



Culturally Sensitive Communications to Enhance Care Delivery: A Resource Guide for Healthcare Professionals

Diversity Advisory Council
National Hospice and Palliative Care Organization

 **NHPCO**
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Care Organization



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Overview

Created by the National Hospice and Palliative Care Organization's (NHPCO's) Diversity Advisory Council (DAC), this language guide offers linguistic considerations to support diversity, equity, inclusion, and belonging related to health, hospice, and palliative care. It contains information from a multitude of NHPCO resources, such as the [DEI Through A Hospice Lens](#) report, [Inclusion and Access Toolkit](#), [Black and African American Outreach Guide](#), [Chinese American Resource Guide](#), [Latino Outreach Guide](#), and [LGBTQ+ Resource Guide](#), as well as information from additional external research sources.

Through this language guide, our goal is to provide information, guidance, and technical expertise to all providers, especially those serving diverse communities, that will advance health equity in end-of-life care. By offering this guidance for the hospice and palliative care community, the DAC hopes to create a common lexicon, enable organizations to operate from the same values, and foster diverse, equitable, and inclusive approaches. Providers are encouraged to tailor their services, approaches, and language to the specific communities they serve. We recognize that there are many communities that are not represented in this guide. As we grow in our knowledge, we will continue to evolve and share our resources.

Given inequities in end-of-life care quality and the diversifying nation, this guide will discuss diversity, equity, and inclusion as integral aspects of providing high-quality, end-of-life, and critical care through language and communication. The terms are defined as follows:

- **Diversity:** "In the medical community, diversity often refers to the representation of healthcare professionals, trainees, educators, researchers, and patients of varied race, ethnicity, gender, disability, social class, socioeconomic status, sexual orientation, gender identity, primary spoken language, and geographic region."¹
- **Equity:** "Giving patients and families the care they need when they need it. Or as the Institute of Medicine (IOM) report put it, health equity means "providing care that does not vary in quality because of personal characteristics."²
- **Inclusion:** Making all groups of people feel included and valued within their society or community, creating a sense of belonging.

Every individual, community, and/or family has their own traditions and expectations. Communicating effectively to honor the goals and needs of each is essential to the goal of fostering diverse, equitable, and inclusive care and to the patient-centered model at the center of hospice and palliative care.

Advancing Health Equity Through Language: Breaking Down the Barriers

Advancing health equity through language is an essential aspect of promoting inclusive and accessible healthcare practices. Culturally sensitive communication plays a pivotal role in breaking down barriers and fostering an environment where patients feel heard and respected. It also serves as a critical link between healthcare providers and diverse communities, ensuring that individuals from varying backgrounds receive equitable and comprehensive care.³

Additionally, advancing health equity through language involves recognizing and addressing language-related challenges, such as limited English proficiency, by providing language assistance services, translated materials, and

1 Togioka BM, Duvivier D, Young E. Diversity and Discrimination In Healthcare. [Updated 2021 Aug 25]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK568721/>

2 Dawes, Daniel E. "Why Health Equity Matters in an Era of Health Care Transformation." Association of American Medical Colleges, December 5, 2016.

3 Ladha, T., Zubairi, M., Hunter, A., Audcent, T., & Johnstone, J. (2018). Cross-cultural communication: Tools for working with families and children. *Pediatrics & Child Health*, 23(1), 66–69. doi:10.1093/pch/pxx126

multilingual healthcare staff.⁴ This approach can establish trust and understanding with patients, families, and providers to facilitate more effective communication about symptoms, treatment options, and preventive measures. It not only enhances patient-provider relationships but also contributes to better care experiences by addressing inequities in healthcare access among different linguistic groups.⁵

Language is important in the context of our work. Being informed that a referral to hospice is appropriate can be overwhelming and emotional for any patient and their support system. Those from historically marginalized populations potentially have additional complex and unfair experiences that contribute to a hesitation to engage a hospice team. At the core of hospice care is the commitment to meeting patients where they are and breaking down language barriers is a key component to doing that.

