

## section 6.2: Culturally and Linguistically Diverse patients

### life limiting illnesses and culturally and linguistically diverse (CALD) patients

Illness, dying, death and grieving are amongst the most sacred and significant experiences of all human societies. Caring for patients with a life limiting illness and their families is often made more challenging in settings of cultural diversity when there may be a lack of shared language and little common ground of understanding.

With the continued growth of ethnic populations in Australia (1 in every 4 Australians in 2001 was born outside Australia<sup>1</sup>) clinical situations which require particular consideration and respect for cultural diversity can arise frequently. Coming to terms with the preferences of people from many countries, religious traditions and national identities is the responsibility of all health care workers and an opportunity for personal growth and developing valuable new understandings.

Listed below are some specific considerations relating to cultural diversity that impact on clinical practice:

- patients from CALD backgrounds are often not fluent in English and they may also be illiterate in their own birth language
- patients from CALD backgrounds requiring end of life care are often highly diverse<sup>2</sup> and there can be wide variations in beliefs and values both between and within ethnic groups
- a culture of suspicion, fear of officialdom and of those in authority, a lack of ownership and participation in community services may be present in some people from CALD backgrounds<sup>3</sup>.
- a lack an understanding of the health system and supportive services and a subsequent inability to navigate it may be present – recent research demonstrated that 90% of CALD participants had little or no understanding of community-based services available<sup>4</sup>
- community and cultural ties can be sources of great comfort and support for patients and families facing loss, death and dying.<sup>5</sup>

Patients of diverse ethnic and religious backgrounds are likely to have their own individual ways of dealing with a life limiting illness and their approach to death. Their values and ethical principles will be influenced by their culture and these will then impact on their decision-making. Other personal experiences such as war, torture and imprisonment will also influence their responses to care and the manner in which it is provided.

Our own values and beliefs may be so deeply ingrained that we are largely unaware of them and seldom question them, however these beliefs may be alien to patients from different backgrounds. These differences require exploration, acknowledgement and to be responded to in a sensitive manner. The best outcome is likely to be a flexible approach in working towards achieving care outcomes which can be accepted by both the health care team and the patient and family.

### specific issues that require consideration:

#### Our own attitudes

- insight into our own culture is a positive way to begin to understand and appreciate similarities and differences in other cultures
- avoid making assumptions about patients from other countries or using stereotyping
- **simply asking the patient or family about what is culturally appropriate behaviour is a valuable initial step**

### **Information disclosure**

- disclosure of information may be unacceptable in some specific cultures and seen as sparing patients from the burden of the truth
- it may be appropriate for the patient to be given the choice to discuss their diagnosis or treatment options – this may include handing full responsibility over to other members of their family for all treatment decisions

### **Use of interpreters**

- interpreters are essential for patients who are not fluent in English, particularly if there is complex information that must be communicated or significant decisions to be made
- patients have the right to access an interpreter – the choice of interpreter must be acceptable to them
- sessions with interpreters must be planned in advance – establish if the patient has a preferred language, ethnicity or gender for the interpreter
- the use of family members for interpreting should be avoided
  - this may be too much responsibility for the family member
  - cultural norms for information may filter out the critical information required by the patient<sup>6</sup> and render the information inaccurate
- a “hands free” phone should be used when working with a telephone interpreter (contact hospital switchboard for arrangements)

### **Symptom management**

- patients from a CALD background may respond to and manage pain and other symptoms in a quiet and stoic manner
- there may be particular beliefs that determine responses to pain or offers of pain relief – the patient may consider it to be a noble deed to endure pain and may actively resist the use of pain relief
- it is important to explore beliefs and fears about pain-relieving medications
- information about pain relief should be provided clearly with minimal use of technical language – written information, when appropriate, should be given to support these discussions

### **Perceptions of home based care**

- for many cultures provision of care in the home is associated with a sense of responsibility, accountability and of pride within families
- it may be unacceptable within some families to consider residential aged care or to accept help at home

### **Role of spirituality and religion**

- religious practices, rituals and beliefs may play a significant role when facing a life limiting illness
- involvement of a spiritual guide or leader may be of great benefit to the patient’s well being

### **Flexibility regarding cultural practices**

- aim to respect and where possible to accommodate the range of language, dietary and ritual practices of patients and their families
- the role of food and food preparation may be significant to the patient’s well being and the family’s sense of responsibility
- gender and social customs about devotion to parents and respect for the elderly in some cultures may make decisions about relinquishing home care especially traumatic
- some traditional practices may be in direct conflict with western medical procedures, eg some patients may not feel comfortable with a western female attending a male patient

- there may be particular rites related to dying and death that require consideration, eg observation of a 3-day chanting period for a person of Buddhist faith
- the role of clinical trials may be a foreign concept and may require additional explanation

## lessons learnt from recent studies

The building trust and relationships with people from diverse cultural backgrounds, the value of bilingual workers and the role of culturally safe ways of engaging were noted to be of importance in a recent study in the western suburbs of Adelaide.<sup>7</sup>

## care in the community

Tailoring the package of home care may involve exploring the availability of culturally specific community services – Ethnic Link can play a valuable role in this care planning.

