CULTURAL ATTITUDES TOWARDS PALLIATIVE CARE

A palliative approach aims to improve the quality of life for individuals and their families, with a life-limiting illness or who are becoming progressively frailer because of advanced age.

This is carried out by identifying, assessing and addressing their holistic treatment of pain, physical, psychological, social, cultural, and spiritual needs. The underlying philosophy of a palliative approach is a positive and open attitude towards death and dying with an emphasis on improving quality of life.

Education about cultural diversity is recommended for aged care teams to enhance an understanding of care preferences of individuals from different cultural backgrounds. Efforts to accommodate these preferences promote individualised care which benefits individuals and their families.

It is important to understand that there are a number of religions that cross language and cultural boundaries. When working with a person facing a life-limiting illness, a carer will need to understand the role religion plays in their end-of-life choices.

WESTERN EUROPE

In some Western European countries such as Austria, Germany and The Netherlands, palliative care is a recent concept. It was introduced into Germany in 1985 and was relatively unknown in the Netherlands prior to 2001. Therefore, it is likely that elderly people born in these countries will be unaware that such services exist or what it entails.

INDIAN

There is a general acceptance of Western medical practices, home hospice and hospital care by the Indian community. Health professionals are seen to minimise discomfort and are therefore welcomed in the family home by the Indian-born population. Culture demands that there is close family involvement in the care of the aged.

The information in this directory about the diverse attitudes to palliative care is for general guidance only and does not encompass all views of the various languages, cultural and religious groups mentioned.

CAMBODIAN

In the Australian Cambodian community, there is a lack of understanding of palliative care and many people will feel more comfortable to be treated in their home as aged care facilities do not exist in Cambodia. Health professionals are expected to clarify with the family, the diagnosis and prognosis of an illness. Giving news to the family first or telling both the patient and family are acceptable. The guarantee of confidentiality is important within the Cambodian community. Decision-making about illness is likely to involve the client and the family.

CHINESE

Not every Chinese person wants to die at home as they believe that death can bring negative energy to the house. Chinese values draw upon many influences such as Confucianism, Taoism and Buddhism. Values such as loyalty, filial piety, the maintenance of social order, and superiority of men over women, self-restraint, self-respect, and self-blame, are embedded in Chinese culture and have a lot of implications for health choices during end-of-life care. The open discussion of terminal illness and end-of-life issues are not considered appropriate in Chinese culture.

ARABIC

Doctors and qualified medical people are well accepted and respected by Arabic speaking community members from countries such as Egypt, Iraq and Lebanon. The expectation by people from these communities is that information about a patient's diagnosis and prognosis will be told to the family first, and the family will decide whether or not to tell the patient.

FIJIAN

The approach to inform a Fijian born person of a diagnosis, depends on the individual. Generally for an aged Fijian born person who has not fully adopted Western culture, it would

be appropriate for their son or daughter, or aother older close relative to tell them. This 'buffering' of the impact of the news is very important, both to the person, and to his or her family.

INDONESIAN

In Indonesian culture, family and spiritual leaders are involved in caring for the dying person. The concept of palliation is not known.

FINNISH

Options in palliative care are not yet well known among Finnish people. However, when this stage of life is reached, they are keen to know more about alternative medicines, even though they may initially show resistance. Information on pain management is especially valued.

GREEK

Many Greek-born people are very sensitive about death and dying issues so it is very common that Greek families do not want the dying person to be told of their diagnosis and prognosis, believing it will only burden the dying person further. Greek families prefer to be informed first of the diagnosis and then decide if the ill person should be told. Sometimes it may be the eldest son that would tell his parent of the diagnosis. There is fear of cancer and often the word 'cancer' is not used, instead many use an alternative word, such as 'the terrible illness'.

EASTERN EUROPEAN

In Eastern European countries such as Hungary, Czech Republic, Poland, Ukraine, Estonia, Latvia, Lithuania, Slovakia, Slovenia, Croatia, Macedonia and Serbia, palliative care is a fairly new concept. Elderly people from these countries may not be aware that such services exist or what it entails. Traditionally, the diagnosis of a terminal illness would not be communicated to the person concerned but rather to their families who then decide when and how, or if at all, to tell the patient. Families, relatives and friends may wish to 'protect' the person from diagnosis and prognosis of a terminal illness. Often family members believe if the prognosis is communicated to the patient, they may lose the will to live. A direct approach is not recommended for these cultures. Individuals from these countries may be reluctant to accept palliative care, as this is perceived as a sign of imminent death. People from these communities believe it is important

for relatives to be with a person who is dying to provide emotional and spiritual support to the dying person and family.

ITALIAN

For elderly Italians, treatment at home is preferred but hospital or hospice is becoming increasingly acceptable. Family-centred care is always preferred. The family needs to be involved at all stages of decision-making. The family may try to 'protect' the dying person by withholding information and a diagnosis in order to maintain hope. A charade is often played out with family members and friends' pretending the illness is not terminal. There are high expectations that doctors and/or nurses will relieve symptoms and pain. Some Italians may accept morphine whilst others may express fears associated with its use and be reluctant to use it. It is important that the effects of morphine are communicated to all concerned. Italian carers have a strong sense of duty. Roles are dictated by family hierarchies and by gender. Emotions are openly displayed, including anger and grief. Carers may encourage the patient to eat unnecessarily believing this to be good for the patient.

MALAYSIAN

In Malaysia, many are not aware of what palliative care is and certainly even if they knew, may not be aware of where they could access it. Palliative care has only been an option in Malaysia since 1991. To talk about death and dying is a huge taboo in this culture.

MALTESE

It is important for people of Maltese background to die at home. As people from this culture age, they have a tendency to revert to speaking Maltese. It's difficult for health professionals to understand the needs of the Maltese community when it comes to health, palliative care, death and dying, as there is an expectation within this community that family is the primary support option.

FILIPINO

In the Philippines during times of illness, the extended family provides support and assistance. Important values that might affect interactions between providers, patients and families in the context of terminal illness, include a strong respect for elders, reliance on family as decision-makers in the case of illness, and high expectations of care by the family.

PORTUGUESE

For Portuguese people, dying and death is accepted as a fundamental part of life by most. Presence of a priest is important for Catholic Portuguese to provide support to the dying person and family. Medication is accepted to reduce suffering.

SPANISH

Traditionally, Spanish speaking people, from countries such as Spain, Uruguay and Chile, prefer to die at home. It is important for family members and close friends to see their loved ones during their final hour. Family needs to be involved at all stages of the decision-making process. The role of the family has a strong influence on anything relating to their loved one's health care and they prefer to be given the diagnosis or prognosis before their patient.

SRI LANKAN

Sri Lankan born people are usually familiar with government provided services and resources for the elderly. General barriers to accessing services for the elderly may not be as significant within the Sri Lankan community as English language proficiency is generally higher than in other groups. This is also because similar services are provided by the government in Sri Lanka.

TURKISH

For the Turkish community, the preferred place of treatment is at home, if possible. Staff should give the diagnosis or prognosis to close family members first, since some patients will not be able to cope with the news. Some families would like to be the ones to decide how the patient should receive news of impending treatment.

VIETNAMESE

Traditionally, Vietnamese people prefer to die at home. It is important for relatives and friends to see the face of their loved one in the last minutes of life. Organ donation may be seen as meritorious in future lives, creating good karma.

Where possible, provide information about a palliative approach to individuals from culturally and linguistically diverse backgrounds in their own language, as this this enhances cultural sensitivity for individuals and their families, and ensures adequate and appropriate care.