**No. 12: Cultural Differences and End-of-Life Preference**

Team Reflections

The 2019 movie "The Farewell" begins with disclosing that it is "based on an actual lie." The plot revolves around Asian cultural norms whereby a family withholds information about a terminal diagnosis from an ailing family elder. In the movie, 20-something-year-old Billi jets off from New York to be with her dying grandmother in China. She finds herself aghast and confronting moral distress at the family's decision not to tell the matriarch Nai Nai. Instead, family members divert attention to a hurried wedding as the rationale for a final family gathering.

Similar experiences of moral distress occur in U.S. clinical settings. Cultural beliefs, religious traditions and linguistic differences create challenges to discussing life-limiting conditions and end-of-life planning or treatment options. In some cultures, such as Asian subpopulations as depicted in "The Farewell," openly discussing death is taboo. Discussions about illness can be considered bad luck. [12.1]

Honoring cultural and religious norms is essential, especially to build trust between clinical professionals, patients and families. This is especially true for communities that have historically experienced abuse and mistreatment. There are unintended outcomes of honoring cultural or religious norms. The disparity in the usage of pain medication and hospice is one example. Non-white populations have higher rates of inadequately treated pain, preference-discordant medical treatments and low satisfaction with provider communication when compared to whites [12.2]

Research and experience show that language is inextricably tied to culture. We know that much can be lost in translation. Words like *hospice*, *palliative care* and *caregiver* may be interpreted correctly, but what these terms mean and what they signal in the patient and family's minds may be quite different. Hispanics, for example, may perceive hospice as a bad place and not of interest to them. [12.3] Having professional interpreters as members of interdisciplinary care teams is critically important.

Hispanics lacking legal status, for example, forgo important medical treatment, even end-of-life care, out of fear of deportation. They may also decline treatment options fearing high costs to them or an inability to pay. Yet, creating the conditions for patients and families to feel safe and discuss options openly is the care team's responsibility and that of the health or long-term care organization at large.

The Catholic tradition views the family as central to the care of the terminally ill patient. "Next to the family, hospice centers which welcome the terminally sick and ensure their care until the last moment of life provide an important and valuable service. After all, the Christian response to the mystery of death and suffering is to provide not an explanation but a presence that shoulders the pain, accompanies it, and opens it to a trusting hope." [12.4]

**Consider**

* What does your organization’s palliative care team do to connect with people of diverse cultures?
* How do cultural humility and learning skills get passed on to staff on in-patient units and physician clinics, assisted living and other continuum of care facilities?
* How might you go about inquiring with a resident or patient from a different culture about her or his culture's relationship to serious and life-limiting illness?

**Let us pray together,**

*Eternal and Loving God,*

*Bless your servants to whom you have given a long life.*

*Let them know and sense your nearness,*

*so that when they worry about the past*

*they will rejoice in your mercy*

*and when they think about their future*

*they will rely on you as their hope. AMEN.*

(Adapted from *the Book of Blessings*)

[12.1] [https://www.nhpco.org/education/tools-and resources/diversity/attachment/chinese\_american\_outreach\_guide/](https://www.nhpco.org/education/tools-and%20resources/diversity/attachment/chinese_american_outreach_guide/) See also: <http://endofliferadio.org/eighthp1.html>

[12.2] N Engl J Med 2015; 373:747-755  
DOI: 10.1056/NEJMra1404684

[12.3] [https://www.nhpco.org/education/tools-and-resources/diversity/attachment/latino\_outreach\_guide/](https://www.nhpco.org/education/tools-and-resources/diversity/attachment/latino_outreach_guide/%20)

[12.4] Samaritanus bonus: On the care of persons in the critical and terminal phases of life. Aug. 22, 2020.