Canadian Journal of Bioethics
Revue canadienne de bioéthique

Respecting Cultural Differences in Goals of Care Conversations
Divya Choudhury and Nico Nortjé

Volume 2, Number 2, 2019

URI: https://id.erudit.org/iderudit/1065694ar
DOI: https://doi.org/10.7202/1065694ar

See table of contents

Publisher(s)
Programmes de bioéthique, École de santé publique de l’Université de Montréal

ISSN
2561-4665 (digital)

Explore this journal

Cite this document

Article abstract
Goals of care conversations are often tough when patients face a poor prognosis, yet when patients are from a different culture it may be even more difficult. However, seeing cultural values as complementing rather than opposing could be beneficial to the care of the patient.
Respecting Cultural Differences in Goals of Care Conversations

Divya Choudhury,1 Nico Nortjé2

Abstract
Goals of care conversations are often tough when patients face a poor prognosis, yet when patients are from a different culture it may be even more difficult. However, seeing cultural values as complementing rather than opposing could be beneficial to the care of the patient.

Keywords
goals of care, conversations, patients, culture, values

Case Study
Mr. X, a sixty-something year old male with high-risk myelodysplastic syndrome (MDS) and a history of colon cancer and diabetes mellitus. The patient and his family were from the Middle East, where he was initially diagnosed, but came to the USA for further and more aggressive treatment.

MDS constitutes a group of bone marrow failure syndrome associated with leukemia [1]. In patients with MDS, cause of death is often bone marrow failure, although MDS can also be a precursor to acute myeloid leukemia (AML) [2]. The treatment course for MDS depends on the health status of the patient and their goals of care. One option which is often presented is stem cell transplant, which can lead to long-term disease-free survival, but it can also result in life-threatening complications [3]. In this situation, Mr. X and his family decided to pursue intensive treatment, and he received an allogeneic stem cell transplant 301 days prior. The transplant was successful and put Mr. X in remission, but he developed significant complications, including steroid-resistant Graft-versus-Host Disease (which is common following non-autologous stem cell transplants), disseminated viral infections (adenovirus and cytomegalovirus), renal failure, and persistent gastrointestinal (GI) bleeding. Furthermore, Mr. X was intubated for airway protection.

Goals of Care Conversation
As the days turned into weeks, the medical team wanted to speak with him regarding his goals of care, given that he developed new lung infiltrates, progressive pneumonia, pneumothorax and anasarca with renal failure that would require the patient to be on dialysis. These goals of care included palliative treatment, code status changes, and even transitioning Mr. X back to the United Arab Emirates, as he was developing o...

Cultural Values
The primary ethical issue of this case was a disagreement between the medical team and the family regarding what should be disclosed to Mr. X regarding his medical condition. Open and honest communication with appropriate mood and affect. He was able to communicate via a white board on which he could write in Arabic. Essentially, the patient had decision-making capacity, and considering his critical, terminal condition, the team felt he should be involved in a conversation about his goals of care and code status.

To navigate this stressful situation, a family meeting without the patient was held with the assistance of an interpreter. The medical team explained to the family why they believed it was important for the patient to be informed about his condition, and that since the patient was alert and aware, he retained decision-making capacity and had a right to exercise his autonomy,
within the US context. With the help of the ethicist a dialogue was had with the family to understand their reasoning behind not wanting the patient to know the truth about his situation. After a long, but respectful conversation, it was agreed that the team would engage with the patient about his goals of care.

The medical team entered the room with the patient's family present and in a culturally sensitive manner, respecting their values, first asked the patient what he knew about his present situation and how much information he wanted. It turned out that Mr. X was well informed and wanted to know his full clinical prognosis. The team updated him in an honest, yet respectful manner by not mentioning the word “death” or any other negative aspects of his situation, as requested by the family. Mr. X understood that his condition was dire and his wish was to transition back to his home country. Furthermore, he also changed his code status to do not resuscitate (DNR), indicating that if Allah was ready to take him he would not stand in the way. The case management team worked with the medical team and organized Mr. X's transition back to the Middle East.

The take-away from this case study is that cultural values can come into conflict with the value systems of healthcare systems. Navigating this conflict in a culturally sensitive manner, i.e., by creating a platform for the family to explain why they have specific opinions/ways of doing things, can be hugely beneficial to the care of the patient and also to the respect afforded to the family. In the case of Mr. X, it was important to the family not to crush the spirit of Mr. X by being negative, although as it turned out he already knew his medical situation. Cultural values should not necessarily stand in opposition to other value systems. In entering into a non-threatening dialogue, it is possible to respect patient autonomy as well as other value systems.

Questions to Consider

1. What resources exist at your institution to conduct a family and goals of care conversation with patients who do not necessarily speak English?
2. What is the role of the ethicist to assist in facilitating goals of care conversations with patients from different cultural backgrounds?

Conflicts of Interest
Nortjé is an editor at the Canadian Journal of Bioethics.

Nortjé est éditeur à la Revue Canadienne de Bioéthique.

Correspondance / Correspondence: Nico Nortjé, NNortje@mdanderson.org

Reçu/Received: 12 Aug 2019  Publié/Published: 11 Nov 2019

Les éditeurs suivent les recommandations et les procédures décrites dans le Code of Conduct and Best Practice Guidelines for Journal Editors de COPE. Plus précisément, ils travaillent pour s’assurer des plus hautes normes éthiques de la publication, y compris l’identification et la gestion des conflits d’intérêts (pour les éditeurs et pour les auteurs), la juste évaluation des manuscrits et la publication de manuscrits qui répondent aux normes d’excellence de la revue.

The editors follow the recommendations and procedures outlined in the COPE Code of Conduct and Best Practice Guidelines for Journal Editors. Specifically, the editors will work to ensure the highest ethical standards of publication, including: the identification and management of conflicts of interest (for editors and for authors), the fair evaluation of manuscripts, and the publication of manuscripts that meet the journal’s standards of excellence.

References