

The Impact of Cultural Diversity on Medical Decision-making

Nova Geriatric Training Institute

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Cultural Diversity

- Why is it important to understand how different cultures approach medical and legal decisions?
- How can we improve the process of educating consumers about their choices and rights?
 - Respect patient's cultural attitudes
 - Don't impose personal beliefs
 - Communication skills (non-judgmental exchange of information)

Introduction

- What is **'culture'**?
 - Behaviors, beliefs, values
 - Affects views about illness, pain, selecting medical care, complying with treatment
- **Acculturation**
 - Degree to which a person maintains traditional beliefs of the ethnic group
- **The Patient Self Determination Act**
 - Promotes education
 - Presumes autonomy and self-determination
 - Inherent assumptions: literacy, autonomy and trust

Advance Directives

- Why advance directives are important:
 - *Mental competency necessary
 - Protect personal rights
 - Avoid guardianship

Do not assume this is important to every culture.



Different Cultural Views

- **Japanese Culture**

- *Values:*
 - Group v. individual
 - Personal responsibility
- *Suggested approaches:*
 - Respectful, not direct or blunt
- *Decision making:*
 - Husband then the eldest son (deference to wife's preferences)
- *End of life issues and acculturation:*
 - Removal of blame,/failure from the ill person promotes acceptance
- *Accessing medical treatment:*
 - Pursue traditional remedies with western medicine



Different Cultural Views

- **African American**

- *Values:*
 - Respect
- *Decision making:*
 - Lack of trust in medical profession (Tuskegee Experiment)
 - Hope/don't want to be a burden
- *Accessing medical treatment:*
 - Advance directives completed less often
 - Desire for life sustaining medical treatment



Different Cultural Views

- **Hispanic (Mexican, Cuban, Puerto Rican)**

- *Values:*

- Family & caring for each other

- *Suggested Approaches:*

- Would you like information? to make their decision or will family decide?

- *Accessing medical treatment:*

- care-giving at home
- mother-in-laws move in with the family
- Low users of hospice
- Less likely to reach out to community resources
- May not tell patient of terminal illness



Hispanic (continued)

- *Attitudes toward patient autonomy:*

Personalismo

Trust built over time;
mutual respect

Jerarquismo

Respect for hierarchy
(family & professionals)

Presentismo

Emphasis on present
(not future planning)

Espritismo

Belief in spirits that can affect
health & well-being

Fatalismo

Belief that fate determines outcome

Different Cultural Views

- **Native American**

- *Values:*

- Holistic approach
- Responsibility/participate in creation of reality

- *Suggested Approaches:*

- Don't be overbearing/ rush/ provide unsolicited advice
- Lend support

- *Attitudes Toward Patient Autonomy:*

- Independence
- Respect
- Honor



Different Cultural Views

• **Buddhism and Thai Culture**

- *Values:*
 - Interdependence between actions and consequences
 - Nothing completely predetermined
 - Respect
- *Suggested Approaches:*
 - Empower self referral
- *Decision Making:*
 - Personal responsibility
- *End of Life Issues:*
 - Positive role to illness(choose how to experience)
- *Accessing Medical Treatment:*
 - Attain harmony don't just treat the symptoms



LGBT Community: New Federal Rights

- Windsor decision 2013 applies only to **legally married couples**.
- January 5, 2015 same sex marriage recognized in Florida.
 - Will a same-sex spouse be recognized as a surrogate decision-maker?
- LGBTQ healthcare Bill of Rights.



CMS Proposed Rule To Implement Windsor

COP: Medicare & Medicaid providers, long term care facilities, suppliers.

- Based on place of celebration
- Same rights under state law
- May not discriminate



IMPLEMENTATION OF PATIENT VISITATION POLICY

- Admission Process: Intake form and notice of patient rights –
 - Identify *support person* to visit
 - Identify *support person* who has access to medical personnel and records



TIPS FOR HEALTHCARE PROVIDERS

- Update *Patient Intake and Questionnaire*
 - *marital status, sexual orientation and gender identification status*
 - *Gender neutral language*
- Think before you speak:
<http://www.thinkb4youspeak.com/GetInformed/>



Conclusion: Raising Awareness

- Integrate professionals of various cultural groups into the work environment
- Invite patient's family and clergy to participate
- Implement on-going education of staff
- Respect cultural differences



LGBT Healthcare: Issues and Guidance from IOM and the Joint Commission

James Lopresti, PhD, LMHC
Director of Education
Sunshine Social Services, Inc.