Hospice and palliative care organizations should also consider the nuances of language within diverse cultures and identities. Words matter. Poorly chosen and carelessly used words can be dehumanizing and as a result harmful. They can hurt feelings, harm relationships, and they can change the way we perceive those whom we care for and can limit their access to quality care.⁶

When necessary, it is recommended to use "people-first language," although it's acknowledged that individual preferences vary. "Person-first language is defined as a way to emphasize the person and view the disorder, disease, condition, or disability as only one part of the whole person."⁷ With this acknowledgement comes the understanding that people who have been historically marginalized choose to self-define using their preferred language. Language is power and individuals may differ in terms of how they would like to be called. Therefore, it is always important to ASK before assuming.

The American Medical Association (AMA) has created "[A Guide to Language, Narrative, and Concepts](#)" to offer key definitions and terminology that healthcare providers can incorporate into their practices. The table below builds on the work of the AMA to offer some terms relevant to hospice and palliative care to consider in place of language that is frequently regarded as offensive or promoting violence. Keep in mind that language is forever changing and evolving. Therefore, it is important for individuals and organizations to always check for inclusive language and have an awareness of language development.

Table 1

Commonly used terms that are considered offensive and/or dehumanizing	Preferred Considerations
Homeless	Unhoused individuals or those experiencing home insecurity
Minority	Communities or individuals who have been historically marginalized
Illegal immigrant	Undocumented individuals
Disabled patients	People who are experiencing *enter condition or disability type*
Bad neighborhood	Avoid using this term altogether

4 2023 HHS Language Access Plan. The U. S. Department of Health and Human Services. (n.d.). <https://www.hhs.gov/sites/default/files/language-access-plan-2023.pdf>

5 2023 HHS Language Access Plan. The U. S. Department of Health and Human Services. (n.d.). <https://www.hhs.gov/sites/default/files/language-access-plan-2023.pdf>

6 Leopold, S. S., Beadling, L., Gebhardt, M. C., Gioe, T. J., Potter, B. K., Rinnac, C. M., & Wongworawat, M. D. (2014). Editorial: Words hurt--avoiding dehumanizing language in orthopedic research and practice. *Clinical orthopedics and related research*, 472(9), 2561-2563. <https://doi.org/10.1007/s11999-014-3802-8>

7 U.S. Department of Health and Human Services. (2023, November 14). Person-first and destigmatizing language. National Institutes of Health. <https://www.nih.gov.nih-style-guide/person-first-destigmatizing-language>

Table 2

Commonly used terms that are widely considered to be associated with violence.	Preferred Considerations
Trigger words	Provoking words or Sensitive Content
Target specific communities	Engage or focus on specific community
Target audience	Intended audience
Tackle	Address or approach
Strike (i.e. when someone is struck with a thought)	Impact

Advancing Health Equity Through Language Top 10 Considerations

Consider the following principles when developing your approach to applying culturally sensitive language.

- 1. Be curious and research the communities you are engaging in, including reviewing resources created by those communities, to see what language they use and why.**
- 2. Center the voices of those from communities who have been historically marginalized by engaging them to review any documents, resources, or other materials that may affect their care.**
- 3. Provide clear education around the dying process to patients and families.** Take the time to answer all questions and use non-medical language when explaining what to expect.
- 4. Utilize adaptable tools such as [cultural assessments](#) (MJHS), [the LEARN model](#),⁸ and other effective communication tools to support a patient-centered focus.**
- 5. Display humility and patience when engaging a diverse patient population.** Hospice providers may have experience with hundreds of patients, but for many families, your interaction may be their first time engaging a hospice team. Don't rush the visit and don't assume they understand the process.
- 6. Take the time to clarify any inaccurate information about hospice to the family with grace and understanding.**
- 7. Remember that the language of listening requires being other-directed and remaining value neutral.**
- 8. Avoid words that are considered highly offensive or dehumanizing. Use "people-first" language.**
- 9. Avoid using terms that are associated with violence when referring to people, groups, or communities and avoid unintentional blaming.**
- 10. Remember that no "one size fits all."** Each individual in each local community is unique.

Advance Care Planning (ACP)

Advance Care Planning is a significant way to empower patients, families, and communities in making decisions about their individual healthcare needs, wants, and goals. Those from communities that have been historically marginalized and/or those who have migrated to the United States experience disproportionately lower rates of engaging in ACP. Emotional barriers, discomfort in initiating decision-making dialogues, health literacy, and time constraints are a few examples of contributing factors to lower ACP rates.

