Culture and Palliative Care: Preferences, Communication, Meaning, and Mutual Decision-Making

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PII: S0885-3924(18)30027-7

DOI: 10.1016/j.jpainsymman.2018.01.007

Reference: JPS 9702

To appear in: *Journal of Pain and Symptom Management*

Received Date: 26 July 2017

Revised Date: 11 January 2018

Accepted Date: 12 January 2018

Please cite this article as: Cain C, Surbone A, Elk R, Kagawa-Singer M, Culture and Palliative Care: Preferences, Communication, Meaning, and Mutual Decision-Making, *Journal of Pain and Symptom Management* (2018), doi: 10.1016/j.jpainsymman.2018.01.007.

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Abstract

Palliative care is gaining acceptance across the world. However, even when palliative care resources exist, both the delivery and distribution of services too often is neither equitably nor acceptably provided to diverse population groups. The goal of this paper is to illustrate tensions in the delivery of palliative care for diverse patient populations in order to help clinicians to improve care for all. We begin by defining and differentiating between culture, race, and ethnicity, so that these terms—often used interchangeably—are not conflated and are more effectively used in caring for diverse populations. We then present examples from an integrative literature review of recent research on culture and palliative care to illustrate both how and why varied responses to pain and suffering occur in different patterns, focusing on four areas of palliative care: the formation of care preferences, communication patterns, different meanings of suffering, and decision-making processes about care. For each area, we provide international and multi-ethnic examples of variations that emphasize the need for personalization of care and the avoidance of stereotyping beliefs and practices without considering individual circumstances and life histories. We conclude with recommendations for improving palliative care research and practice with cultural perspectives, emphasizing the need to work in partnerships with patients, their family members, and communities to identify and negotiate culturally meaningful care, promote quality of life, and ensure the highest quality palliative care for all, both domestically and internationally.