

Do End of Life Care Social Workers Need to Enhance Cultural Competence? **Mr Wing Sun Chan, Project Officer**

As the US is a multicultural society, it can be challenging for end-of-life care social workers to apprehend the variety of cultural backgrounds and needs of their patients and their family members. Therefore, the National Association of Social Work in the US raised the end of life cultural competence issue in their newsletter, published in February, 2016¹. Discussed in this issue is what end-of-life social workers should be aware of with respect to cultural differences of their patients, and how to enhance their own cultural competence.

Firstly, social workers may encounter different cultural belief systems among their patients. The newsletter explains that differences in cultural beliefs can play a significant role in determining the effectiveness of end-of-life care practices. Because of different cultural and religious backgrounds, patients may vary in their interpretations of available treatments and interventions in the end-of-life. For instance, many Mexican Americans, who are primarily Roman Catholic, deeply believe in God. This belief strongly influences their decision to receive, or refuse, certain treatments and interventions. Some of them may reject biomedical interventions in the later stage of life because they think those interventions are offensive to God and the Saints. Similarly, many African Americans, who are predominantly protestant, may not trust the biomedical health care system and they may find that end-of-life care decisions contradict their religious beliefs. The newsletter refers to a study in which the researchers conclude that the use of hospice care (both medical and psychosocial) among African Americans is, indeed, remarkably lower when compared to the use of hospice care among white Americans. Hence, to accommodate the cultural differences and preferences among patients in end-of-life care, the newsletter suggests that social workers should enhance their cultural competence.

To increase ones cultural competence, the newsletter suggests some ways to improve the communication and understanding of a patient's cultural beliefs. Their first suggestion, "don't begin end-of-life care too soon" because social workers may miss the opportunity to get familiar with the patients' 'cultural beliefs. Secondly, increase the understanding of an individual's support system and the strength of their cultural norms, values and beliefs. Social workers may start with a question like "who do you rely on for support or assistance?", "Who has helped you in the past?", "Who else would you like to include in your treatment?", or "is there a religious/spiritual leader you would like to include in your care?" Thirdly, give enough time to let the individual and their family become familiar with the meaning, and purpose of end-of-life care, including concepts such as "advance directive" and "hospice".

¹ <http://www.naswdc.org/pubs/news/2016/02/end-of-life-cultural-competence.asp>



Lastly, the newsletter mentions that a service model should be sensitive to, and inclusive of, a person's cultural identity, but also their gender identity, sexual orientation, and physical and cognitive abilities. By doing so, social workers can effectively come up with an appropriate approach to interventions in end-of-life care that is applicable to everyone.

In sum, this article has highlighted some important information about culture and end-of-life care. It has also provided some useful suggestions to enhance social workers' cultural competence in the service that they provide. By understanding different cultures, social workers can effectively foster a dialogue on death and dying with patients/families from different cultural backgrounds in end-of-life care.