**BACKGROUND**

- Superstition, societal taboos around death and dying, and family objections were distinct barriers to end-of-life (EOL) care discussions with Chinese populations.
- There is little guidance on how to initiate and facilitate EOL care discussions with Chinese Americans.

**OBJECTIVE**

To explore communication strategies that clinicians can use to assess Chinese-American older adults’ readiness to discuss EOL care.

**METHODS**

**Qualitative Design**

- Focused Ethnography

**Data Collection**

- Field observations
- Face-to-face, individual semi-structured interviews

**Participants**

- Community-dwelling Chinese-American older adults, adult children & clinicians

**Data Analysis**

- Thematic and constant comparative analysis

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**RESULTS**

### System-wide level - healthcare system integration
- Advance care planning inquiries during check-in paperwork process

### Individual level - healthcare provider practice
- Using depersonalized communication strategies

- **Assessment**
  - Readiness
  - Not ready

- **Implementation of EOL care discussions**

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**Participant Demographics (N=30)**

- **Older Adults** (n=14)
  - Age: 57 - 77
  - 9 were foreign-born, married, female, educated, & lived in the US for ≥ 30 years
  - 6 were taking care of their parents, age ≥ 80
- **Adult Children** (n=9)
  - Age: 31 - 57
  - Cared for a parent aged between 67 - 86
  - 4 were American-born Chinese
  - 6 were of Chinese descent
  - Equally distributed in various disciplines (MDs, APNs & LCSWs) & specialties (e.g., palliative & primary care)
- **Clinicians** (n=7)

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**RESULTS**

#### System-wide level

**Why include ACP inquiries during the check-in paperwork process?**

- Diminishing pressure of face-to-face, verbal confrontation with clinicians
- Minimizing stigma via standardizing the procedure

#### Individual level

<table>
<thead>
<tr>
<th>Depersonalized Communication Strategies</th>
<th>Why?</th>
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</thead>
<tbody>
<tr>
<td>1. Use another person’s EOL care experience as an example</td>
<td>Minimizing the stigma of current EOL issues</td>
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<tr>
<td>2. Frame the discussion as a standard question by policy</td>
<td>Reducing tension &amp; sensitivity of introducing EOL care topics</td>
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<tr>
<td>3. Start with positive comments and reassurance of good health</td>
<td>Eliminating worries about current health</td>
</tr>
<tr>
<td>4. Acknowledge cultural taboos and ask for permission</td>
<td>Helping clinicians verify their own pre-existing cultural knowledge with patients</td>
</tr>
<tr>
<td>5. Provide a Chinese longevity blessing statement as a prompt or describe a longevity scenario</td>
<td>Giving clinicians an opportunity to elicit patients’ EOL care preferences or to further explore relevant aging matters</td>
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<tr>
<td>6. Use the clinician’s own experience as an example</td>
<td>Self-disclosure helps diminish EOL stigma by modeling and aligning clinicians with patients</td>
</tr>
</tbody>
</table>

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**CONCLUSIONS**

- Assessing readiness to discuss EOL care should be an essential and necessary action for early EOL care discussions with Chinese Americans.
- Culturally targeted assessment for Chinese-American older adults includes using indirect communication approaches to initiate an EOL discussion to determine their readiness.

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**Acknowledgement**

Supported by UCSF John A. Hartford Center for Gerontological Nursing Excellence funding.