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## Cultural Advance Directives

Language barriers are a major challenge to effective medical communication. The inability to understand what patients are saying or, for that matter, what care providers are communicating, can jeopardize patient safety. Often inextricably linked to language challenges are cultural barriers.

Ignorance of or lack of respect for cultural differences can “shut down” communication between a care provider and a patient. Offended or humiliated, the patient may stop communicating. It can trigger inappropriate treatment and it can lead to adverse clinical outcomes. To avoid such problems, what steps can be taken to capture cultural components of care? The answer can be found in a new tool for healthcare organizations and physician practices. It is termed a “cultural advance directive<sup>1</sup>.” [See [sample tool](#)].

### A Case Example.

A case study illustrates why culture must be taken seriously in care provider-patient communications.

S.K., a thirty-three year-old woman was brought to the neighborhood “free” clinic by a co-worker at a local fish processing plant. S.K. had been complaining of a headache and feeling light-headed. As demonstrated by her responses to a series of screening questions, it was apparent that she had limited English proficiency. Her co-worker indicated that S.K.’s native language was French. With the aid of an interpreter, the care provider learned that Creole was S.K.’s native language. S. K. was born in Haiti. As an adult she lived for

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<sup>1</sup> See, F.A. Rozovsky, CONSENT TO TREATMENT: A PRACTICAL GUIDE, FOURTH EDITION, Aspen Publishers, 2006.

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five years in Central America and came to the United States two years ago. A physical examination and medical history revealed that S.K. was a long-term smoker and that she was hypertensive. She was also obese. With the assistance of the interpreter, S.K. was warned that she had to lose 50 pounds and stop smoking. She was given a prescription for anti-hypertensive medication and told to come back for a return visit in one month.

S.K. kept the appointment. This time the care provider was assisted by a different interpreter. Alarmed by the fact that the patient had gained 10 pounds and that her blood pressure was now 240/145 mmHg, the care provider asked, "Have you been taking your medication? Have you been watching your diet?" Through the interpreter S.K. replied, "Yes, I am taking the 'special' medication and I eat the foods that are good for me." The care provider looked at S.K. and said to the interpreter, tell her the following: "Don't lie to me. You have not followed the care plan. You gained weight. Your blood pressure is very high, and you could have a stroke. Do you understand?" S.K. became agitated and she started to cry. She replied through the interpreter: "Please doctor. I tell you the truth. I did what I was told to do. You do not understand." Annoyed and frustrated with the patient, the care provider instructed the interpreter to tell S.K., "I do understand. You have decided not to follow the care plan. You are an adult. You can make your own choices. Just don't blame me if you have a stroke. I will see you in a month's time."

The next day, S.K. came back to the free clinic with her sister. They insisted on meeting with the care provider. Fortunately, the interpreter was at the clinic. They all met in a small treatment room. "What is this all about? I told you I would see you next month," said the care provider. Without waiting for the interpreter, S.K.'s sister responded. "You insulted my sister, doctor. You called her a liar. She is no liar. She told me what happened. That is why I am here. You may know a great deal about medicine, doctor, but you do not know very much about us and where we come from in the Caribbean. In our culture, being large is a sign of being healthy. We are very suspicious of your kind of medicine, especially since we have our own natural and herbal preparations that have been used for many years to help us. S.K. got some of that stuff from one of our herbalists. It

is good medicine for treating her type of health imbalance. When she took that stuff that you gave her on top of what she got from the herbalist, she got real sick. She stopped taking your stuff. You made S.K. very angry, yesterday and that is why we are here today. You don't understand!"

The care provider did not know what to say. He had thought he had done things correctly, getting an interpreter and spending time explaining the situation to the patient. Now he realized he had a much greater challenge: a cultural impasse between him and his patient.

"You are correct," said the care provider. "I did not understand. From what you are telling me, it appears as if there is more than one 'care provider' offering medical attention to S.K. It also sounds like she has some cultural and related lifestyle issues that will prevent certain types of treatment. I want to thank you for bringing your concern to me today. What I want to do now is work with my colleagues in the clinic to set up a time for a cultural broker to work with me in treating S.K. With S.K.'s permission, you can be part of the discussion." The translator conveyed this information to S.K. Having heard the explanation, S.K. smiled and said in English, "Yes."

The clinic manager identified a respected leader in the community to serve as a "cultural broker." She spent an hour with the care provider outlining important tenets and beliefs in S.K.'s culture. They discussed how the care provider could work collaboratively with the herbalist in an effort to get control of the blood pressure issue. They discussed too, how to work on key nutritional and weight control issues. Ultimately, S.K. became a success story. She lost 30 pounds, stopped smoking, and gained control of her blood pressure problem. S.K. took a combination of herbal remedies and prescribed medication all under the "collaborative" effort of the care provider and the herbalist. As the care provider told the clinic manager, "I learned a lot from this experience. As a community clinic, we need to be more flexible to be successful with these patients."

