

**Appendix**

**Annotated Synthesis Matrix**

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**Research Question(s):** What does access to end-of-life care look like for immigrants in the United States? What does culturally sensitive end-of-life care look like? What are some cultural differences we should be aware of when approaching end-of-life discussions?

**Main Idea/Theme #1:** End-of-life care for documented and undocumented immigrants

First Author	Year	Article Title (Abbrev.)	Study Design	Sample Size	Study population	Aims of Study	Main <u>and</u> Unique Findings	Limitations
Nuila, R.	2012	Home: Palliation for Dying Undocumented Immigrants	Case Report	N=1	Mauricio Cifuentes	-To show limitations of access to care for undocumented immigrants, especially those with terminal illnesses	-There are few to no end-of-life care options for undocumented immigrants -There is the option to return to their country of origin, but this is not guaranteed and varies from case to case	-Small sample size

**Main Idea/Theme #2:** Cultural attitudes toward end of life/death

First Author	Year	Article Title (Abbrev.)	Study Design	Sample Size	Study population	Aims of Study	Main and Unique Findings	Limitations
Chi, H.	2018	Please Ask Gently: Using Culturally Targeted Communication Strategies to Initiate End of Life Care Discussions with Older Chinese Americans	Qualitative Study	14 patients, 9 of their adult children, and 7 health-care providers	Chinese Americans (55 years or older) and their families	To explore communication strategies for health-care providers to initiate end-of-life care discussions with older Chinese Americans	-It is important to assess for readiness before attempting EOL discussions -Indirect communication was most suggested -Implement EOL inquiries as part of routine check-in or questionnaire	-Findings not generalizable to broader population -Patients do not necessarily represent all Chinese Americans
Yick, A.	2002	Chinese Cultural Dimensions of Death, Dying, and Bereavement: Focus Group Findings	Qualitative Study	Three focus groups consisting of members of the Chinese American community in New York	Members of the Chinese American community in New York	Describe Chinese immigrants and Americans' attitudes and practices about death, dying, and bereavement	Attitudes and practices are largely based in Asian cultural values such as filial piety, centrality of family, and emphasis of hierarchy. Strains of Confucianism, Buddhism, Taoism, and local folklore are embedded.	-Talk about death is largely seen as bad luck, which can limit EOL discussions -All decisions are group/family oriented

Searight, H. R.	2005	Cultural Diversity at the End of Life: Issues and Guidelines for Family Physicians	Qualitative evidence synthesis	Up to 33% of the population in the United States	Ethnic minorities in the United States with serious illness or considering end-of-life care	To discuss cultural perspectives, values, spirituality, and family dynamics in relation to death and suffering.	There were many findings based on the case studies identifying three basic dimensions of end-of-life treatment that vary culturally: -communication of "bad news," -locus of decision making, and -attitudes toward advance directives and end-of-life care	N/A
Fischer, S.	2015	Apoyo Con Carino: A Pilot Randomized Controlled Trial of a Patient Navigator Intervention to Improve Palliative Care Outcomes for Latinos with Serious Illness	Randomized Controlled Trial	32 patients in the intervention program, 32 in the control group	Latino adults with life-limiting illness	To determine the feasibility of a patient navigator intervention to improve palliative care outcomes for Latino adults with serious illness	-81% had at least one in-home visit -Advanced care planning was higher in the intervention group -79% discussed pain management -Hospice enrollment between groups was similar	-17% did not follow up -75% of those asked chose not to participate -31% of those in the study had all 5 expected home visits. The average was 3.

