### End-of-Life Care Cultural Assessment Models with Sample Scripts

Geiger-Davidhizar’s Cultural Assessment Model considered six components relevant to end-of-life care: Communication, Space, Time, Environment Control, Social Organization, and Biological Variation (Giger, et al., 2006). Phyllis R. Coolen, DNP, MN, RN, author of the EthnoMed article *Cultural Relevance in End-of-Life Care*, added additional assessment from her practice plus Huff’s assessment model (Huff & Kline, 2007a) to the table below to enhance information gathering.

<table>
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<th>Components</th>
<th>Assessment Questions for the Health Care Provider to Consider</th>
<th>Sample Scripts</th>
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| Communication (Note: If the patient’s and family’s education levels are unknown, a good rule of thumb is to present information at a 6th - 8th grade level. Also minimize the use of medical jargon.) | • What are the usual and customary communication patterns and practices? For example, the Cambodian Sampheah greeting (placing hands together like praying at chest level and bowing to the person) is more than just a way of saying hello, but it is also a sign of respect, which is central to Cambodian culture.  
  • How do the patient and family expect to be communicated with on death and dying issues?  
  • Who will be the decision-maker in the family regarding health care issues?  
  • Who will be the spokesperson for the family?  
  • Are there certain terms that are used to describe illness or terms or subjects that are taboo?  
  • What traditional explanations may be used to explain a terminal illness?  
  • Does the family freely ask questions or voice their concerns?  
  • Are there gender and age rules governing interpersonal interaction?  
  • Are there trust issues between the health care provider and the patient and family? Are there trust issues if the patient and provider | • “Your condition is very serious. Some people like to know everything that is going on with their illness. What would you like? How much do you want to know?” (Note: If the patient does not want to know or only wants the information given to the family, remain flexible by letting the patient know, “If you change your mind about wanting information I will be glad to talk with you and answer any questions.”)  
  • “Do you make your own decisions about your care, or do you want someone else to make those decisions (who specifically)?”  
  • “Since ___ will be making decisions about your care, is it ok for me to talk to them about your illness and your situation?”  
  • For the patient who asks that the discussion be with the family: “Do you want to be there when we talk?”  
  • To seek clarification from the family: “I want to make sure that I am being clear in explaining your father’s condition. |
| Space | Is family closeness valued?  
|       | How is the family defined,  
|       | that is, who is included?  
|       | Extended family members?  
|       | Community? Spiritual  
|       | leaders?  
|       | “Your family seems very  
|       | important to you. Sometimes family  
|       | members include aunts,  
|       | uncles, cousins, religious  
|       | community. How do you  
|       | describe your family?  
|       | Who in the family do you  
|       | want to be involved in the  
|       | decision about your  
|       | care?”  
| Time | Are the patient and or family  
|      | present, past, or future  
|      | oriented? (Present oriented  
|      | takes each day as it comes.  
|      | Past oriented holds on to  
|      | significant past traditions.  
|      | Future oriented looks to the  
|      | future for a “better life.”  
|      | “What do you think the  
|      | illness does to you?”  
|      | “How do you usually deal  
|      | with a serious situation,  
|      | such as now with your  
|      | illness?”  
|      | How does the illness  
|      | affect your day-to-day  
|      | living?”  
| Environmental Control | Whom do the patient and or family  
|                     | believe holds control  
|                     | over the future?  
|                     | Where does the locus of  
|                     | control lie? Internal locus of  
|                     | control means that the  
|                     | power to change lies within  
|                     | oneself, while external locus  
|                     | of control means the power  
|                     | of change is due to luck, fate,  
|                     | or to chance.  
|                     | “Can you tell me what  
|                     | you understand about  
|                     | your illness? What do you  
|                     | think caused it?”  
|                     | “What concerns you most  
|                     | about your illness and the  
|                     | treatment?”  
| Social Organization | Is there a belief in a supreme  
|                   | being?  
|                   | What role do faith or  
|                   | spirituality play in the  
|                   | “Is there anything that  
|                   | would be helpful for me  
|                   | to know about how you  
|                   | or your family (or your  

From EthnoMed article: Cultural Relevance in End-of-Life Care
| Biological Variation | • Are pain or any other symptoms expressed freely or only if asked?  
• Is pain considered a suffering to be tolerated?  
• What are the usual or traditional responses to an illness, to pain or other symptoms?  
• What are the patient’s and/or family’s perception of the use of Western health care practices and treatment? | • “Are you having any pain? What do you think is causing your pain? What is the main problem your pain is giving you?”  
• “I want to make sure you are comfortable. Do you feel comfortable asking for medication to help make your pain go away?” |

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*From EthnoMed article: Cultural Relevance in End-of-Life Care*