## related resources and information

**Cancer Council of South Australia** – see <http://www.cancersa.org.au/> for multicultural cancer information – look in “Info and support”, then multilingual information and “Cancer that cannot be cured” – available in 15 languages

### **Ethnic Link Services** phone **08 8241 0201**

State-wide program which is funded by Home and Community Care and aims to ensure people from culturally and linguistically diverse backgrounds have access to supports that will assist them to remain living in their own homes.

Head office is at Alberton, 3 metropolitan regional offices – Alberton, Northfield and Park Holme.

Monday to Friday from 9am- 5pm.

**Human Services Finder** – the place to access information about health, housing, family and community services from the private, public and community sectors in South Australia, see <http://www.hsfinder.sa.gov.au>.

**Info Search SA** is a web-based resource supported by the South Australian Government – look in Multicultural Welfare Services/Multicultural organisations/Multicultural issues at <http://www.infosearchweb.com/>.

### **Interpreting & Translating Centre** phone **08 8226 1990**

24 Flinders St Adelaide SA 5000

Interpreting services in over 80 languages are provided for state courts of law and tribunals, the Police Department, Department of Education and Children Services, public hospitals and health care units, other state government departments, Work Cover, private companies and individuals see <http://www.translate.sa.gov.au/>.

**Multicultural Palliative Care Guidelines** at [www.pallcare.org](http://www.pallcare.org)

**National Health and Medical Research Council** (NHMRC) resource provides a model to assist with *culturally competent* policy and planning at all levels of the health system and includes practical strategies for increasing cultural competency, to access google “nhmrc and cultural competency” or visit [www.nhmrc.gov.au](http://www.nhmrc.gov.au).

**Palliative Care Council of South Australia Inc** provide informative brochures which have been translated into multiple languages which include:

- ***Relief, Comfort and Support – Caring for a loved one who has a terminal illness.*** a brochure outlining palliative care for the general public produced by the Palliative Care Council of SA.
- ***An Explanation of a Medical Power of Attorney and An Anticipatory Direction.*** a simple brochure about the South Australian Consent to Medical Treatment and Palliative Care Act 1995.

The brochures have been translated into the following languages:

Arabic	Bosnian	Chinese	Croatian
English	Greek	Hindi	Italian
Japanese	Khmer	Macedonia	Maltese
Persian	Polish	Portugese	Russian
Serbian	Spanish	Turkish	Vietnamese

Both brochures are available from the Palliative Care Council of South Australia Inc on phone **08 8291 4137** or online at [www.pallcare.asn.au](http://www.pallcare.asn.au).

### **Telephone Interpreting Service (TIS) phone 131 450**

The Australian Government, through the Department of Immigration and Citizenship, provides this service for people who do not speak English and for English speakers needing to communicate with them. This service is free of charge.

1300 131 450 for doctors priority access

#### [For English Speakers](#)

TIS National provides interpreting services to English speakers, to help them communicate with non English speaking clients, using telephone interpreting, ATIS – the Automated Telephone Interpreting Service and onsite interpreting.

#### [Translating and Interpreting Service \(TIS\) for Non-English Speakers](#)

A service for people who do not speak English and for English speakers needing to communicate with them.

#### [Help with Translations](#)

Document translation services are available to eligible clients, staff will redirect to other services as required, eg Tax Office/Centrelink for financial issues.

## **references**

- <sup>1</sup> A Snapshot of Palliative Care in Australia (2003) Australian Government Department of Health and Ageing, Commonwealth of Australia, ACT.
- <sup>2</sup> Dellal H. Keynote speaker, Dying, Death and Grieving- A cultural Perspective Conference, Melbourne, 2002.
- <sup>3</sup> National Bowel Cancer Screening Pilot Program, Addressing the needs of culturally and linguistically diverse communities in a national screening program for bowel cancer, 2004.
- <sup>4</sup> Kung, W. Migrant Information Centre. Communication strategy for Culturally and Linguistically Diverse Background Communities, 2002.
- <sup>5</sup> Crawley L, Marshall P, Lo B, Koenig B (2002) Strategies for culturally effective end of life care. *Annals of Internal Medicine*, 136 (9) 673-679.
- <sup>6</sup> Dellal H. Keynote speaker, Dying, Death and Grieving- A cultural Perspective Conference, Melbourne. 2002.
- <sup>7</sup> Caring Communities Project- Shared bereavement care in the West- Western Adelaide Palliative Care Service and The Queen Elizabeth Hospital, 2005.