

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 article *Cultural Relevance in End-of-Life Care* (<http://ethnomed.org/clinical/end-of-life/cultural-relevance-in-end-of-life-care>) added additional assessment from her own practice as well as from Huff's assessment model to the table below in order to enhance information gathering (Huff & Kline, 2007a):

Components	Assessment Questions for the Health Care Provider to Consider	Sample Scripts
<p>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.)</p>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • <i>"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?"</i> (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, <i>"If you change your mind about wanting information I will be glad to talk with you and answer any questions."</i>) • <i>"Do you make your own decisions about your care, or do you want someone else to make those decisions (who specifically)?"</i> • <i>"Since ___ will be making decisions about your care, is it ok for me to talk to them about your illness and your situation?"</i> • For the patient who asks that the discussion be with the family: <i>"Do you want to be there when we talk?"</i> • To seek clarification from the family: <i>"I want to make sure that I am</i>

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	<p>family? Are there trust issues if the patient and provider are not the same gender?</p> <ul style="list-style-type: none"> • Would the patient or family be more comfortable with a provider of the same ethnic group as themselves? • What types of non-verbal cues are observed with the patient and family? • What seem to be major barriers for the patient and family in the use of health care services? 	<p><i>being clear in explaining your father's condition and treatment options to him. Could you please tell me what you understand about your father's situation and his treatment options?"</i></p>
Space	<ul style="list-style-type: none"> • Is family closeness valued? • How is the family defined, that is, who is included? Extended family members? Community? Spiritual leaders? 	<ul style="list-style-type: none"> • <i>"Your family seems very important to you. Sometimes family members include aunts, uncles, cousins, religious community. How do you describe your family?"</i> • <i>Who in the family do you want to be involved in the decision about your care?"</i>
Time	<ul style="list-style-type: none"> • 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.") 	<ul style="list-style-type: none"> • <i>"What do you think the illness does to you?"</i> • <i>"How do you usually deal with a serious situation, such as now with your illness?"</i> • <i>How does the illness affect your day-to-day living?"</i>
Environmental Control	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • <i>"Can you tell me what you understand about your illness? What do you think caused it?"</i> • <i>"What concerns you most about your illness and the treatment?"</i>

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Social Organization	<ul style="list-style-type: none"> • Is there a belief in a supreme being? • What role do faith or spirituality play in the patient's and/or family's beliefs and what influence do they have on behavior? • What role does the spiritual leader play with respect to the dying patient? • Are traditional healers consulted routinely or under what circumstances? • What is the function and role of each family member within the family system? What specific impact do social class, gender, age have on the person's role in the family? 	<ul style="list-style-type: none"> • <i>"Is there anything that would be helpful for me to know about how you or your family (or your community or your faith/religion) view serious illness and treatment?"</i> • <i>"Please let me know if there is anything in your cultural background that is important to you and your family that would be helpful to me in taking care of your father. I want to be able to provide the best care possible for your father."</i> • <i>"How is your family dealing with your illness? What concerns them the most?"</i> • <i>"Spirituality or faith provides some people with strength in coping with difficult times, such as your father's illness. Where do you find strength to deal with difficult situations?"</i>
Biological Variation	<ul style="list-style-type: none"> • 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? 	<ul style="list-style-type: none"> • <i>"Are you having any pain? What do you think is causing your pain? What is the main problem your pain is giving you?"</i> • <i>"I want to make sure you are comfortable. Do you feel comfortable asking for medication to help make your pain go away?"</i>

Giger, J., Davidhizar, R., & Fordham, P. (2006). Multi-cultural and multi-ethnic considerations and advanced directives: developing cultural competency. *Journal of Cultural Diversity*, 13(1), 3-9.

Huff, R., & Kline, M. (2007a). The cultural assessment framework. In M. V. Kline & R. M. Huff (Eds.), *Health Promotion in Multicultural Populations* (Second ed., pp. 123-145). Los Angeles: SAGE.

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