**Main Idea/Theme #4:** Barriers to Palliative Care

First Author	Year	Article Title (Abbrev.)	Study Design	Sample Size	Study population	Aims of Study	Main and Unique Findings	Limitations
Isenberg, S.	2017	Evidence-Based Palliative Care Programs	Critically Appraised Article / Topic	N=71	Evidence-based clinical practice guidelines for palliative care in oncology	Discuss the epidemiologic and policy interpretations and implications of CPG	Barriers to palliative care include: <ul style="list-style-type: none"> <li>-Financial burden to patients</li> <li>-Providers not being financially reimbursed for services</li> <li>-Insufficient specialist palliative care providers to meet demand</li> <li>-Inadequate screening for palliative care</li> <li>-Physicians equate palliative care with hospice</li> <li>-Scope of practice laws</li> </ul>	Article's scope is limited to oncology patients

<p>Metchnikoff, C.</p>	<p>2017</p>	<p>End-of-life Care for Unauthorized Immigrants in the U.S.</p>	<p>Critically Appraised Article / Topic</p>	<p>N=44</p>	<p>Immigrants and unauthorized immigrants in the U.S.</p>	<p>Provide overview of immigrants. Describe the current state of unauthorized immigrants in the U.S. based on limited data available discuss authors' clinical experience in caring for them at the end-of-life.</p>	<p>Barriers to care:                      -Limited social support                      -Overall mistrust of the U.S. health care system                      -Fear of deportation, discrimination, incarceration                      -Limited English proficiency                      -Many only seek care at the time of disease crisis when disease may be too advanced or at a terminal stage                      -Efforts to improve access to high-quality end-of-life care for all dying persons elude the most vulnerable populations</p>	<p>There is limited data available on unauthorized immigrant healthcare.</p>
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**Main Idea/Theme #5:** Cultural Empathy for East Asian Patients

First Author	Year	Article Title (Abbrev.)	Study Design	Sample Size	Study population	Aims of Study	Main and Unique Findings	Limitations
Martin, E.	2016	Cultural Competence in End-of-Life	Critically Appraised Article / Topic	N=10	Patients of diverse backgrounds needing end-of-life care	Discuss cultural factors that may influence end-of-life pain management	East Asian patients do not want to discuss death openly, some may even want to withhold disclosure of terminal diagnosis to protect the patient. Chinese patients may believe that pain results from an imbalance between yin and yang. Chinese families prefer to have families discuss serious illness with providers. Korean families may want to make treatment decisions of older adults. Asian families may feel that it is their responsibility to care for their aging parents due to filial piety. Some may rely on acupuncture, coining, cupping, moxibustions and herbal remedies to treat pain.	Very high-level information and does not provide detailed information

Ko, A.	2017	Culturally Sensitive Care for Asian immigrants	Critically Appraised Article / Topic	N=17	East Asian Immigrants	Provide information for clinicians when caring for patients who have immigrated to the U.S. from East Asia	<p>Asians are the fastest growing immigrant population in the U.S. Patients who follow their cultural transitions may be perceived as noncompliant when, in fact, they are in perfect compliance with their own transitions. Clinicians need to ask their patients why they think their illness started and why do they think it started when it did and what they fear the most about their illness. Asian immigrants vary in their adherence to traditional practices. In China, older adults are venerated and viewed as very wise and in Korea older people are frequently consulted on important family matters as a sign of respect for their life experience.</p>	This article focused on home care and recommendations may not be able to be recreated in clinical settings.
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**Main Idea/Theme #6:** Ethics

First Author	Year	Article Title (Abbrev.)	Study Design	Sample Size	Study population	Aims of Study	Main and Unique Findings	Limitations
Tilden, V.	1999	Ethics Perspectives on End-of-Life Care	Critically Appraised Article / Topic	N=53	Terminally ill patients	To discuss ethical issues associated with autonomy beneficence and justice surrounding end-of-life	<p>There are strong cultural influences on end-of-life plans and preferences. African American and Hispanic patients have been found to want more aggressive life-promoting treatment and be less likely to plan to complete an advanced directive.</p> <p>Many families support family-centered models rather than individual models of decision-making.</p>	This article is outdated.

