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Key Points

Assess the patient's and their family's understanding of their illness, communication preferences, prognosis, and advance directives

Know how to identify deficits in knowledge in regards to their oncological condition with Hispanic oncology patients and their families

Acknowledge the importance of having thorough discussions with live translator about advance directives, prognosis, and goals of care

Background

- The Hispanic population is amongst the fastest growing minority group in the US and by 2060, 28.65% of the total US population will be Hispanic.
- Evidence suggests that, while the rate of cancer related deaths is high in this population, they are least likely to transition their care utilizing palliative or hospice services.
- This is often due to lack of engagement from the medical staff when it comes to end of life education and planning.
- The purpose of this review is to provide insight into the perspectives on end of life and palliative care (PC) in inpatient Hispanic oncology patients.

Method

- Case review of fifteen Hispanic oncology patients admitted between June 2018 and June 2019 at Northside Hospital Atlanta
- Five major questions were asked during the initial visit and also during follow-up visits; (1) what do you understand of your disease process? (2) Do you have an advance directive or a designated power of attorney (POA)? (3) What matters to you most at the End of Life? (4) Did your oncologist or referring team ever discuss PC services with you? (5) Why was the palliative team asked to see you and what were your expectations of the palliative team?

Recommendations for Improved Communication

1. Seek out head of family and understand who all is involved in the patient's care
2. Assess the role that religion plays in patient's life and how this affects their decisions
3. Use interpreter instead of family to ensure accurate translation and use simple and clear language when explaining illness and end of life care,
4. Encourage patient and family to express concerns and ask questions

Results

- Only about 20% of the patients reviewed understood their disease process or disease trajectory
- Patients who had previously discussed PC with their oncologist were more receptive where as patients with no prior conversations were suspicious and skeptical
- None of the patients had advance directives or a POA
- Concerns centered on symptom management, finances, and family
- With subsequent visits, all the patients were able to understand the role of the PC team in their care.
- Patients were most forthcoming when an in person/live interpreter was used

Conclusion

- Results provided insight into the understanding of PC in Hispanic oncology patients in the inpatient setting.
- Barriers to accepting PC services, and transitioning to comfort care/hospice care included: lack of prior PC discussion with oncologist, cultural and religious beliefs, and lack of understanding of their disease process and severity of illness.
- Language barrier between providers and the patient can negatively effect the patient's ability to accurately recall information, as well as their ability to ask appropriate questions
- We recommend using an in person interpreter during PC visits
- Early EOL discussions and code status discussion enhances utilization of EOL services in Hispanic patients.
- An understanding of their experiences helps decrease fragmentation of care at end of life and help improve care delivery and improve communication