

CULTURALLY DIVERSE END OF LIFE CARE (EOLC)

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INTRODUCTION

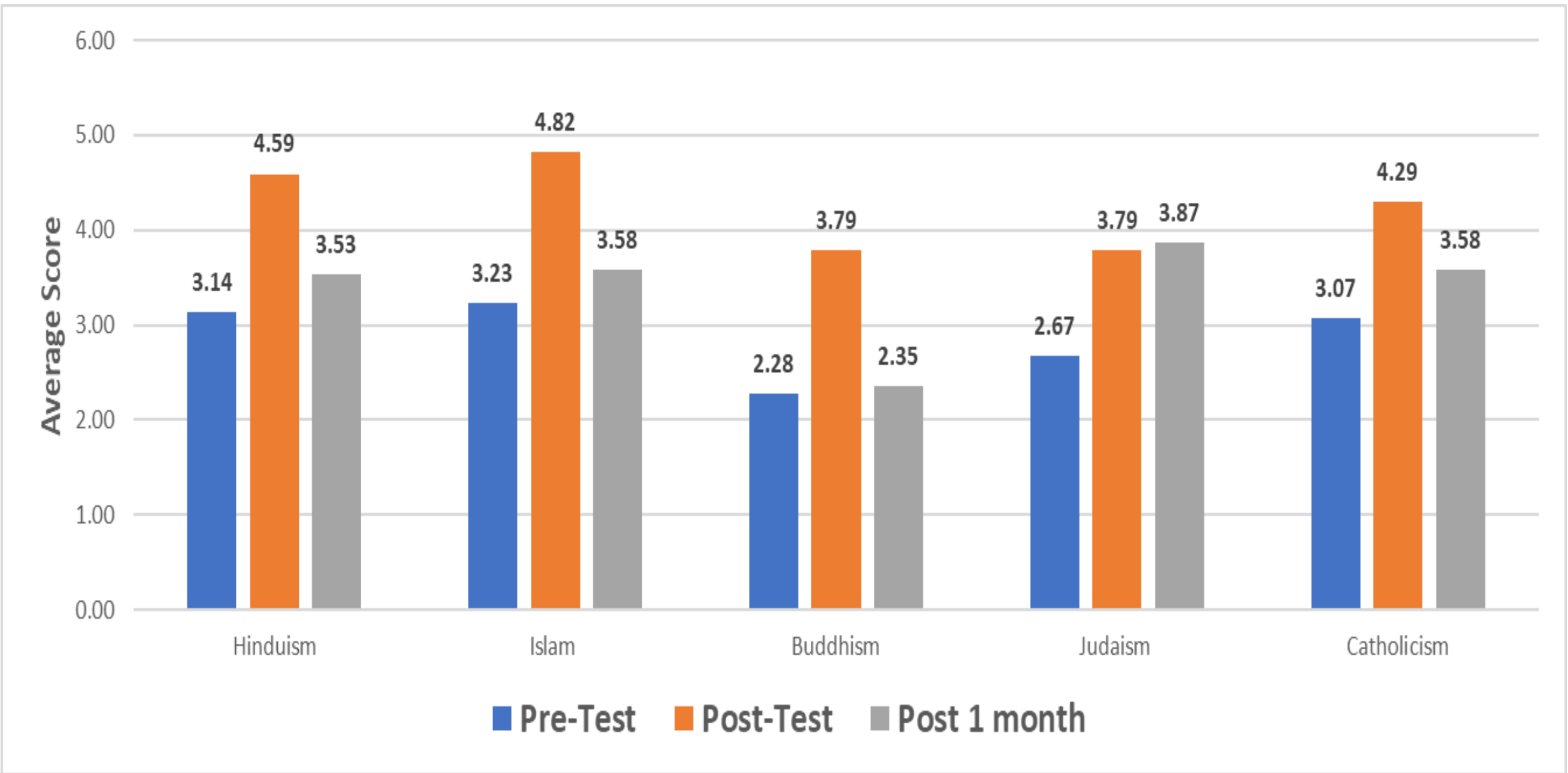
Life is full of important moments, but the process always starts and ends the same. Dealing with death can be daunting for healthcare providers and patients to experience. End of Life Care (EOLC) is provided to individuals who are near the end of their lives and have stopped curative treatments. This encompasses a wide range of care, including physical, emotional, social, and spiritual aspects. Though the United States is a conglomeration of different cultures and religions, EOLC in minority groups (racially, culturally, and religiously), are receiving lower quality of care ¹. As healthcare providers, it is our responsibility to advocate for our patients and educate ourselves to provide appropriate end of life care ².