### **Reflections on the Case Study.**

Although some might see the care provider as a narrow-minded, biased individual, this is not the case. The care provider was working from a cultural perspective that differed greatly from that of the patient. He did not understand the importance of her culture in terms of her healthcare. Instead, he saw her as a non-compliant patient. Having a language interpreter did not correct the situation. Absent was a person to “interpret” the cultural traditions impeding successful management of the patient’s condition.

By *listening* to the patient’s sister, and *being open to change*, a successful conclusion was achieved. Key to success was enlisting the assistance of a cultural broker or agent to explain the underlying framework for the patient’s beliefs and behavior. Once this was understood, an action plan was developed and implemented successfully.

### **Communication in the Cultural Melting Pot: A Serious Risk Exposure.**

Language interpretation is not enough to overcome cultural hurdles in the healthcare field. Sometimes too, care providers “think” they know everything that is necessary about a specific culture only to find out that it was an unfamiliar component that caused a miscommunication.

When an impasse does occur, it becomes necessary to seek assistance from an expert. This process can be time-consuming, and frustrating. A patient may be eating foods, consuming liquids, or herbal remedies that facilitate serious herbal-drug interactions. When time is limited, and patient well-being could be jeopardized, the cultural divide can threaten patient safety. A cultural crisis intervention may be necessary, enlisting the help of a community leader and ethics committee. If an impasse has begun, and the patient and family distrust the care provider and institution, it can be challenging to overcome a lack of confidence triggered by miscommunication and cultural differences.

### **Getting a Handle on Culture.**

Much can be done to prevent such misunderstandings. Many healthcare organizations have ramped up their language interpretation services. Some do offer training in the basic aspects of

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cultural awareness and cultural diversity, but beyond these steps there are other important strategies. These include the following:

*Continuous Education* - A one-time in-service program is not sufficient. Too much information delivered in one session can be overwhelming. Spread out over time, cultural education can focus on both major issues as well as subtle concerns linked to the delivery of healthcare services.

*Demonstrated Competencies* – Education alone is not enough. Having opportunities to demonstrate the application of knowledge is important so that in “real time” situations, care management is culturally appropriate. Simulation exercises involving cultural situational awareness are useful.

*Break the Paradigm in Thinking* – A breakthrough in communication and understanding of patients’ needs is important. A helpful tool may be use of a “cultural clinical guideline.” [\[See sample tool\]](#) Developed along the lines of a clinical pathway, the tool enables care providers to ask probative, cultural-specific questions that help diagnostically and in care planning.

*Asking the Right Questions* – Do not depend on answers to baseline questions. For example, “Have you been taking your medication?” may have a different connotation for the patient and the care provider. Remember in the case example, the “medicine” the patient relied upon was the herbal remedy prepared for her by an herbalist from her cultural group. Ask the correct “drill down” questions, such as “Have you been taking the medication that I prescribed for you?” and “Have you been taking any other medications, herbs or supplements that were prepared for you by another person?” and “I know that you have told me in the past you have an array of home remedies that have been successful. Since you were here last time, have you been using any of these remedies?”

*Giving Supportive Information* – Do not “put down” what is customary practice in the patient’s culture. Instead, explain why it may not be a good idea to follow that practice *now* while being treated with prescription medication. Do it in a way that does not offend the patient. For example, “I know you think very highly of this remedy. Now we are at a point where using that remedy in addition to what I have prescribed for you could cause a bad reaction. I am not disregarding the value of the other remedy. Rather, for the next seven days, I want us to agree that you will use just the prescription medication. Thereafter we can discuss resuming use of the remedy prepared for you by your relative.”

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*Getting Assistance from a Cultural Expert* – When uncertain about “what” to say or “what” to do, obtain help from an expert in the patient’s culture. Just as care providers and healthcare organizations utilize the services of language interpreters, it is equally important to consider enlisting the help of cultural experts to overcome challenges to successful treatment.

### **Preempting the Risk with a Cultural Advance Directive.**

By adopting a preventive approach, many misunderstandings can be avoided that are triggered by cultural differences. Knowing ahead of time about cultural niceties can help care providers set reasonable expectations about treatment and about family communication. Instead of cultural dissonance impeding treatment decisions, a common framework for understanding sets the stage for quality medical communication.

A novel tool for this purpose is the “Cultural Advance Directive.” In theory, it is similar to a healthcare advance directive and a values statement. In practice, it enables the care provider to identify from the outset how a patient’s cultural beliefs and practices may influence treatment choices and help structure a practical care plan.