⁸ Ladha, T., Zubairi, M., Hunter, A., Audcent, T., & Johnstone, J. (2018). Cross-cultural communication: Tools for working with families and children. *Pediatrics & child health, 23*(1), 66–69. <https://doi.org/10.1093/pch/pxx126>

While ACP discussions and documentation remain foundational care processes and serve as the guiding light for delivering patient-centered care and bringing together patients, families, caregivers and the community, yet with respect to serious illness and end-of-life care, the ACP process is much more imperative in serving as the pivotal point for care delivery related to development of the care plan, focus on priorities of care including but not limited to symptoms management, and support during the active dying process and bereavement. The scope of this language guide specifically focuses on the central role of facilitating cultural sensitivity, including navigating language and communication barriers with respect to ACP processes and the overall delivery of care during serious illness and at end of life.

According to the Journal for Clinical Oncology, “compared with white patients, black and Hispanic patients were less likely to have an Advance Care Plan (white patients, 80%; black patients, 47%; Hispanic patients, 47%) and more likely to want life-prolonging care even if he or she had only a few days left to live (white patients, 14%; black patients, 45%; Hispanic patients, 34%).”⁹

As clinicians and community support members, our communication approach is one way to break down existing barriers and encourage individuals to engage in ACP. While developing your approach to these open conversations, please consider the following best practices.

Advance Care Planning Top Five Considerations

1. **Identify what is the reasoning behind the hesitation around ACP.**
 - a. Are the forms overwhelming and hard to understand?
 - b. Has the patient expressed what quality of life means?
 - c. Is the ACP dialogue feeling rushed or is time allotted to ease discomfort?
2. **Position the dialogue around the concepts of empowerment and control.**
3. **At times, an indirect approach may be best to avoid offending the patient and their support system.**
4. **Prioritize advocacy, whether it be for self or for others in the ACP dialogue.**
5. **Promote shared decision-making and partnership between the clinical team and patient.**

For additional best practices on improving the ACP conversation, please see this [paper in the Journal of Clinical Oncology](#) (Smith, Alexander, et al). [CaringInfo](#) also offers further resources around ACP, including advance directive forms for all 50 states, D.C., and Puerto Rico.

Application of Language Principles Across Communities

As we look into how language and culture connect, using inclusive language plays a big role in ensuring that everyone has access to quality healthcare and affects how included people feel in different communities. However, it’s not just about the words we choose. It also involves recognizing and honoring various cultures, a crucial aspect of promoting health equity.

By understanding and incorporating inclusive language practices, we embark on a journey toward bridging communication gaps and advancing health equity for all. Increasing access to hospice and palliative care is not just a small step, it’s a big one toward a future where everyone, no matter who they are, can get the health support they need in a way that respects and understands their background.

The sections below focus on American Sign Language (ASL), Spanish Language, Chinese Language, and LGBTQ+ further expand on this idea, highlighting the importance of inclusivity and cultural sensitivity in hospice and palliative care.

⁹ Smith, A. K., McCarthy, E. P., Paulk, E., Balboni, T. A., Maciejewski, P. K., Block, S. D., & Prigerson, H. G. (2008). Racial and ethnic differences in advance care planning among patients with cancer: impact of terminal illness acknowledgment, religiousness, and treatment preferences. *Journal of clinical oncology: official journal of the American Society of Clinical Oncology*, 26(25), 4131–4137. <https://doi.org/10.1200/JCO.2007.14.8452>

American Sign Language (ASL)

Please note that throughout this section, the capital "D" is employed when referring to the Deaf community, not only to underscore their unique cultural and linguistic identity but also to acknowledge and respect the diverse experiences of all individuals within this community.

Understanding how different cultures communicate within their communities by verbal and nonverbal means, or cultural communication,¹⁰ plays an important role in the field of hospice and palliative care, especially when assisting patients, families, and staff with hearing challenges. A key element in this communication is recognizing and incorporating American Sign Language (ASL). ASL, in summary, is a nonlinear language using space, facial expressions, and hand and body movements, fully leveraging the capacities of vision, spatial relations, and visual-kinetic memory for storing and processing concurrent layers of information. Up to two million Americans use ASL for everyday communication.¹¹

With 80% of individuals aged 80 and above encountering hearing loss, along with 63% of those aged 70 and older,¹² it is crucial for clinicians and community support members to familiarize themselves with fundamental American Sign Language (ASL) skills, including key medical terms to facilitate clear and respectful communication.