When Does it Make a Difference and Why?

“Individual expressions of sexual and transgender stigma create significant personal barriers for LGBT people attempting to access high quality care.”

Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities Board on the Health of Select Populations. (2011) *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: National Academies Press. P 62

IOM: Stigma and Healthcare Disparities

Personal stigma

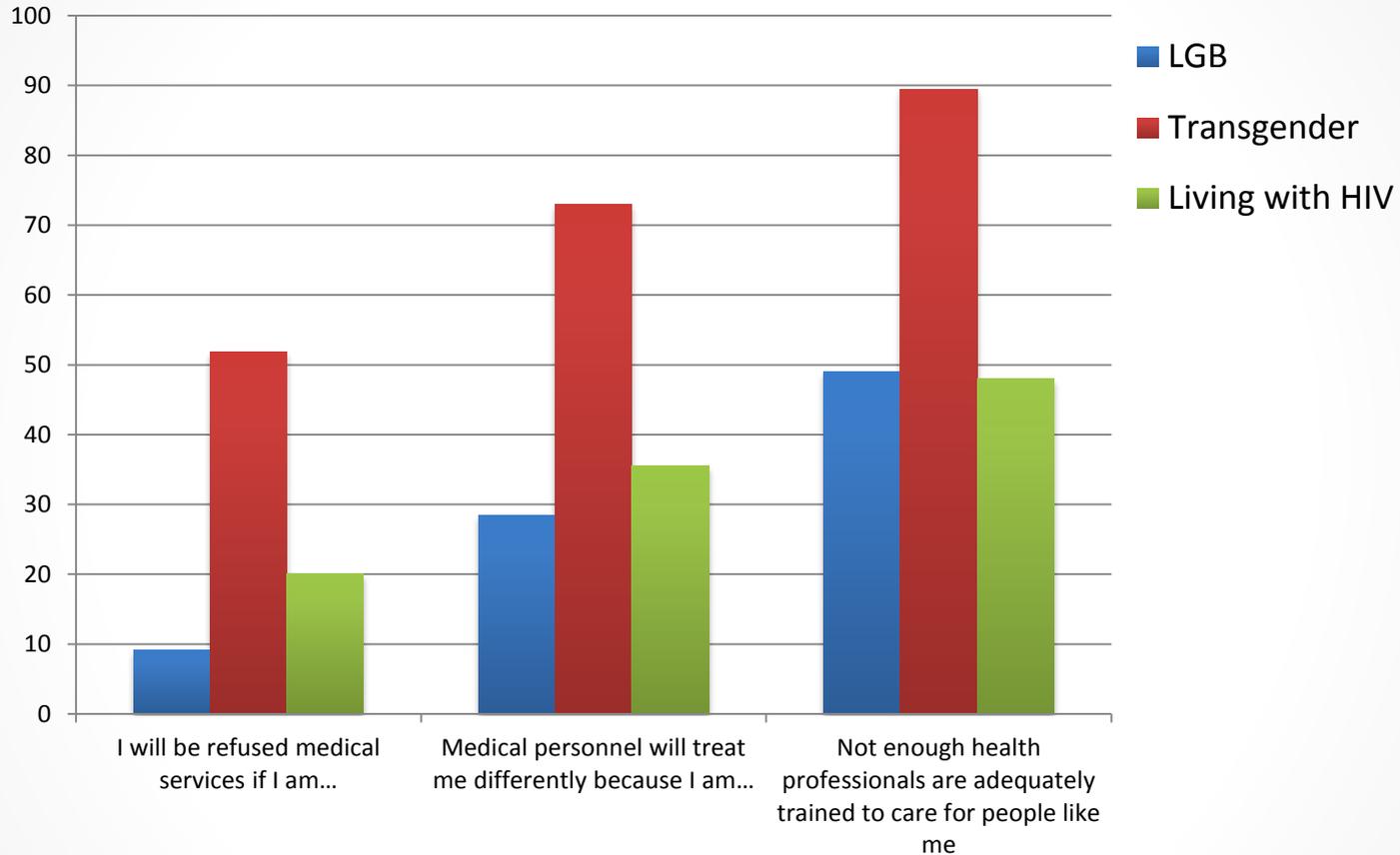
- **Enacted stigma – actual refusals**
- **Felt stigma – perceived discrimination**
- **Internalized stigma – negative self image**

Structural barriers

- **Structural stigma - institutionalized**
- **Provider knowledge – “what do I do now?”**
- **Health insurance – especially in the workforce**

Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities
Board on the Health of Select Populations. (2011) *The Health of Lesbian, Gay, Bisexual, and Transgender People:
Building a Foundation for Better Understanding*. Washington, DC: National Academies Press. P p62-69

When Health Care Isn't Caring.....