This project aims to educate providers employed by Altoona Family Physicians Family Medicine Residency Program to improve their ability to provide culturally diverse EOLC.

METHODS

A 30-minute lecture series was given to resident physicians and faculty on each of the following religions: Hinduism, Islam, Buddhism, Judaism, & Catholicism. With each lecture, a pre- and post-survey, which were identical, containing 5 questions, were administered to assess participants learning and retention on the presented topics. These lectures were given, on average, one month apart, and with each new topic, a post-survey was administered again for the previous lecture topic. To limit identifying information, each participant had a unique identifier: 1st letter of the street the individual grew up on, the 1st letter of their father’s name, and the 1st letter of their mother’s maiden name.

RESULTS



Hinduism

- Tulsi leaves to close eyes and mouth.
- Deity photo by the deceased’s head.
- Head pointed North, feet South
- Candle lit to ward off negative energy.
- Tying of big toes together.
- Loud lamentation is acceptable.
- Cremation within 24 hours of death.
- White is worn at the funeral.

Islam

- Loud lamentation = questioning the will of Allah.
- Cremation is prohibited
- Respectful bathing
- Wrapping in plain clothes (white, cotton, unstitched)
- “To Allah he belongs and to Him, he is returned”.
- Burial in a grave with face towards Mecca

Catholicism

- Death is natural and there is life after death
- Ordinary care (mandatory): Basic care (food, water, pain management)
- Extraordinary care (optional): Advanced medical interventions
- Respect patient’s anatomy and decisions regarding their care.
- Anointing the sick (aka “Last Rites”)
- Confession: Sacrament of Reconciliation
- Viaticum (food for the journey): Holy Communion

Buddhism

- A Buddhist monk/nun should be present
- Death = Last Breath
- Loved ones chanting → Good rebirth
- Cover the deceased and transport to the morgue
- Fingers & toes tied together.
- Body is laid out facing west

Judaism

- The family, rabbi and doctor to be notified.
- Don’t touch the deceased for ~30 minutes after passing.
- Open windows.
- Light a candle.
- Shomerim remains at bedside until burial. Abstain from food and Mitzvahs.

DISCUSSION

The pre-lecture survey results indicated a notable deficit among attendees’ knowledge of traditions and beliefs regarding EOLC for the following faiths: Hinduism, Islam, Buddhism, Judaism, & Catholicism. The post-survey results showed improvement of this knowledge base, with attendees scoring on average 1.4 points higher after each lecture, indicating improvement in knowledge and retention of material. Furthermore, participants cores 0.5 points higher on the 1 month post-survey, suggesting retention of some material.

Overall, the Qualitative feedback for this lecture series was positive, with most attendees viewing this intervention as valuable and relevant to their line of work. One suggestion for improvement was to implement role-playing activities and discussing various sects and divisions of religions.

A limitation of this study is a small sample size (~50), which was further decreased due to scheduling conflicts. Due to time limitations, the lecture content focused on only five religions, while many other religions have important end-of-life traditions. However, this lecture series provided a strong foundation for delivering diverse end of life care with cultural humility.

CONCLUSION

In conclusion, it is our duty as health care providers to advocate for our patients in birth, death, and everything in between. Our lecture series improved health care providers’ competency in providing diverse EOLC. Participants reported increased confidence and preparedness when caring for diverse patient populations. In the future, we hope to expand the curriculum to include other faiths and include role playing opportunities. We also hope that this lecture series becomes part of the didactic curriculum as it introduces health care providers to common practices of different religions even if are not planning to be palliative providers.

REFERENCES

- McCleskey, S. G., & Cain, C. L. (2019). Improving End-of-Life Care for Diverse Populations: Communication, Competency, and System Supports. The American journal of hospice & palliative care, 36(6), 453–459. <https://doi.org/10.1177/1049909119827933>
- Rahemi, Z., Malatyali, A., Wiese, L. A. K., & Dye, C. J. (2023). End-of-Life Care Planning in Diverse Individuals Across Age Groups: A Proposed Conceptual Model of Nursing. Journal of nursing care quality, 38(4), 319–326. <https://doi.org/10.1097/NCQ.0000000000000705>