End of Life Care: Better Serving Our Patients
Serving Latino Families

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The 30th Annual Kaiser Permanente National Diversity Conference
San Francisco, December 12, 2007
Hospice Caring Project
Latino Community Liaison

- Patient Care
- Grief Support
- Outreach and Education
- Agency Support
Latino Population in California

- U.S. 2005: 15%
- California 2005: 36%
  55% of all immigrants are Latinos
  over 70% lack health insurance
- Santa Cruz Co. 2004: 28%

From US Census Bureau

- HCP patients 2005: 5.5%
- HCP patients 2006: 6.4%

California Latino Demographic Databook (December 31, 2003)
Cultural Competency

- Reducing racial/ethnic disparities in access to health care services.
- Providing high quality care to patients with culturally diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural and linguistic needs.
Latino Culture in the U.S.

- **Immigrant Population**… in search of the “American Dream”

- **Latino Assimilation**: well into their 3rd and 4th generation, their *cultural identity* expresses through strong ties to *family, culture, religion and language*

- **Culture as a *Protective Factor***: i.e. *Novenario*
Access Barriers to Health Services / Risk Factors for Latinos

- Language
- Lack of culturally appropriate services
- Mistrust of health system
- Illegal residence
- Lack of insurance
- Fear of deportation
Illness, death and dying are universal experiences, yet people’s responses are shaped by cultural background:

- Meaning of, responses to and understanding of illness
- Decision-making re: end-of-life (EOL) care
- Communication styles
Bridging Cultures

Common ground: patient and family
Background: Euro-American culture
Models of Health Care

Cultural principles, practices and policies that shape the health care system:
1. Perception of health and illness
2. Decision-making
3. Communication styles
4. Treatment options and healing

*Procedures that are beneficial to a cultural group, might not be beneficial, or might even be damaging, to other cultural groups.*
Euro-American Perception of Illness

- U.S. focus on *biomedical* dimension of health and illness
- Science and technology “have the answers”
- Health care providers: professionals, experts and specialists
Generalizations re: Latino Health Behavior

- Not preventive
- Tendency to self-diagnose and self-treat initial symptoms
- Seek professional advice if symptoms persist or at time of crises
- Reliance on advice from friends & relatives

Traditional Medicine

Sickness can result from external causes (supernatural, human & non-human) and strong emotions (fear, anger, jealousy, anger)

- **Traditional healers:**
  - Religious leaders as community protectors
  - Specialized healers: *curanderos* (folk healers), *yerberos* (herbalists), *espiritualistas* (spiritualists)
  - MedSpiritual guides

- **Treatment practices:** ceremonies involving medicinal plants, prayer and touch
Latino Spiritual Beliefs & Attitudes re: Illness, Death and Dying

- **Catholicism**: predominant religion (with indigenous influences)
- **Fatalism**: There is little the individual can do to alter fate “That’s the way it is.”
- **Hope**: “Estamos en Manos de Dios.” When receiving terminal diagnosis: “That is what the doctor says, but God has the last word.”
- **Belief in miracles**
- **Death**: a known and accepted part of life.
- **Belief in life after death** (soul is immortal).
## Decision-Making

<table>
<thead>
<tr>
<th>U.S.A.</th>
<th>Other cultures</th>
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<tbody>
<tr>
<td>Truth-telling &amp; Informed consent</td>
<td>Protecting the patient from “bad news” Disclosure seen as “cruel, harmful, disrespectful, killing hope.”</td>
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<tr>
<td>Patient Autonomy</td>
<td>Autonomy seen as isolating Preference for family-based, physician-based, or shared physician- and family-based decisions.</td>
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<tr>
<td>Self-determination</td>
<td>Self-determination, patient autonomy, advance directives, living wills and DNR are foreign concepts Beneficence: “The doctor knows best”</td>
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Latino Values re: Provider-Patient Relationship

- **Familismo**: the very soul of the Latino culture. Very important role in healthcare decision-making.
- **Respeto**: Healthcare providers as authority figures.
- **Simpatismo**: politeness, not contradicting or giving negative feedback even when asked.
- **Personalismo**: importance of personal relationships. Health providers expected to be warm, friendly and take an active interest in the patient’s life.
- **Confianza**: slow process of opening up. Trust is earned and develops over time.
Recommendations

Understanding of **Cultural Competency** as a life-long process:

- Self-awareness
- Knowledge of the patient’s culture
- Awareness & appreciation of cultural differences.
- Adaptation of Skills: “Cultural humility,” “Cultural literacy”
A Comprehensive Approach to culturally relevant EOL Services

**HCP Latino Program Guiding Goals**

- Identifying and Overcoming Access Barriers to EOL Care for Latinos.
- Understanding Local Latino Population (*demographics, health behavior, cultural values and dynamics re: EOL*).
- Fostering Cultural Competency within HCP.
- Creating Culturally Relevant EOL Services.
Recommendations

Within agency: CAPACITY-BUILDING

- Hiring bilingual/bicultural staff
- Creating linguistically & culturally relevant materials
- Cultural competency trainings
- Tailoring services to meet the social, cultural and linguistic needs of patients & families
Recommendations, cont.

● **In the Community: AWARENESS RAISING & CULTURALLY COMPETENT SERVICES**

● Learn about cultural dynamics re: EOL

● Address access barriers

● Speak their language

● Engage community leaders to “open dialogue” and “break the silence”

● Partner with local agencies to provide continuum of care
Helpful Clinical Strategies

- Understand how a client’s cultural experience impacts their behavior
- Emphasize family as primary social unit and source of support (*Familismo*)
- Strengthen personal contact (*Personalismo*)
- Emphasize politeness and respect rather than assertiveness and direct criticism (*Respeto* and *Simpatismo*)
Helpful Clinical Strategies, cont.

- Present info in a culturally & linguistic appropriate manner
- Give the client time to process info
- Pay attention to non-verbal cues
- Emphasize family and cultural strengths
- Utilize natural support systems and cultural resources
Questions?

Comments?

Thanks for Caring!