

Palliative and End of Life Care

Providing Culturally Competent Care Within the Native American Culture

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Palliative Care

- ✦ Appropriate for people with chronic illness
 - Treatment of symptoms
 - Emotional, physical, spiritual support
 - Interdisciplinary team approach to care
 - Physician, RN, SW, Chaplain, Volunteer

- ✦ Patients are “upstream” in the disease process
 - Long term chronic illness
 - Ongoing care to prevent crisis

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Palliative Care (continued)

- ✦ Patients empowered
 - Educated to allow for better personal choices
 - Encouraged to be a part of the healthcare team
- ✦ Referral to community resources
 - Assistance to navigate the system
 - More assistance can mean more independence

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Hospice Care

- ✦ Patients suffer from life-limiting illness
 - Considered terminal
- ✦ Appropriate when focus is on “care” rather than “cure”
- ✦ Interdisciplinary team approach
 - Physician, RN, SW, HHA, Chaplain, Volunteer, Bereavement
 - Specialize in pain and symptom management
 - Provide physical, emotional and spiritual support

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Hospice Care (continued)

- ✦ Patient is empowered to make choices in care

- ✦ Assistance through disease progression
 - Education on medication use
 - Consideration of caregiver

- ✦ Support of patient and family
 - Education on dying process
 - Presence in the home

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What is Culturally Competent Care?

- ✦ Culturally competent care is designed to;
 - Fit an individual's cultural beliefs, values, and customs

 - Inhibit the imposition of one standard of behavior and beliefs on everyone

 - Provide patient care that is meaningful and beneficial

(Health Care Training Systems, Inc. 2002)

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Road to Cultural Competence

- ✦ Acceptance of Differences
- ✦ Mutual Respect
- ✦ Listen
- ✦ Explore
- ✦ Education



Crying to the Spirits

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Barriers Do Exist

- ✦ Common stereotypes
 - Drug seeking
 - Alcoholism
- ✦ Inability to accept differences
 - “My way is the right way”
- ✦ Mistrust
 - Us vs. Them
- ✦ Misunderstanding
 - Lack of communication
- ✦ Ignorance



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So How Do We Make It Work?

- ✦ Be aware of common barriers
 - Advocate for pain management
 - Be a voice for your patient
- ✦ Be open
 - Learn about other cultures
- ✦ Show acceptance
 - Accepting the beliefs of others does not require abandoning your own beliefs
- ✦ Be patient
 - Trust is not expected, it is *earned*

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Native Medicine vs. Western Medicine



Incense over a Medicine Bundle - Hidatsa

- ✦ Blending of Practices
- ✦ Importance of Rituals
- ✦ Customs of a Lifetime



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Important Lessons



- ✦ Get over the “time” issue
 - Time is different in the Native American culture
- ✦ Ask questions
 - Being open to learn makes you a better provider

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Important Lessons

- ✦ Be human
 - Everyone has feelings
- ✦ Be comfortable with silence
 - Silence shows acceptance
- ✦ Expect a lack of eye contact
- ✦ Say what you will do and do what you say

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Never say...

- ✦ You have to
 - No one *has* to do anything
- ✦ You should
 - We *all* should do some things, we may choose not to
- ✦ The doctor ordered it
 - Forcing authority is inappropriate



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Instead Consider...

- ✦ What do you think of this...
- ✦ When I read about this, I thought it might be something that may work for you...
- ✦ How do you feel about...
- ✦ May I...
- ✦ I'd like to talk to your doctor about this. Would that be something we could do together...

Remember, your patient is part of the team!

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Bridging the Gap

Hospice Case Study #1

- ✦ **Elder in the community**
 - Many community members aware of the situation
 - Family felt they may be judged
- ✦ **Very large immediate family**
 - Difficulty reaching consensus for care
- ✦ **Acute care setting**
 - Difficult for family and staff to communicate
 - Large numbers of people on the floor
- ✦ **Decisions to be made**
 - Ultimate decision to end aggressive treatment

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Care Provided

- ✦ **Raised staff awareness of community ties**
- ✦ **Physician interaction with family**
- ✦ **Open communication with hospital staff**
 - Acted as the ‘go between’
 - Staff education
- ✦ **Spent significant time with decision makers**
- ✦ **Advocated for allowance of rituals**

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Bridging the Gap *Hospice Case Study #2*

- ✦ Middle-aged patient
 - Returning to the reservation
 - Difficult to regain community support
- ✦ Reaching end-of-life
 - Conflict
 - Young age vs. terminal disease
- ✦ Continued struggle with alcohol abuse
 - Life long addiction, coping mechanism
- ✦ Decisions before death
 - Changing priorities
 - Peaceful death vs. prolonged suffering

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Care Provided

- ✦ Worked with social worker to get patient connected
 - Community connection is vital
- ✦ Provided disease related education
 - Gentle facts vs. stark reality
- ✦ No shaming or judging of lifestyle
 - Praise for healthy coping
- ✦ Empowering patient to choose
 - No resuscitation vs. Full code

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Bridging the Gap Palliative Care Case Study #3

- ✦ Young person with extreme, chronic pain
 - Lack of appropriate pain medication
 - History of alcohol and drug abuse
- ✦ Debilitated from disease process
 - Need for handicapped accessible housing
- ✦ Many family responsibilities
 - Dependent children

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Care Provided

- ✦ Advocate for pain relief
 - Detailed discussion of medication regime with physician
- ✦ Social worker communication with housing
- ✦ Connected with community resources for assistance with family
- ✦ Empower, empower, empower
 - Foster independence and self reliance

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Conclusion

- ✧ Palliative and Hospice Care organizations provide needed end-of-life care
- ✧ Culturally diverse populations require culturally competent care
- ✧ By working together, the gap that currently exists in healthcare can be bridged to provide Native American people the quality care they deserve



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✧ *“I could never put a price on what I have learned from working within the Native American community. The lessons have been valuable and the experiences rich. I have had the opportunity to form relationships with people who otherwise may have never crossed my path. That truly would have been my loss.”*

Cheryl

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References

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