**Main Idea/Theme #7:** Palliative Care

First Author	Year	Article Title (Abbrev.)	Study Design	Sample Size	Study population	Aims of Study	Main and Unique Findings	Limitations
Isenberg, S.	2017	Evidence-Based Palliative Care Programs	Critically Appraised Article / Topic	N=71	Evidence-based clinical practice guidelines for palliative care in oncology	Discuss the epidemiologic and policy interpretations and implications in oncology	Palliative care includes: -Rapport and relationship building with patient and family and caregivers -Symptoms, distress, and functions status management -Exploration of understanding and education about illness and prognosis -Clarification of treatment goals assessment and support of coping needs -Assistance with medical decision-making -Coordination with other care providers -Provision of referrals to other care providers as indicated	Did not address the feasibility of implementing recommended guidelines with the current shortage of palliative care specialists

**Main Idea/Theme #8:** Possible Mitigation Measures

First Author	Year	Article Title (Abbrev.)	Study Design	Sample Size	Study population	Aims of Study	Main and Unique Findings	Limitations
Silva, M.	2015	Interpreting at the End of Life	Systematic Review	N=10	Studies that assessed the use of interpreters in palliative care	Determine how professional medical interpreters influence the delivery of palliative care services to LEP patients	Pre-meetings between clinicians and interpreters were important to clarify topics to be used, terminology to be used and decide if cultural mediation should be used in combination with interpreting services to improve communication. Family members should not be used. It leads to poor communication and negative outcomes, including omission or alteration of information and emotional conflicts within the patient's family. Notify families/patients that interpreting services are available. Providers should aim to spend the same	Each study reviewed had a small sample size and no study was a randomized control study.

							amount of time with LEP families as they do with English-speaking families.	
Aggarwal, N.	2016	Meanings of cultural competence in mental health: exploratory focus group study with patients, clinicians, and administrators	Focus Group Study / Cohort	9 administrators, 9 clinicians, and 8 patients (in focus groups)	9 administrators, 9 clinicians, and 8 patients (in focus groups) of mixed race, age, and gender	To determine whether tools of cultural competence training are being put into practice	There continues to be a need for better training. Authors suggest role-specific training.	Limited generalizability. Study was done at one site and there could have been influence of one focus group type on another (administrators influencing providers, etc.)

Dehning, S.	2013	Empathy without borders? Cross-cultural heart and mind-reading in first-year medical students	Cross-cultural study	N=257	First-year medical students	To determine the influence of culture, religion, specialization choice, and gender on emotional empathy and cognitive empathy.	Further research is required. Empathy is influenced not only by culture, but by sociodemographic characteristics.	Limited comparability between cultures
Riess, H.	2012	Empathy Training for Resident Physicians: A Randomized Controlled Trial of a Neuroscience-Informed Curriculum	Randomized Controlled Trial (RCT)	99	Resident Physicians	To determine whether a pilot study for cultural training was effective.	They determined that empathy could be taught.	Bias of this program being their own.

**Main Idea/Theme #9:** Cultural Insensitivity

First Author	Year	Article Title (Abbrev.)	Study Design	Sample Size	Study population	Aims of Study	Main and Unique Findings	Limitations
Isenberg, S.	2017	Evidence-Based Palliative Care Programs	Critically Appraised Article / Topic	N=71	Evidence-based clinical practice guidelines for palliative care in oncology	Discuss the epidemiologic and policy interpretations and implications of CPG	Patients in racially discordant interactions experienced less open communication patterns whereby physicians provided significantly less information and patients were significantly less active in the visit, compared with patients in racially concordant interactions	Article did not thoroughly discuss the implications of race
Metchnikoff, C.	2018	End-of-life Care for Unauthorized Immigrants in the U.S.	Critically Appraised Article / Topic	N=44	Immigrants and unauthorized immigrants in the U.S.	To provide an overview of immigrants and describe the current state of unauthorized immigrants in the U.S. based on the limited data available and discuss the authors'	Many unauthorized immigrant patients express a desire to see their families one last time. However, many die alone in an institutional setting or at their place of residence. The body of the deceased is sent to the coroner's office and	There is limited data available on unauthorized immigrant healthcare.

						<p>clinical experience in caring for them at the end of life.</p>	<p>a next-of-kin search is performed. Most efforts are unsuccessful due to families' fear of being identified as undocumented and deported. If no kin is found, the body is cremated – this is impersonal and there is no option to practice culturally-related rituals. Cremation may be taboo, and some cultures require specific rituals to purify the body of the deceased. Relatives may never know of the deceased relative.</p>	
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