Additionally, ensuring that communication is clear and accessible, whether through visual aids or written information, is imperative. Closed captioning is also an accommodation that should always be provided. However, for some who are Deaf or hard-of-hearing, reading captions is a struggle because ASL is their first language. To provide equitable access to information, an ASL interpreter may be required.

Approaching the unique needs of Deaf or hard-of-hearing individuals with humility and respect can contribute significantly to the overall quality of hospice care, fostering an environment that values inclusivity and understanding. When developing your approach to communicating with those who are Deaf or hard of hearing, consider the following best practices.

American Sign Language (ASL) Top Five Considerations

- 1. Given older adults have a higher likelihood of hearing loss, consider the following DO and DON'T recommendations.**
 - a. DO:** Face the listeners with light on your face. Rephrase and allow time for response. Cue before starting to speak and give context. Wait until they are done reading to speak. Ensure they have all assistive devices/services.
 - b. DON'T:** Distort your voice, shouting or whispering does not improve comprehension. Head nodding is not affirmation. Avoid saying "never mind", this tells the Deaf or hard-of-hearing person their inclusion does not matter.
- 2. Often the issue is that the information is inaccessible to Deaf or hard of hearing individuals. ASK the individual what their accommodation needs are.**
- 3. Be sure to apply closed captions to all training materials, including in-house resources such as Power Point.** If a video is shown during training, always play the closed captions.
- 4. Consider making printed education materials, such as admission books, more accessible.**
- 5. Consider filming hospice instructional/informational videos in ASL and include information about Medicare.**

For additional information on American Sign Language and End-Of-Life Care, please click the following resources from the University of Washington Medical Center: [Communicating with You Deaf Patient](#), [Communicating with Your Hard-of-Hearing Patient](#), and [Communication Guide: All Cultures](#).

10 Covarrubias, P. (2018, March 28). Cultural Communication. Oxford Research Encyclopedia of Communication. Retrieved 1 Dec. 2023, from <https://oxfordre.com/communication/view/10.1093/acrefore/9780190228613.001.0001/acrefore-9780190228613-e-172>.

11 Allen, B., Meyers, N., Sullivan, J. et al. American Sign Language and End-of-Life Care: Research in the Deaf Community. HEC Forum 14, 197–208 (2002). <https://doi.org/10.1023/A:1020508511133>

12 Hoffman HJ, Dobie RA, Losonczy KG, Themann CL, Flamme GA. Declining Prevalence of Hearing Loss in US Adults Aged 20 to 69 Years. JAMA Otolaryngol Head Neck Surg. 2017;143(3):274–285. doi:10.1001/jamaoto.2016.3527

Spanish Language

The Latino/Hispanic population is growing and widely diverse. The Hispanic American population age 65 and older was 4.6 million in 2019 and is projected to grow to 19.9 million by 2060 (representing 21% of the older population).¹³ As this population continues to rise in the United States, it's crucial for hospice and palliative care organizations to address language barriers. Language can be a significant barrier for non-native English speakers.

According to NHPCO's [Hospice Through the DEI Lens report](#), more than half (52%) of Hispanic respondents said to feel comfortable they would need hospice workers who spoke their loved one's language.¹⁴ Diversity of language is a key component to overall diversity. Hospice and palliative care organizations should ensure language diversity that mirrors that of their patient population. This is especially important given the present disparity in the number of those from the Hispanic/Latino community who presently receive hospice care, underscoring the importance of enhancing access through improved language support and communication efforts.

We recognize that the Hispanic/Latino population in the United States is composed of a multitude of diverse cultures and nations and that there will be variations in many communities. As with all successful outreach and communication efforts, the characteristics of the local community or region should always be considered. It's also important to note that hospice and palliative care is a very personal experience and individual needs and wishes should be prioritized. When developing your approach to communicating with members of the Latino/Hispanic communities, consider the following best practices.

