

# **Recognizing and responding appropriately to the unique cultural needs of Chinese clients and their families at the end of life care**

## **BCCA Interdisciplinary Diversity Seminar**

**Helena Akrigg, RN, BSN, MA (Ed)**

**CON (C ), CHPN (C )**

**May 30, 2008**

**hakrigg@gmail.com**

## **Goal:**

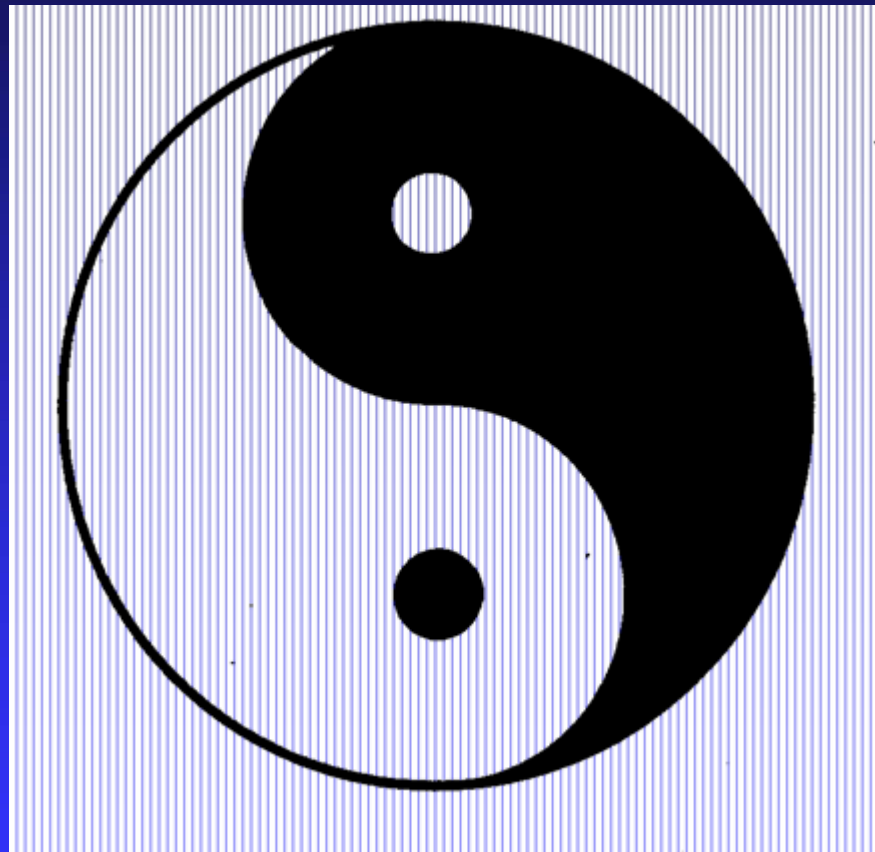
**To better understand the unique cultural needs of Chinese clients and families at the end of life care**

# Objectives

- **To explore cultural variations**
- **To identify the different cultural needs for Chinese clients at the end of life:**
  - Pain management**
  - Coping strategy**
  - Autonomy**
  - Truth telling**
  - Advance directives**
- **To examine the traditional belief and value of Chinese culture**

# “All things have two aspects”

(Kaptchuk, 2000, p. 8)



Kaptchuk, T.K. (2000). *The web that has no weaver: Understanding Chinese medicine (2<sup>nd</sup> ed.)*. McGraw-Hill

# The story of Mrs. Wong

- 56 years, Seamstress
- Mother of 4 adult children
- Diagnosis: Ca breast with multiple mets
- PPS 30% (ECOG 4), in bed, total care
- Pain is not well controlled
- Elderly parents are not aware of her prognosis
- Family manages medication
- On Chinese herbal medication
- PRN analgesic is not given as needed
- Limited oral intake
- Future care: Planned Home death
- DNR in place

# What is culture ?

## Culture is:

- Beliefs
- Customs
- Practices
- Values
- Assumptions
- The way we see the world



Milliken, J., & Varcoe, C. (2002). Nursing 330/ 331. Health and nursing practice bridge-in. Victoria, B.C. University of Victoria, Canada

# Cultural variations

(Anakwe & Kessler, 1999 ; Coward & Ratanakul, 1999; Jenko & Raye Moffitt, 2006; Providence Health , 2007)

