



End-of-Life Care: The Latino Culture

Dying is one of life's unique experiences. Clinicians are privileged to meet people at a time of crisis in their lives and provide expert assistance. A person's attitude toward death and bereavement is shaped to a large extent by their cultural heritage, religious practices, and family unit. Always remember that there are nuances within each cultural grouping, which can be addressed through comprehensive communication with the patient and family.

Birth region, education, and income level also influence how your patient perceives illness and makes health decisions.

What are the patterns of kinship and decision-making when caring for your terminally ill Latino patient?

In the Latino culture, there is a complex relationship between health and illness, as well as the physical, mental, and spiritual parts of a person's life.

- Family involvement is very important. The family-centered model of decision making is highly valued and may be more important than patient autonomy. In the Latino culture, this is called *familismo*, which is characterized by interdependence, affiliation, and cooperation.
- Relatives participate in the spiritual and physical care of their ill family member. The family may be apprehensive about giving technical care without receiving education and training.
 - *When involving family members in the care of their loved one, ask about preferences for their involvement. Provide the necessary education to prepare the family members for any technical care they may need to give.*
- The family may prefer to hear about medical news before the patient is informed so that they can shield the patient or deliver the news gradually.
 - *If your patient consents, meet the family members first to strategize how to communicate news about the illness. If your patient does not want to make his or her own medical decisions, let them know a Durable Power of Attorney for health care needs to be prepared.*
- Your patient and family may prefer to be at home at the end of life. The patient may believe that the hospital setting is impersonal or that the routine disrupts the family's ability to take care of their loved one.
 - *Explore the patient and family's understanding about treatment choices including the option for care at home at the end of life. Enlist the aid of Social Services to explore available options and feelings about hospice care.*
- Your patient and family may believe that God determines the outcome of illness and that death is a natural part of the life process. Because of this acceptance of the sick role, the patient and family may not seek health care until the condition worsens significantly. This outlook may also allow your patient to tolerate a high level of pain because pain is perceived as something that you live with. This belief can also serve a protective role by preparing the patient and family for grief and death.

How to communicate with your terminally ill Latino patient and his/her relatives

- When talking to your patient and family about terminal illness do not use euphemisms. They do not translate well, and it makes it difficult for the interpreter to communicate. Use of clear and specific language will help the patient and family better understand the prognosis and make decisions about palliative care.
- Your patient and family members may not be assertive or aggressive when communicating with doctors and clinical staff. They may not want to have any direct disagreement. As a result, important issues and problems may not be discussed, unless you initiate a dialogue.
 - *Ask your patient to voice opinion about issues concerning end-of-life care to provide opportunity for discussion. Make sure your patient is clear about risks and benefits of life-extending measures.*
 - *Ask, "How do you feel about what is going on?" Explore options for care, including the patient's desire to be at home at the end of life. Educate the patient and family about hospice. Ask how the clinical team can support end-of-life decisions. Ask, "How can we help make things better for you?"*

Useful tips to increase trust with your terminally ill Latino patient

- Be aware that there are a variety of Latino cultures. In addition, there is diversity in the religions practiced by Latinos. *Catholicism, Magico, or Cristiana* (Protestant Evangelical practices) may provide religious means of dealing with life and death for your patient.
 - *Ask your patients and family members about their preferences and rituals to better understand their needs.*
- A good strategy to learn more about your patient is to have informal conversations with the extended family. Extended family members may be more available and approachable than the immediate family during time of grief.
- *Respeto* (respect) is an important concept in the Latino culture. Respect implies that relationships are based in common humanity, where one is required to establish respect – it is not assumed. Older patients may prefer to be called *Señor* (Mr.) or *Señora* (Mrs.). Ask your patients how they prefer to be called. To develop an effective therapeutic relationship, the doctor and other health care providers need to be brought into the extended family circle. This is accomplished by gaining trust and showing respect.
- Grieving is considered a natural part of the life process. Your patient's family may not feel comfortable with consultations from psychologists or psychiatrists to assist with the grief process because there is an expectation that these services are used for mental illness.

Rituals

- Prayer and ritual may be a part of the end-of-life process for your patient and the family members. Family members may use prayer or bring special amulets and rosaries (prayer beads) while visiting a dying patient.
- The family members may request that they keep candles burning 24 hours a day as a way of sustaining worship. Electric candles are available for patients and families. Call Interpreter Services at 598-4663.
- Your patient and the family may display pictures of saints. Saints have specialized and general meanings for Catholics. For example, St. Peregrine is associated with cancer, St. Joseph with dying, and Our Lady of Lourdes with body illness.
- Some families may want to honor their deceased relative by cleansing the body.
- There may be a belief that a person's spirit is lost if they die in the hospital rather than the home setting.
- The last rites are important for people who are Catholic. A priest or lay visitor may be asked to perform these rituals when a person is close to death.
 - *If your patient is Catholic, ask about their preference and plans for this ritual.*
- Wailing and the demonstration of strong emotions at the time of death may be considered a sign of respect. While patients and family members may exhibit stoicism during an illness, the stoicism may not be maintained when a death has occurred. Organ donation and autopsy may not be an acceptable practice. It may be allowed but many families prefer not to donate organs nor have autopsies of their loved one.
 - *Be respectful when asking about autopsy or organ donation.*

Refer to *Culture Clues: Communicating with Your Latino Patient* for additional information and references. *Culture Clues™* is on the Web.

Visit <http://depts.washington.edu/pfes/cultureclues.html> to learn about other cultures.

There are Spanish language tools available to assess physical and psychosocial issues, such as the Rotterdam Symptom Checklist to assess quality of life, and the Visual Analogue Scale (VAS) and Face Scale (FS) to assess pain. (See *Journal of Hospice and Palliative Nursing*, Vol. 3, No.1 Jan-Mar, 2001 for references.)

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This End-of-Life Care: The Latino Culture was developed with thanks to
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