Cultural & Spiritual Awareness

The POLST Conversation involves a rich dialogue incorporating goals of care, wishes during critical illness, and patient and/or family awareness of their medical condition. Cultural and spiritual awareness and sensitivity is vital during these discussions. We must also acknowledge that:

- Each of us probably will never fully understand the many cultural and spiritual beliefs of our patients/residents,
- We cannot assume that a patient/resident or family shares identical values and beliefs simply based on their ethnicity or culture,
- We need to explore and respect the individual values, spiritual beliefs and cultural traditions of each patient/resident and their family.

Although meeting the diverse needs of our patients/residents and their families is a challenge, our role provides a unique opportunity to assist and support others during critical times of illness and dying. We must acknowledge and appreciate that many cultural and spiritual beliefs differ from our own. We need to actively encourage others to share their thoughts and feelings in order to build understanding and trust, and to enhance communication. When conflict arises, we need to use effective communication techniques to understand the issues and build bridges to provide effective care.

As we facilitate the POLST Conversation, we should not make assumptions about anyone’s cultural or spiritual beliefs, but we need to:

- Ask the patient/resident or their family, *What do you know about your condition?*
- Ask, *How much do you want to know?*
- Ask, *Is there anyone that you want to be here as we talk? Or, Is there someone that you want me to talk with?*
- Ask, *Do you have an Advance Health Care Directive naming your decisionmaker if you are unable to talk with us sometime in the future?*
- Acknowledge feelings and encourage discussion – *I am so sorry. How can I help you? Or, What is most important to you at this time?*

Using the “Facilitating Care Conferences & Family Meetings – Cue Card” will help during discussions (Module 5).
To introduce and assess an individual’s spiritual or religious beliefs, the “FICA” tool can be helpful. Ask the following questions to explore patient and family preferences:

**Faith:**  *Do you consider yourself to be a religious or spiritual person?*  
Or, *What do you believe in that gives meaning to your life?*

**Importance and Influence:**  *How important is your faith (or religion or spirituality) to you?*

**Community:**  *Are you a part of a religious or spiritual community?*

**Address or Application:**  *How would you like me, as your healthcare provider, to address these issues in your health care?*  
Or, *How can we assist you in your spiritual care?*  
Or, *How might these things apply to your current situation?*

**FICA** was created by Christina Pulchalski, MD, George Washington School of Medicine and Health Services; [www.mywhatever.com/cifwriter/library/70/4966.html](http://www.mywhatever.com/cifwriter/library/70/4966.html)

Many additional resources exist to build cultural awareness and competence, including:

**Control and End-of-Life Care: Does Ethnicity Matter?**  
Deborah L. Volker, RN, PhD; American Journal of Hospice and Palliative Care.  

**The Explanatory Model**  
James Hallenbeck, MD; David E. Weissman, MD; EPERC Fast Fact #26; [www.eperc.mcw.edu/fastFact/ff_026.htm](http://www.eperc.mcw.edu/fastFact/ff_026.htm)

**The National Resource Center on Diversity in End-of-Life Care:** [www.nrcd.com](http://www.nrcd.com)

**Taking a Spiritual History, (acronym SPIRIT)**  
Bruce Ambuel, PhD; EPERC Fast Fact #19; [www.eperc.mcw.edu/fastFact/ff_019.htm](http://www.eperc.mcw.edu/fastFact/ff_019.htm)

**Mrs. Lee’s Story**, a 16-page booklet written in Chinese and English addressing end-of-life issues that concern Chinese elders and their families.  
Center for Healthcare Decisions; [www.chcd.org/contact-purchasepubs.htm](http://www.chcd.org/contact-purchasepubs.htm)