural practices – expectations of the patient you are going to consult.

- Eye contact

- Body position

- Clothing

- Acceptance of food and drink

- Physical contact

- Gender preferences

- Environment

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Use of Interpreters

- Literature review Dragan (2009) " the evidence demonstrates adverse effects linked to the lack of appropriate interpreter services support".

- Systematic review by Flores identified that the use of trained professional interpreters improved communication and was associated with less medical tests, less costs, less risk of hospitalisation (Flores, 2005)

- Karliner, Jacobs et al. (2007) found in their systematic review on professional interpreters and clinical care found:

- Using professional interpreters was associated with improved clinical outcomes, patient satisfaction and less communication errors and additionally raised the quality of the care to the same level as that of a consumer without language barriers

- Multiple systematic reviews demonstrated that the major barrier to accessing services is not speaking the language of the doctor (Rademacher & Feldman 2008, Pureslami & Rootman 2007, Wilson & Alam 2011)

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Resources

- Palliative Care Queensland
- Multi-lingual resources
- 21 languages (unfortunately none in Maori or Pacific Islander languages)
- http://www.palliativecare.org.au/Resources/Multilingualresources.aspx
- Multicultural palliative care guidelines
- http://www.palliativecare.org.au/Resources/Professionalresources.aspx
- Department of Health and Ageing
- Providing culturally appropriate palliative care to Aboriginal and Torres Strait Islander Peoples
- Resource Kit
- Practice Principles
- http://www.health.gov.au/internet/main/publishing.nsf/Content/58F4F2A90927FEBBCA256F4100153AFA/$File/principles.pdf
- Ethnic Communities Council Queensland
- http://www.eccq.com.au/
- FECCA
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Celebrating Our Cultures...we all smile in the same language.