

# MODULE: CULTURE

## Detailed Case Scenario

### Mr. Y:

In the Confucian social hierarchy, the elderly sick person can expect to be cared for by his/her family. The patient is relieved of a large share of personal responsibility, including the decision-making, even though he/she may be rational and competent. Furthermore, patients are not to be given the news of a terminal illness because, from a Confucian point of view – which is governed by the rule of filial piety to protect – it is considered morally inexcusable to disclose any news that may cause further harm to the patient.

In the face of serious illness, the Y family, as with many people of non-Western cultures, believed that focusing on the negative may be a way of creating negative. The Y family made it clear that hope was central to their concern for their father. All societies seem to recognize "the need for hope", yet each differs in understanding the conditions for hope. In contemporary North American health care, the doctor is often perceived to be someone who shares a sort of partnership with the terminally ill patient in order to maintain the patient's dignity, quality of life, personal choice over treatments, and hope. In Western terms, therefore, hope appears to be upheld through autonomy and active participation in treatment choices and regimens.

However, the Y family believed that hope was best maintained through the family's absorption of the impact of the illness and diagnosis, and through the family's control of medical information transmitted to Mr. Y. Their wishes reflected a belief in the shared responsibility of the illness with other family members, and an awareness of the potential physical or emotional harm that truth telling might bring.

The negotiated approach resulted in asking Mr. Y if he would like to receive medical information and be involved in his treatment planning or, as his son had requested, use the son as decision-maker. Mr. Y indicated the latter preference. A consultation between the physician and the family took place. The negotiated treatment plan consisted of two further days of ventilation and then a gradual withdrawal of ventilation with comfort care given the highest priority.

## Teaching Tips:

1. Distribute the case scenario and allow time for participants to read
2. Identify topics for discussion which could include:
  - What is culture and how does it influence end-of-life care?

**TIP:** Ask participants to reflect upon how their own values, beliefs and culture affect their decision-making in day-to-day life and in medical context. Do they base their decisions on medical facts as dictated by their professional culture or do personal beliefs and values also affect their decision-making?

- How does culture affect the perception of illness?
  - How does concept of autonomy vary cross-culturally?
  - What is the role of culture in end-of-life decision-making?
  - What factors are important to consider beyond a person's culture?
3. Ask participants to discuss how Mr. Y's cultural background may be influencing his son's request.
  4. Ask participants to discuss the role of autonomy in end-of-life decision-making.
  5. Ask participants what they would say to Mr. Y's son.

**TIP:** It may be useful to have participants role-play the discussion they would have with Mr. Y's son.

6. Ask participants what they would do if Mr. Y's son insists that Mr. Y not be told his diagnosis.
7. Ask participants how they have accommodated cultural differences in their practice before.

**TIP:** Ask participants if they have encountered situations in which differing beliefs regarding the nature of illness, the locus of control or religious background have lead to conflict. What did they do in these situations?

8. Discuss any remaining learning objectives and assign tasks.