## I-Self

### (individualism)

- Freedom of choice/  
expression
- Personal independence
- Right to privacy

## We-self

### (collectivism)

- Hierarchical
- Reciprocal
- Extended family relationship
- Loyalty

# Two streams of immigrants

(Agrawal, Qadeer, Prasad, 2007)

## Self-reliant:

- With language skills
- Employment skills
- Higher education
- Higher social economic background
- Improved accessibility to health care

## Marginalized:

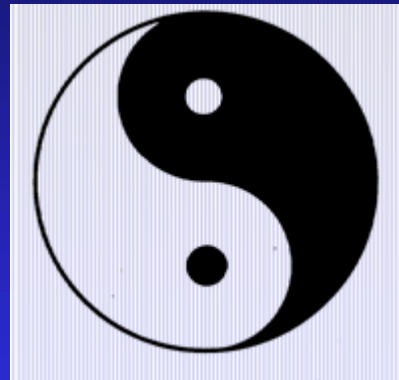
- Little or no English language skill
- Lower/ no formal education
- Lower socio-economic status
- Limited accessibility to health care

# Traditional Chinese health belief and practices

(Hui, 1999; Kaptchuk, 2000; Providence Health care, 2007)

## Yin

- Shady side
- Darkness
- Cold
- Rest
- Tranquility



## Yang

- Sunny side
- Bright
- Vigor
- Dynamic
- Arousal

Hui, E. (1999). Chapter 3: Concepts of health and disease in traditional Chinese Medicine. In H. Coward & P. Ratanakul (Eds.), *An Intercultural dialogue in health care ethics*. (pp. 34-36). Waterloo: Wilfred Laurier University Press.

# Harmony or not

- Health prevention with herbal soup/ food
- Chinese herbal medicine to re-establish the balance
- Illness mean unbalance (hot and cold)
- Western medicine cure of symptoms only
- Ineffective treatment: Unbalance
- Blood test weaken the body strength
- Self- adjust medication if no result
- Avoid drafts/wind-no open window/wet hair

(Hui, 1999; Providence Health Care, 2007)

6/11/2008

# Coping strategies

Folkman & Lazarus (1986)

## Emotional focus:

- People open to talk about their feeling
- This reduces emotional tension

## Problem focus:

- Task focus
- Modify the situation by doing something about it
- People often use both strategies

Folkman, S., Lazarus, R. S., Gruen, R.j., & DeLongis, A.(1986). *Appraisal, coping, health status, and psychological symptoms*. Retrieved April 24, 2008, from

[http://psychlab1.psych.ubc.ca/~adlab/webupload/File/pdfs%20with%20pswd/Folkman\\_Lazarus\\_Gruen\\_DeLongis\\_1986.pdf](http://psychlab1.psych.ubc.ca/~adlab/webupload/File/pdfs%20with%20pswd/Folkman_Lazarus_Gruen_DeLongis_1986.pdf)

# In palliative situation: How do Chinese people cope?

## Emotional focus:

- Avoid displaying emotions
- Superstitious
- Avoid certain dates for appointment
- Maintain normalcy

## Problem focus:

- Make special herbal soup
- Seek out complementary therapy
- Medication self-adjustment

# Food focus

- Food is a symbol for love and caring
- Food intake strengthen hope
- Food can restore health/healing
- Food to avoid (hot/cold imbalance)
- Avoid cold water/juices when ill (cold)
- Force feeding
- IV hydration

(Hui,1999; Providence Health Care, 2007)



# Pain management issues with Chinese clients

- Fear of addiction to opioid
- Fear of tolerance
- Value Stoicism and self-control (PHC, 2007)
- “It may not work when I need it later”
- “The medication is too strong”
- “I feel light headed”
- “I don’t need it now because the pain is gone...”

# Pain management in the dominant culture

- Fear of addiction
- Fear of tolerance
- The fear is a common concern

Victoria Hospice Society. (1998). Chapter 6: Pain control. In G. M. Downing (Ed.), *Medical care of the dying* (3<sup>rd</sup> ed., pp.134-207). Victoria : British Columbia. Victoria Hospice Society, Canada

# Autonomy

## Decision making process with Chinese clients

1. Client and family
2. Clients prefer to be dependent but informed
3. Family makes the decision, client may not be informed (paternalistic).

