



Cultural & Linguistic Barriers in Advance Care Planning for Chinese American Immigrant Seniors

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Abstract

Advance care planning involves discussions of patients' personal values, life goals, and preferences regarding future medical care. It is a particularly involving and challenging topic among the Chinese American immigrant seniors due to their distinct culture and language preferences. This study interviewed 20 key informants in different healthcare settings to identify barriers and recommendations in delivering advanced care planning to Chinese Americans. Cultural and language barriers are extracted and discussed in detail in this poster. By shining lights on these cultural and language barriers, this study hopes to disseminate potential strategies.

Background

Advance care planning (ACP) is a process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals, and preferences regarding future medical care (1). This process is iterative and could encompass topics in finances, family matters, spiritual questions and other issues that trouble seriously ill or dying patients and their families (2). Therefore, it presents unique barriers amongst Chinese Americans who are found less likely to have heard of ACP (3) due to lack of access to linguistic materials and cultural preferences (4,5). In this poster, we focus on specifically the cultural and linguistic barriers.

Methods

Semi-structured in-person interviews were conducted by a Chinese American physician (EC) with 20 key informants, nearly all of whom were Chinese American, including social workers, nurses, physicians, case/office managers, and program directors from dialysis center, community health centers, adult day health centers and PACE programs who serve large proportion of Chinese American immigrant seniors in San Gabriel Valley, CA in 2015. All interviews were conducted primarily in English, transcribed with any Mandarin or Cantonese phrases translated into English (FG). The study was reviewed and approved by UCLA IRB. Two team members (EC, FG) constructed a codebook in an iterative process. Using thematic analysis, quotations coded as community attitudes towards ACP were reviewed and generated themes related to linguistic and cultural barriers. Dedoose and Microsoft Words 2021 were used for coding and analysis.

Language Barriers

Barriers	Examples	Strategies
Lack of consensus in preferred terminology for ACP	Two Chinese terminologies were brought up: “临终治疗” and “保守治疗”, which do not distinguish terms for ACP, end of life care and palliative care.	Describe each distinctive concept
Access to Chinese-translated ACP materials	Mandarin or Cantonese version of Advance Directives exist, however interviewees often did not know how to access Chinese versions of Advance Directives	Create network to disseminate educational opportunities

Reference

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Cultural Barriers

Barriers	Examples	Strategies
Sensitive to topics about death	It's a "jinx", or "taboo" "bad luck to talk about it" "People would think that it's a curse"	<ul style="list-style-type: none">• Avoid major Chinese holidays• Normalizing languages: "planning for the rainy day"
Lack of understanding of the purpose of ACP	<ul style="list-style-type: none">• "Do I need to really this?"• "Why you asking me? Am I going to the hospice? I'm not die yet"• No, I don't want to I'm still doing okay, I'm fine. Nothing's happening"	<ul style="list-style-type: none">• Group discussions and classes• Educational seminar coupled with entertainment
Family-based decision making	<ul style="list-style-type: none">• "My family will make the decisions for me"• "do defer to their children to think to decide for them, to make the decision on their behalf"	<ul style="list-style-type: none">• Tie ACP planning with finance planning• Heart-to-heart cafe
Filial responsibilities and traditional family role	<ul style="list-style-type: none">• "guilt" in the children who "want to do everything and anything we can"• "why are you asking me these kind of questions? Do you want me die soon?"• "If I bring this up to my dad, he might think that I'm only looking after his money"	<ul style="list-style-type: none">• Engage primary care providers to introduce the topic• Heart-to-heart café (6)

Discussions and Conclusions

This study focuses on the language and cultural barriers for Chinese American immigrant seniors in ACP. These barriers further deter healthcare providers to promote ACP in Chinese American patients, causing a vicious circle. Compared to barriers identified in prior studies (5), inconsistent terminology and the fear of topics related to death are unique to Chinese American immigrant seniors. These barriers are not unconquerable. In fact, some of our interviewees reported success in discussing ACP with their Chinese American patients by using descriptive, normalizing languages and appropriately include family into the decisions.

The strength of the study includes a diverse range of staff members who work in 4 major types of healthcare facilities that serve elders. Limitation includes key informants being self selected by the facilities. The small sample does not include patients, or allow stratifying barriers by types of professions or facilities. Furthermore, San Gabriel Valley presents a unique population with high proportion of Chinese immigrants, therefore the results may not be geographically generalizable.

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