The Cultural Advance Directive would include information on the patient’s beliefs, practices, values, lifestyle, and family care-giving requirements from a cultural perspective. It would indicate if the patient relied upon cultural healers, cultural-specific remedies, or engaged in healing rituals. If any of these practices or rituals conflicted with established medical protocols of healthcare organizations, it would be the basis for a prompt discussion. A determination could be made about some type of accommodation or a decision may be made to call upon a cultural broker or agent to assist in resolving a potential conflict.

A threshold issue is “how” to get patients to use the cultural advance directive. There are a number of ways in which this could be accomplished. First, seek the assistance of community leaders, religious institutions and social service centers, letting them become the advocates for such tools. Second, use community health fairs to highlight and distribute the cultural advance directives. Third, use public service announcements in local newspapers, on

radio and television. Fourth, use healthcare facility websites to post the cultural advance directives along with information kiosks in the admitting, reception, and waiting areas of hospitals, ambulatory care centers, and long term care facilities. Fifth, provide information in physician offices and clinics and incorporate the cultural advance directives into the patient record. Using the practice or clinic brochure or signage, the message can be made clear: “We are fortunate to have a diverse patient population in our community. Please complete a Cultural Advance Directive *today* to help us understand the cultural values, beliefs and practices that are important to you in your healthcare.”

### Conclusion: Getting a Grasp on Culture.

Language interpretation is not enough. Contemporary healthcare also needs the tools to incorporate cultural values in meeting patients’ needs. Education, cultural pathways, and cultural brokers can provide valuable assistance to care providers. For patients, providing a Cultural Advance Directive can help shape expectations of care and quality medical communication.

### Sample Cultural – Clinical Guideline

Identify Culture: _____
Language Interpreter Needed? (Yes) (No)      Cultural Assistance Required (Yes) (No)
Ask very specific questions regarding the following:
<input type="checkbox"/> Use of medications, herbal, aromatic or other substances.
<input type="checkbox"/> Involvement of cultural healers or others in delivery of care.
<input type="checkbox"/> Cultural Lifestyle factors (smoking, obesity, diet, incense, body-piercing, blood-letting, fasting, etc.)
<input type="checkbox"/> Restrictions on established Western medical practices in the patient’s culture
Determine if cultural differences require bioethics consult.

These tools are reprinted with permission from F. A. Rozovsky, *CONSENT TO TREATMENT: A PRACTICAL GUIDE, FOURTH EDITION*, Aspen Publishers, 2006.

## Sample Cultural Advance Directive

Patient Name:		ID. No
Address:		Attending MD
Cultural Identity:		
Languages:	Reading: Spoken:	If another completes the directive, name and relationship to the patient:
Language Interpreter Preferred Language:	( ) Yes Dialect:	( ) No
<p><b>Cultural Beliefs Regarding Healthcare.</b> Please provide helpful information on the following topics:</p> <p><u>Use of Herbal and Natural Medication.</u></p> <p><u>Use of Special Teas and Drinks as Medication.</u></p> <p><u>Use of Cultural Healers. (Please explain their role in your healthcare).</u></p> <p><u>Use of foods in healing.</u></p> <p><u>Use of blood-letting or piercing in healing.</u></p> <p><u>Use of meditation or prayer in healing.</u></p> <p><u>Use of smoking in healing.</u></p> <p><u>Use of inhaling aromatic candles or incense in healing.</u></p> <p><u>The presence of visitors while you are ill.</u></p> <p><u>Describe music or chants you want to use in healing.</u></p> <p><u>Describe clothing or bedding you want to use in healing.</u></p> <p><u>Describe jewelry, photographs, or symbols you want to have with you in healing.</u></p>		

**Tell Us WHAT YOU DO NOT WANT in terms of your culture and medical treatment. For example, weight loss or hair loss or use of medication to control pain.**

**Please provide information about the following to better guide your healthcare.**

In terms of your culture, will you accept the following:

Home Health Care. (Yes) (No)

Rehabilitation Care at a healthcare facility. (Yes) (No)

Long Term Care at a nursing facility or skilled nursing facility. (Yes) (No)

Hospice Care at a facility. (Yes) (No)

Hospice Care at home. (Yes) (No)

Psychiatric Care. (Yes) (No)

Orders Not to Resuscitate. (Yes) (No)

Orders to use artificial means of receiving fluids or nutrition. (Yes) (No)

Organ, tissue, or bone transplantation from a non-relative. (Yes) (No)

Autopsy. (Yes) (No)

**If your care will involve treatment of any parts of the urinary or reproductive system, are there any specific cultural requirements we should know in terms of who may treat you? Who should or should not be present during examinations or treatment? *Please explain.***

**If your condition is or may be terminal or it is possible that you may not survive a procedure, are there specific rituals that should be followed in your culture? If so, *please explain.***

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