Spanish Language Top Five Considerations

- 1. Written materials (both print and digital) should be available in a variety of languages.** Even if a patient and/or their loved ones can read English, offering materials in their native language, and in a culturally appropriate way, demonstrates a commitment to honoring their culture.
- 2. Develop materials specific to the Hispanic community that help them gain a better understanding of how hospice and palliative care work.** People need complex information in written form so they can read it after they leave the doctor's office; they are often too overwhelmed by the situation or intimidated by the power dynamics between provider and patient to ask questions in real time.
- 3. Professional interpreters (not family members) are necessary and recommended to bridge the gap of inequality in accessing healthcare services; be sure to forewarn the interpreter of the nature of the conversation so they are prepared for the emotional content.**
- 4. Do not assume non-native English speakers are comfortable having complex, high-stakes medical discussions in English, even if they seem proficient in English.**
- 5. Patient autonomy is about patient choice – many patients are comfortable with more family involvement to drive decision-making rather than being expected to be the primary decision-maker about treatment options.**

For more information related to providing high-quality care for Latino individuals, please refer to NHPCO's [Latino Outreach Resource Guide](#) or visit [CaringInfo](#) for information on types of care and advance care planning, including [advance directive forms](#), in Spanish translation.

¹³ U.S. Census Bureau, Population Estimates and Projections, 2017 (revised)

¹⁴ National Hospice and Palliative Care Organizations. (n.d.). Hospice Through the DEI Lens. <https://www.nhpc.org/wp-content/uploads/hospice-through-the-dei-lens.pdf>

Chinese Language 美華慈心關懷聯盟生命末期療護詞彙

The Chinese American population is one of the fastest-growing communities in the United States, composed of 5.4 million people (about twice the population of Arkansas). With an expected exponential population rise, Chinese American patients who experience serious illness or approach end-of-life may find their cultural values influencing the medical care they receive and often at odds with the mainstream American/Western values.¹⁵

For members of the Chinese community, researchers found that potential barriers to end-of-life care and Advance Care Planning discussions include unfamiliarity with the terms and practices, as well as lack of access to clear information regarding end-of-life care options (including hospice care) and decision making.¹⁶ Further, English to Chinese translations can be blurred in the realm of healthcare. For example, the Google translation of palliative care is “姑息治疗.” Back translated, the meaning is essentially “Do Nothing Care.” Similarly, the Google translation of hospice is “临终关怀,” which means “Last Minute Care.” Providers should consider using reliable resources and very detailed explanations for communicating with Chinese language speakers. Accurate translations are critical to accessing hospice and palliative services.

Chinese Language Top Five Considerations

- 1. Chinese culture inherently respects physicians, so it is important for clinicians to build a trusting relationship, provide a safe space to discuss difficult topics or mediate conflicts, and feel comfortable making medical recommendations.**
- 2. Use interpreters to discuss sensitive topics such as EOL care and to accurately describe palliative care and hospice care.** Prepare interpreters ahead of time that the conversation may be emotionally charged.
- 3. Discuss Advance Care Planning with Chinese patients in consideration of cultural norms and taboos to avoid offending the patient and family.**
- 4. Engage chaplaincy to help support patients, using plain language and a practical approach when introducing the service.**
- 5. Relationships, harmony, and reliance within the family may supersede autonomy, ensure family members feel included and are knowledgeable about the patient's condition.**

For more information related to providing high-quality care for Chinese Americans, please refer to [NHPCO's Chinese American Resource Guide](#).

LGBTQ+

In 2022, NHPCO partnered with Transcend Strategies to conduct research on LGBTQ+ perspectives on hospice care. From a sample of 400 individuals identifying as LGBTQ+, researchers found that only about half say providers have asked about their gender identity, and a significant majority of participants (72%) said to feel comfortable using hospice they need hospice workers with specific training. According to a 2020 study with LGBTQ+ older adults, “healthcare wishes may be ignored or disregarded, their families of choice are less likely to be included in their decision making, and they may experience increased isolation, bullying, mistreatment, or abuse, which ultimately contribute to receipt of poor-quality healthcare.” Unfortunately, “hospices do not routinely assess patients' sexual orientation and gender identity (SOGI) in the context of end-of-life wishes and decisions,”¹⁷ and this lack of visibility and accountability subsequently fosters a discriminatory environment for LGBTQ+ patients.