When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV (New York: Lambda Legal, 2010). Available at www.lambdalegal.org/health-care-report

Disparities: some examples

- The burden of HIV falls disproportionately on young men, particularly young black men, who have sex with men.
- LGB youth are at increased risk for suicidal ideation and attempts as well as depression.
- As a group, LGB adults appear to experience
 - more mood and anxiety disorders,
 - more depression,
 - and an elevated risk for suicidal ideation and attempts compared with heterosexual adults

Disparities: Some Examples

- Lesbians and bisexual women may use preventive health services less frequently than heterosexual women.
- Lesbians and bisexual women may be at greater risk of obesity and have higher rates of breast cancer than heterosexual women.
- HIV/AIDS continues to exact a severe toll on men who have sex with men, with black and Latino men being disproportionately affected.
- LGB adults may have higher rates of smoking, alcohol use, and substance use than heterosexual adults.

Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities Board on the Health of Select Populations. (2011) *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: National Academies Press. P 62

Doing the Right Thing

**Advancing Effective Communication,
Cultural Competence, and
Patient- and Family-Centered Care
for the Lesbian, Gay, Bisexual,
and Transgender (LGBT) Community
A Field Guide**

Joint Commission, 2011

Joint Commission Field Guide

1. Leadership

2. Provision of
Care, Treatment
and Services

3. Workforce

4. Data
Collection and
Use

5. Patient, Family
and Community
Involvement

The Joint Commission: *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide*. Oak Brook, IL, Oct. 2011. [LGBTFieldGuide.pdf](#).

1. Leadership

1.1 Integrate unique LGBT patient needs into new policies or modify existing ones

1.2 Demonstrate ongoing leadership commitment to inclusivity for LGBT patients and families

2. Provision of Care, Treatment and Services

2.1 Create a welcoming environment that is inclusive of LGBT patients

2.2 Avoid assumptions about sexual orientation and gender identity (SO/GI)

2. Provision of Care, Treatment and Services

2.3 Facilitate disclosure of SO/GI but be aware that this disclosure is an individual process.

2.4 Provide information and guidance for the specific health concerns facing subpopulations of LGBT

3. Workforce

3.1 Ensure equitable treatment and inclusion for LGBT employees

3.2 Demonstrate commitment to LGBT equality and inclusion in recruitment and hiring

3.3 Educate staff on LGBT employee concerns

3. Workforce

3.4 Incorporate LGBT patient care information in new or existing employee training

3.5 Support staff development initiatives to maximize equality and inclusion for LGBT employees



4. Data Collection and Use

4.1 Identify opportunities to collect LGBT relevant data and information during the health care encounter

4.2 Use available population-level data to help determine the needs of the surrounding community

RESOURCES

National Resources



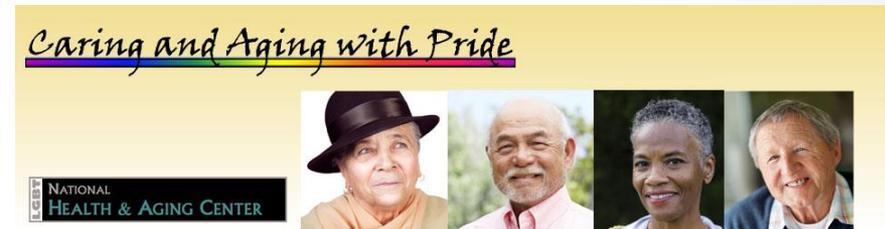
National Resource Center on LGBT Aging
(funded by the US Department of Health and Human Services)

www.lgbtagingcenter.org

National Health and Aging Center

University of Washington
Published national study of LGBT Seniors

www.caringandaging.org



RESOURCES

Local Community Resources



SunServe's Noble A McArtor Senior Center
SunServe's Senior Services case management
Options for professional counseling and psychotherapy
www.sunserve.org



Seniors **A**ctive in a **G**ay **E**nvironment
Social, educational and advocacy groups at Pride Center at
Equality Park and at the Stonewall Library.
www.sagewebsite.org