Appendix B: Cultural Diversity and Individual Preferences

Considerations for cultural and individual patient preferences in grief / bereavement discussions:
• When a patient and physician enter into grief and bereavement discussions, each brings individual cultural backgrounds and values that influence the discussions.
• Although understanding cultural norms is important, physicians must be careful to avoid stereotyping patients based on their cultures.
• An individual's culture is influenced by the culture of the family, religion, spirituality, education, occupation, social class, friends, and personal preferences.
• Asking open-ended questions can elicit a patient's preferences for physician frankness, decision making, and direct versus indirect communication.
• Physicians may prevent misunderstanding and promote trust by respectfully listening to a patient’s beliefs and values.
• Assess individual preferences and tailor discussions appropriately.
• Consider a patient's sex, age, health literacy, health status, previous health care experiences, social status, culture, and race/ethnicity.
• Avoid assumptions about what the patient is likely to want and ask directly about values and preferences.

Useful Questions to Help Determine Preferences:

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<th>Factors</th>
<th>Useful questions</th>
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| Social, educational, and family factors | • “Tell me about your family”  
• “Have you or your family had significant experience with someone who has had a serious illness or who has died? If so, how did that experience affect you?” | • The physician may offend or stereotype the patient because of incorrect assumptions if he/she does not ask about the patient's background.  
• Misunderstandings between physician and patient may occur if social, educational, and family preferences are not assessed. |
| Cultural, religious, and spiritual factors | • “Is there anything I should know about your cultural, religious or spiritual views about illness or life and death?” | • The physician may be regarded as disrespectful if the patient’s cultural, religious, and spiritual preferences are not addressed.  
• The patient may reject medical advice if the physician does not understand how the patient views the physician's role and advice in the context of culture, religion, or spirituality. |