



Cultural Considerations for Health Care Providers

Understanding Cultural Perspectives: Why is this important?

Effective patient-health care relationships rely on trust, especially when serving culturally diverse populations. Providers must recognize how cultural factors may impact patients' choices, engagement in their healthcare, and trust in the provider's actions and communications. Historical experiences among cultural groups may lead patients to view health care providers as untrustworthy.

Sensitivity to these issues and building trust is crucial when engaging in conversations about advance care planning and other serious health care discussions. Providers who lack cultural understanding risk inadvertently eroding trust and making inaccurate presumptions.

Universal & Cultural Barriers to Completing Health Care Directives (HCDs)

Despite their importance, many people, regardless of their background, face barriers to completing Health Care Directives (HCDs). Some may not have heard of advance care planning and are unaware of the benefits, others may find the process taboo or frightening. Cultural, generational, and religious beliefs also play a role, with some preferring to leave such decisions up to fate, their Spiritual Leader, or a Higher Power. People often don't realize the benefits of Health Care Directives and that they are one of the necessary tools to ensure their own wishes are honored, whether they want intensive treatment or comfort-focused treatment.

Historical experiences can shape cultural perspectives and how health care providers are viewed. For instance:

- Indigenous Peoples' experience with broken treaties, boarding schools and attempts at forced assimilation
- History of enslavement of Africans
- Tuskegee experiments on African Americans
- Political rhetoric surrounding US Borders
- Newer immigrants from countries torn by war and corruption

General barriers patients may experience:

- Lack of awareness or knowledge about advance care planning or health care directives
- View the process as taboo or find it scary to talk about serious illness or end of life
- Belief that talking about end of life hastens death
- Filling out forms can be cumbersome or overwhelming
- Generational, traditional, or religious beliefs and practices may be preferred instead of seeking a health care directive
- Belief that their religious doctrine forbids them from engaging in such discussions

Additional barriers specific cultural groups may experience:

- It is common in some African American families to not discuss end-of-life topics at all
- End of life planning may be viewed as code for providers' plans to limit or withhold necessary health care due to lack of trust
- For people whose primary language is not English, language barriers hinder communication with providers
- Although Health Care Directive documents are available in many languages, some languages such as Somali and Hmong are oral, so some elders may not read their written language
- There may be a lack of trust in written documents or signing legal documents

Motivating Patients to Complete HCDs

Suggested language when talking to patients:

- *This is a way to ensure your wishes are honored.*
- *This is a way to ensure the person making your decisions is the person you trust most to do so.*
- *Helping your family understand what you want them to decide for you is a gift: it may help avoid fighting and may reduce their stress.*
- *If you need a decision and don't have a health care agent, health care providers may make the decisions for you.*
- *If you need a decision and don't have a health care agent, you may end up with a court appointed guardian. This could be problematic for you as the guardian may not be knowledgeable about your culture or other very personal preferences. Though a guardian should seek your and your family's input, they have ultimate decision-making authority.*

What Else Can Providers Do?

- Listen to the person, approach with humble curiosity and avoid rushing. These conversations may need to happen over several visits.
- Don't assume you know a person's background or experiences. Asking questions is a sign of respect.
- In conversations, reflect back to the patient what you heard to show that you are listening, and to ensure you accurately understand them.
- Patients and families may be more open to discussing funeral preferences, or how they would want to be remembered. This may be a good entry point to discussing end of life.
- Ensure privacy in the conversation, but ask the person if there are others they'd like to have in the room with them.
- Consider using a culture broker.
- People want providers who look like them: consider, with the person's permission, inviting a nurse, social worker, or community health worker of the same culture to be present.

Takeaways

- First task is to build rapport that may lead to building trust.
- Our own biases, assumptions, and cultural experiences may negatively impact our effectiveness in working with people from other cultures. If you are unsure, ask.
- What looks like resistance or non-compliance may be something else (e.g., lack of access to the medication you are prescribing; cultural need to involve other family members or other decision makers, even when the patient is capacitated).

For Further Assistance

For additional information or consultation, please contact the following VOA resources:

Center for Excellence in Supported Decision Making

- ☎ **Guardianship Information Line:** 952-945-4174
(toll-free 844-333-1748)
- ✉ **Email:** cesdm@voamn.org
- 🌐 **Website:** www.voamnwi.org/cesdm

Culturally Responsive Caregiver Support & Dementia Services

- ☎ **Phone:** 952-945-4034
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