



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:

Factors	Useful questions	Rationale
Social, educational, and family factors	<ul style="list-style-type: none"> • "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?" 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • "Is there anything I should know about your cultural, religious or spiritual views about illness or life and death?" 	<ul style="list-style-type: none"> • 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.

Adapted from: Ngo-Metzger Q, August KJ, Srinivasan M, et al. End-of-life care: Guidelines for patient-centered communication. *Am Fam Physician*. 2008;77(2):167-74.