

Updated & Innovations in Essential Conversations for the Health Care Team ECHO Series

Taking Serious Illness Conversations Seriously: Unveiling South Asian Perspectives on Advance Care Planning

Presenters: **Dr. Amrish Joshi**, Palliative Physician, Vancouver Coastal Health, Richmond Integrated Hospice-Palliative Care Program; **Monica Kelly**, Lead, Goals of Care Support Team, Vancouver Coastal Health; **Dr. Sukaina Kara**, Palliative Physician, Fraser Health; **Lara Musa**, Regional Clinical Educator, Vancouver Coastal Health Richmond Professional Practice

Tues Jan 20th, 12pm-1pm

Item	Discussion
Key Takeaways	<ul style="list-style-type: none"> South Asian perspectives on Serious Illness Conversations (SIC) reveal cultural differences in how these conversations are received and understood Three main themes emerged from research: generational differences, family structure importance, and power differential between patients and healthcare providers Cultural adaptations to the SIC Guide are needed when working with South Asian families, particularly recognizing relational autonomy versus individual autonomy Family-centric decision making is common in South Asian cultures, with protection of loved ones often prioritized over individual autonomy Healthcare providers should be flexible in their approach, adapting questions to be culturally sensitive rather than following a rigid script
Research study on South Asian perspectives of Serious Illness Conversation Guide	<p>The presenters shared their qualitative research study examining how South Asian individuals respond to the Serious Illness Conversation Guide (SICG).</p> <ul style="list-style-type: none"> South Asians are the largest visible minority in BC (28% as per 2021 census) and gap identified that the SICG is widely used but yet to be validated for cultural appropriateness in South Asian communities Study was conducted in 2019 using an older version of the guide. Study methodology - 18 participants from South Asian backgrounds who spoke English participated in focus groups and been in Canada more than 10 years. Role-play demonstrations of the SIC Guide with focus groups to gather feedback and how they might respond and how they think elders in their community would respond Many on research team from South Asian background themselves Research identified cultural nuances that affect how the SIC Guide is received by South Asian patients and families The study was published in the British Columbia Medical Journal with culturally representative artwork
Key themes identified in the research	<p>Theme 1: Generational differences in willingness to engage in discussions</p> <ul style="list-style-type: none"> older generations expect family to make decisions while younger generations understand the importance of advance care planning

	<ul style="list-style-type: none"> • younger South Asians raised in Western culture are more accepting of individual autonomy principles <p>Theme 2: The family structure during discussions</p> <ul style="list-style-type: none"> • family involvement is essential and decision-making is collective rather than individual • Western medical ethics prioritizes autonomy, which conflicts with Eastern collective values • "relational autonomy" where decisions are made in context of relationships rather than individually <p>Theme 3: Power differential between patients and health care providers</p> <ul style="list-style-type: none"> • older South Asians often defer to healthcare providers and expect direction rather than shared decision-making • Cultural differences create tensions between Western medical approaches that prioritize individual autonomy and South Asian approaches that prioritize family-centered decision making <p>Healthcare providers need to recognize these differences to effectively communicate with South Asian patients</p>
Recommended adaptations to the SICG	<ul style="list-style-type: none"> • Asking permission seemed confusing to elderly South Asians who expect doctors to lead conversations • Questions about illness understanding were perceived as strange since patients expect doctors to be the experts • Questions about goals, fears, and strengths were often taken literally rather than in medical context • Monica highlighted that her team adapted the guide by changing "illness" to "health" which was better received • The SIC Guide requires cultural adaptations rather than rigid application • Understanding cultural context helps clinicians phrase questions in ways that resonate with patients
Case Study Discussions	<p>Two case studies were presented to demonstrate the application of cultural considerations in serious illness conversations.</p> <ul style="list-style-type: none"> • first case: 56-year-old South Asian woman with breast cancer who was born in Canada but married to a man from India. Married 15 years with 2 teenage children. Has relatives in same house and relatives in India. All medical conversations primarily with patient directly. <ul style="list-style-type: none"> ○ Participants identified potential barriers including concerns about being a burden, cultural taboos around discussing illness, and family dynamics, HCP power dynamics • second case: 85-year-old widowed woman with end-stage cancer living with her daughter but with sons involved in decision-making. Bed-bound and in final weeks to month. Exploring options between home with supports or hospice. <ul style="list-style-type: none"> ○ "filial paradox" where family members protect each other by not discussing serious illness directly

	<ul style="list-style-type: none"> ○ common scenario where "the daughter is doing all the work, and son is the one making all the decisions" ● Cultural considerations significantly impact how SICs should be approached ● No single approach works for all patients - clinicians need to be flexible and responsive to individual family dynamics
Practical applications for healthcare providers	<ul style="list-style-type: none"> ● Research is not prescriptive but encourages clinicians to adapt their approach ● Presenter shared that sometime their own South Asian background helps establish rapport but can also create expectations ● Awareness of cultural nuances can help build trust even if the clinician is from a different background ● Importance of person-centered care that considers cultural context
Resources	Article: https://bcmj.org/articles/taking-serious-illness-conversations-seriously-unveiling-south-asian-perspectives-advance