15 Cynthia X. Pan, Esther J. Luo, Eric Wang, Deborah A. Szeto, Hillary Lum, Jessica Ma, Sandy Chen Stokes, Sandy Chan, Christian Wong, Jing Guo, Lifeng Wang, Victor Chang, and Robert S. Crupi, Top Ten Tips Palliative Care Clinicians Should Know About Caring for Chinese American Patients; *Journal of Palliative Medicine* 2023 26:3, 423-430; *Journal of Palliative Medicine* 2023 26:3, 423-430

16 Pan CX, Pan CX, Abraham O, Giron F, LeMarie P, Pollock S. Just Ask: Hospice Familiarity in Asian and Hispanic Adults. *J Pain Symptom Management*. 11 Dec 2014;49(5):928-33. PMID: 25499419; CACCC English/Chinese End-of-Life Care Glossary: <https://cacc-usa.org/en/educationmat.html>

17 Candrian, Carey, and Kristin G. Cloyes. “She's Dying and I Can't Say We're Married?": End-of-Life Care for LGBT Older Adults,” *The Gerontologist* 61, 61, no. 8 (2021): 1197–1201. doi:10.1093/geront/gnaa186.

Care providers need to be knowledgeable about LGBTQ+ health to provide the best care possible and ensure respectful and competent treatment of LGBTQ+ patients. Understanding and using terms related to gender identity, expression, and sexual orientation accurately, while recognizing and honoring individuals' expressed identities and using their specified pronouns, is crucial.

Regarding advance care planning, given that LGBTQ+ caregivers may lack legal recognition, having Advance Directives and other legal documents in place is essential. These documents prevent the exclusion of caregivers, such as life partners and chosen family, from participating in medical decision-making and end-of-life care choices. Without such documents, state laws may grant decision-making authority to next-of-kin and blood relatives, potentially preventing surviving LGBTQ+ partners or chosen family members from carrying out end-of-life decisions, funeral arrangements, burial wishes, and even asset allocation. You can find state-specific Advance Directive forms on [NHPCO's CaringInfo](https://www.nhpco.org/resources/caringinfo), and state websites offer additional resources such as Living Will and Medical POA/Healthcare Proxy documents.

When engaging with individuals identifying as LGBTQ+, emphasize the importance of providing information, demonstrating care, and actively listening. Approach conversations with openness, express support for LGBTQ+ family systems, pose questions, and emphasize education to dispel myths. Showcase your organization's inclusive, person-centered care for those confronting serious illnesses and their loved ones, contributing to positive community-building.

Understanding Gender vs. Sexual Identity

Gender identity, gender expression, biological sex, and sexual orientation are different identities, although all exist on a spectrum.¹⁸

The Genderbread Person
by www.ItsPronouncedMetrosexual.com

Identity
Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.

Orientation
Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.

Sex
Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.

Sexual Orientation
Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.

read more

18 "The Genderbread Person." Genderbread.Org, n.d. <https://www.genderbread.org/>.

LGBTQ+ Top Five Considerations

- 1. Understand pronoun usage.**
 - a. Everybody has pronouns. If you identify as a man who uses He/Him pronouns, it would be unsettling for a care provider to address you with She/Her pronouns – they are not your pronouns. Likewise, a person who uses they/them pronouns will feel similarly if they are addressed by different pronouns.
 - b. Respecting one's pronouns respects their identity and fosters an inclusive environment. For individuals who are transgender, referring to them with their stated pronouns contributes to gender congruence.
- 2. All patient forms, such as intake and registration forms, should contain inclusive, gender-neutral language that allows for self-identification.** Make it easy for patients to self-identify but be aware that some may choose not to do so.
- 3. Use neutral and inclusive language in interviews, when talking with all patients, and add LGBTQ+-inclusive language to job notices.** Interactions with patients that are sensitive and nonjudgmental will pave the way for more effective patient-provider communication and can make patients more comfortable with disclosing information relevant to their care. Ensure that the phrasing of questions does not assume heterosexuality.
- 4. Use inclusive language when getting to know your patients.** For example, instead of asking the patient if they are married, ask who the biggest supporters are in their life and who they would want in the room with them.
- 5. Ask about and normalize chosen family structures and dynamics.** Get in the habit of talking with LGBTQ+ patients about who they consider family and if they are concerned about members of their biological family interfering or complicating their care.

For more information related to providing high-quality care for LGBTQ+ individuals, please refer to [NHPCO's LGBTQ+ Resource Guide](#).

Next Steps

The language that providers use can have significant effects on the quality of care they provide. NHPCO recommends hospice and palliative care organizations consider linguistic implications in their approach to healthcare provision. By intentionally implementing equity-focused language, providers can create more equitable and inclusive healthcare processes and practices for all.

For more information on diversity, equity, and inclusion in hospice and palliative care, please navigate to [NHPCO's Diversity Tools and Resources](#).

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