Kwong-Wirth, S. (1999). The Chinese and Japanese grief processes. [ Msg I].  
Message posted to *The end of life: Coping with death & dying in the Asian family*, May 12, 1999 Roundtable Minutes. Retrieved April 24, 2006, from <http://www.cacf.org/wwwboard/messages/205.html>

Tse, C.Y., Chong, A., & Fok, F. Y. (2003). Breaking bad news: a Chinese perspective. *Palliative Medicine*, 17: 339-343. University of Washington Medical Centre. (2005).  
*Communicating with your Chinese patient (1-2)*. Retrieved July 15, 2006, from [http://depts.washington.edu/pfes/pdf/ChineseCultureClue4\\_05.pdf](http://depts.washington.edu/pfes/pdf/ChineseCultureClue4_05.pdf)

**“If one does not know the right questions to ask, one is unlikely to get the right answer”**

**“Care of the dying is both a skill and an art.”** (J.Wilde & M. Downing, 2006, p. 125)

Wilde, J., & M. Downing. (2006). Chapter 4: Pain-Etiology. In G. M. Downing, & W. Wainwright (Eds.), *Medical care of the dying*. (4<sup>th</sup> ed., pp.70-158), Victoria: Victoria Hospice Society, Canada

# Communication

**“involves both listening and speaking”**

(Thompson & Wainwright, 2006, p.539)

- **Collaboration**
- **Connection**
- **Do not stereotype**
- **Ask –family decision maker/understanding**
- **Some clients hide disagreement**
- **Need for information**
- **Goal of care**

Thompson, M., & Wainwright, W. (2006). Chapter 17: Psychosocial care. In G. M. Downing, & W. Wainwright (Eds.), *Medical care of the dying*. (4<sup>th</sup> ed., pp.535-563), Victoria: Victoria Hospice Society, Canada

# Language competency

- **Assess client's ability to speak English/ literacy**
- **English comprehension: Social level only**
- **Avoid over estimate client's language skill**
- **Ask**
- **Chinese have many different dialects**
- **Chinese written words are the same**
- **Obtain permission for professional interpreter**
- **Confidentiality**

(Providence Health Care, 2007)

# Truth telling

## To tell or not to tell...

- “Why does the doctor keep telling me that I will die soon?”
- “We will worry about it when that happens...”
- “It is not lucky to say it”
- “Don’t tell...”
- “Tell me, I am not afraid...”
- “You are the first one who told me...”

# Truth telling

- **Fear of death is universal**
- **Emotional burden rather than not wanting to know**
- **People know when things are not well**
- **Protective mechanism**
- **Chinese elders prepares their own funeral**
- **Be sensitive and respectful**
- **Choice of words/ timing**

(Tse et al., 2003; Victoria Hospice, 2006)

# Advance directives

- **Clients to provide end of life care directions “their wishes”**
- **Do not resuscitate (DNR)**
- **Power of Attorney (health and financial decision)**
- **Facilitate ongoing decision making with the client and family**

M. Downing (2006)

# Spirituality/rituals



# When things don't turn out

- **Obstructive family members**
- **Client desperately wants control**
- **Lack of knowledge**
- **Resistances in care**

# What should we do?

- **Step back**
- **Listen for the meaning**
- **Provide choices**

(Thompson & Wainwright, 2006)

# Take home message

- **Caring is stressful**
- **Self- care is important**
- **Understand your own assumption**
- **Understand the cultural difference**
- **Understand your personal biases**
- **Keep an open mind** (P. Boston, 2006)

Boston, P. (2006). Chapter 18: Cultural and spiritual care. In G. M. Downing, & W. Wainwright (Eds.), *Medical care of the dying*. (4<sup>th</sup> ed., pp.571-579), Victoria: Victoria Hospice Society, Canada

**“Each patient must be seen as a person who has a unique belief system...”**

Hoffmaster, 1999, p. 150)



# References

Agrawal, S. K., Qadeer, M., & Prasad, A. (200). *Immigrants' needs and public service provisions in Peel Region*. Retrieved March 10, 2008, from [http://canada.metropolis.net/pdfs/agrawal\\_qadeer\\_prasad\\_e.pdf](http://canada.metropolis.net/pdfs/agrawal_qadeer_prasad_e.pdf)

Anakwe, U., & Kessler, E. (July, 1999). Distance learning and cultural diversity: Potential user's perspectives. *The International Journal of Organization Analysis*, 7(3), 224-243. Retrieved Feb 10, 2006, from EBSCOhost online database.

