Culturally sensitive care and seniors

Canada is a nation of immigrants. From those who crossed over from Asia thousands of years ago, to the more recent immigrants from Europe and elsewhere, Canada has seen continuous waves of people from different lands and cultures. As of 2011, Canada had a foreign-born population of about 6 775 800 people, representing 20.6% of the population, the highest percentage among G8 countries. More than 200 ethnic origins were reported, with 13 different groups surpassing the 1 million mark. Seven out of 10 people lived in Toronto, Montreal, or Vancouver.[1] In BC, 29.6% had a mother tongue that was not English or French.[1]

Although the challenges for people of different ethnic origins apply to all ages, they can be especially difficult for the elderly and those who are at the end of life, who are particularly vulnerable; often they are dependent on care from others, outside of family members. Because of this, culturally sensitive care is vital for this population.

Culturally sensitive care involves taking into account a patient's diverse values and beliefs, which may not be those of our own culture. Issues to be addressed include language barriers, personal biases and assumptions, and lack of knowledge. Fortunately, culturally sensitive care can be incorporated into a medical practice with a few minor modifications.

First, patients and caregivers who have conversational English may not be fluent enough to understand the complexities of medical information presented in English. Consider using a formal translator rather than the patient's caregiver for important discussions. The BC Provincial Health Services Authority provides translation services for acute care facilities and private doctors' offices.[2] Expanding access to translation services for patients in the community and in facilities would support increased access to this type of culturally sensitive care.

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Second, it is important for clinicians to recognize and understand their own beliefs and culture and how they may influence interactions and assumptions about patients. How individual patients view illness, medical care, and death and dying may be very different.[3,4] Conflicting belief systems can lead to misunderstandings and a lack of trust, or cause the patient or physician to be labeled "difficult" by the other. Conversely, assuming that a patient of a certain ethnic background would necessarily hold a certain belief is stereotyping. Be curious, ask questions, and listen. We are not expected to hold in our head the myriad belief systems that may exist, but we are obliged to find out the values of the patient in front of us—this is patient-centred practice; it can improve patient trust, avoid misunderstandings, and improve quality of care.

Finally, consider how culturally sensitive care could be incorporated into facilities. Facilities designed for specific cultural groups would be ideal but not practical. Allowing the resident's family members and informal caregivers to participate in care planning and liberalizing visitation can help. Doctors of BC has passed a motion that calls for "family caregivers [to] be formally recognized as partners in the care of residents in long-term care and assisted living." This resolution aligns with recent recommendations from the Office of the Seniors Advocate and recognizes the importance of including caregivers in decisions about individual care plans and their involvement in developing policies that impact residents.

We need to respond to the diversity of cultures and languages in our community. One size fits all is not appropriate any longer, and likely never was. ■

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