Key Takeaways: Supporting Hispanic Patients at the End of Life
September 21, 2023

Key points:

- Latino/Hispanic population is growing and widely diverse. The Hispanic American population age 65 and older was 4,638,966 in 2019 and is projected to grow to 19.9 million by 2060 (will be 21% of the older population).
- Latinos are under-represented when it comes to receiving Palliative and Hospice Care.
- Advocacy efforts with a focus on equitable care and policy reform are essential to improving the health of this and other vulnerable populations.
- Importance of cultural humility and responsiveness:
  - The Hispanic community is diverse.
  - We must always approach patients as individuals and use cultural humility.

Actionable Steps:

- Be mindful of common cultural patterns such as collective decision-making processes or “familismo”.
- Do not assume non-native English speakers are comfortable having complex, high-stakes medical discussions in English, even if they seem proficient at English language!
- Professional interpreters are necessary and recommended to bridge the gap of inequality in accessing health care services; be sure to forewarn the interpreter of the nature of the conversation so they are prepared for the emotional content.
- Be aware that mistrust towards providers has been documented among underserved populations.
- Patient autonomy is about patient choice – many patients are comfortable with more family involvement to drive decision-making than being expected to be the primary decision-maker about treatment options.

Conversation Starters:

- When should family members serve as interpreters of difficult medical news?
- What is the importance of maintaining a therapeutic alliance with the patient’s family?
- What are some of the potential benefits or risks associated with allowing family members to be interpreters?
- What is the importance of providing patients and families with high-quality interpreters?
- Was this family approached with cultural humility?
Participant Perspectives:

- “I wonder if routine use of interpretation services for all interactions as the standard might help reduce situations where family is provided information about a patient’s care/condition before the patient does would be helpful?”
- Remind clinicians to avoid acronyms and slang when discussing treatment options with patients and families with English as a second language.
- “I think it’s important to have the medical interpreter present, but I see the situation as being a team. Both family and medical interpreter are going to create a bigger, clearer picture for the patient.”

References:

- NHPCO Access and Inclusion - https://www.nhpco.org/resources/access-and-inclusion/
- Hospice Through the DEI Lens: A Research Study Identifying Barriers to Hospice Care in Underserved Communities, National Hospice and Palliative Care Organization.
- NHPCO Diversity Tools and Resources https://www.nhpco.org/education/tools-and-resources/diversity
- Culturally and Linguistically Appropriate Services (CLAS) https://thinkculturalhealth.hhs.gov/clas