Boston, P. (2006). Chapter 18: Cultural and spiritual care. In G. M. Downing, & W. Wainwright (Eds.), *Medical care of the dying*. (4<sup>th</sup> ed., pp.571-579), Victoria: Victoria Hospice Society, Canada

M. Downing. (2006). Chapter 3: Ethical considerations. In G. M. Downing, & W. Wainwright (Eds.), *Medical care of the dying*. (4<sup>th</sup> ed., pp.45-67), Victoria: Victoria Hospice Society, Canada

# References

Erlen, J. (1998). Culture, ethics, and respect: The bottom line is understanding.

*Orthopaedic Nursing*, Nov/Dec, 79-82.

Folkman, S., Lazarus, R. S., Gruen, R.j., & DeLongis, A.(1986). *Appraisal, coping, health status, and psychological symptoms*. Retrieved April 24, 2008, from

[http://psychlab1.psych.ubc.ca/~adlab/webupload/File/pdfs%20with%20pswd/Folkman\\_Lazarus\\_Gruen\\_DeLongis\\_1986.pdf](http://psychlab1.psych.ubc.ca/~adlab/webupload/File/pdfs%20with%20pswd/Folkman_Lazarus_Gruen_DeLongis_1986.pdf)

Hoffmaster, B (1999). Part II, Conclusion, The significance of variability within cultures. In H. Coward & P. Ratanakul (Eds.), *An intercultural dialogue in health care ethics*. (pp. 149-150). Waterloo: Wilfred Laurier University Press.

Hui, E. (1999). Chapter 3: Concepts of health and disease in traditional Chinese Medicine. In H. Coward & P. Ratanakul (Eds.), *An Intercultural dialogue in health care ethics*. (pp. 34-36). Waterloo: Wilfred Laurier University Press.

Itano, J.K. (2005). Chapter 4: Cultural diversity among individuals with cancer. In C. Yarbrow, M. Frogge, & M. Goodman (Eds.), *Cancer nursing: Principles and practice* (6<sup>th</sup> ed., pp.69-107). MA: Jones and Bartlett.

# References

- Jenko, M., & Raye Moffitt, S. (2006). Transcultural nursing principles: An application to hospice care. *Journal of Hospice and Palliative Nursing*, 8(3), 172-180. Retrieved July 30, 2006, from <http://www.medscape.com>
- Kaptchuk, T.K. (2000). *The web that has no weaver: Understanding Chinese medicine (2nd ed.)*. McGraw-Hill
- Kwong-Wirth, S. (1999). The Chinese and Japanese grief processes. [Msg I]. Message posted to *The end of life: Coping with death & dying in the Asian family*, May 12, 1999 Roundtable Minutes. Retrieved April 24, 2006, from <http://www.cacf.org/wwwboard/messages/205.html>
- Milliken, J., & Varcoe, C. (2002). *Nursing 330/331. Health and nursing practice bridge-in*. Victoria, BC. University of Victoria, Canada.
- Providence Health Care (2007, July). *Huddle for Diversity: Healthcare tips for raising cultural and religious awareness (2<sup>nd</sup> Ed., Vol 1)*. British Columbia; PHC Diversity Services, Canada.

# References

- Thompson, M., & Wainwright, W. (2006). Chapter 17: Psychosocial care. In G. M. Downing, & W. Wainwright (Eds.), *Medical care of the dying*. (4<sup>th</sup> ed., pp.535-563), Victoria: Victoria Hospice Society, Canada
- Tse, C.Y., Chong, A., & Fok, F. Y. (2003). Breaking bad news: a Chinese perspective. *Palliative Medicine*, 17: 339-343. University of Washington Medical Centre. (2005). *Communicating with your Chinese patient* (1-2). Retrieved July 15, 2006, from [http://depts.washington.edu/pfes/pdf/ChineseCultureClue4\\_05.pdf](http://depts.washington.edu/pfes/pdf/ChineseCultureClue4_05.pdf)
- Victoria Hospice Society. (1998). Chapter 6: Pain control. In G. M. Downing (Ed.), *Medical care of the dying* ( 3<sup>rd</sup> ed., pp.134-207). Victoria : British Columbia. Victoria Hospice Society, Canada
- Victoria Hospice Society. (1998). Chapter 17: Psychosocial care. In G. M. Downing (Ed.), *Medical care of the dying* ( 3<sup>rd</sup> ed., pp.476-548). Victoria : British Columbia. Victoria Hospice Society, Canada

# Reference

Wilde, J., & M. Downing. (2006). Chapter 4: Pain-Etiology. In G. M. Downing, & W. Wainwright (Eds.), *Medical care of the dying*. (4<sup>th</sup> ed., pp.70-158), Victoria: Victoria Hospice Society, Canada