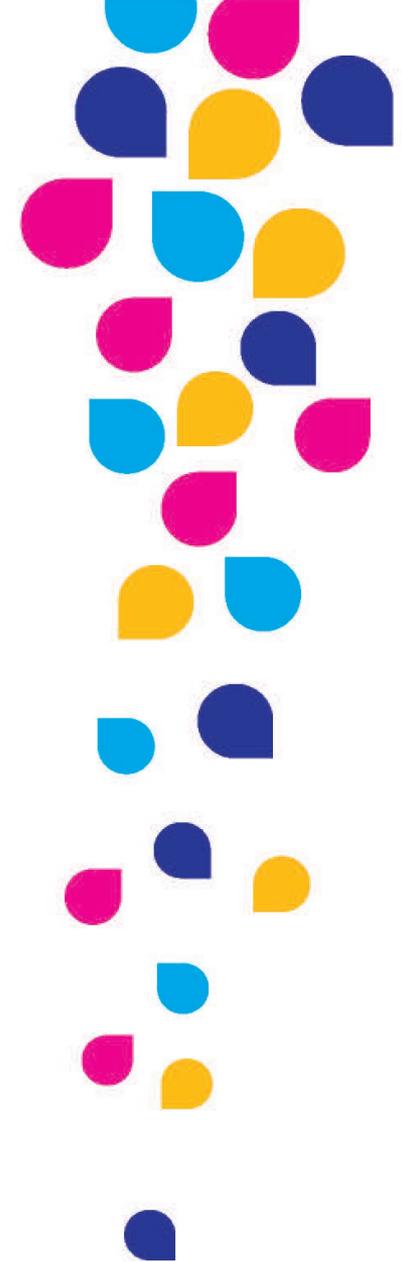


# Diverse perspectives on End of Life Care



Multicultural  
Aged Care

Agnieszka Chudecka  
Partners in Culturally Appropriate Care (PICAC) SA

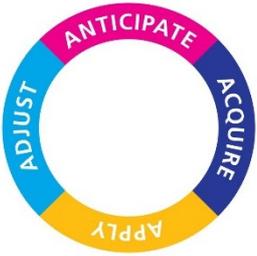


## **Kurna Acknowledgement**

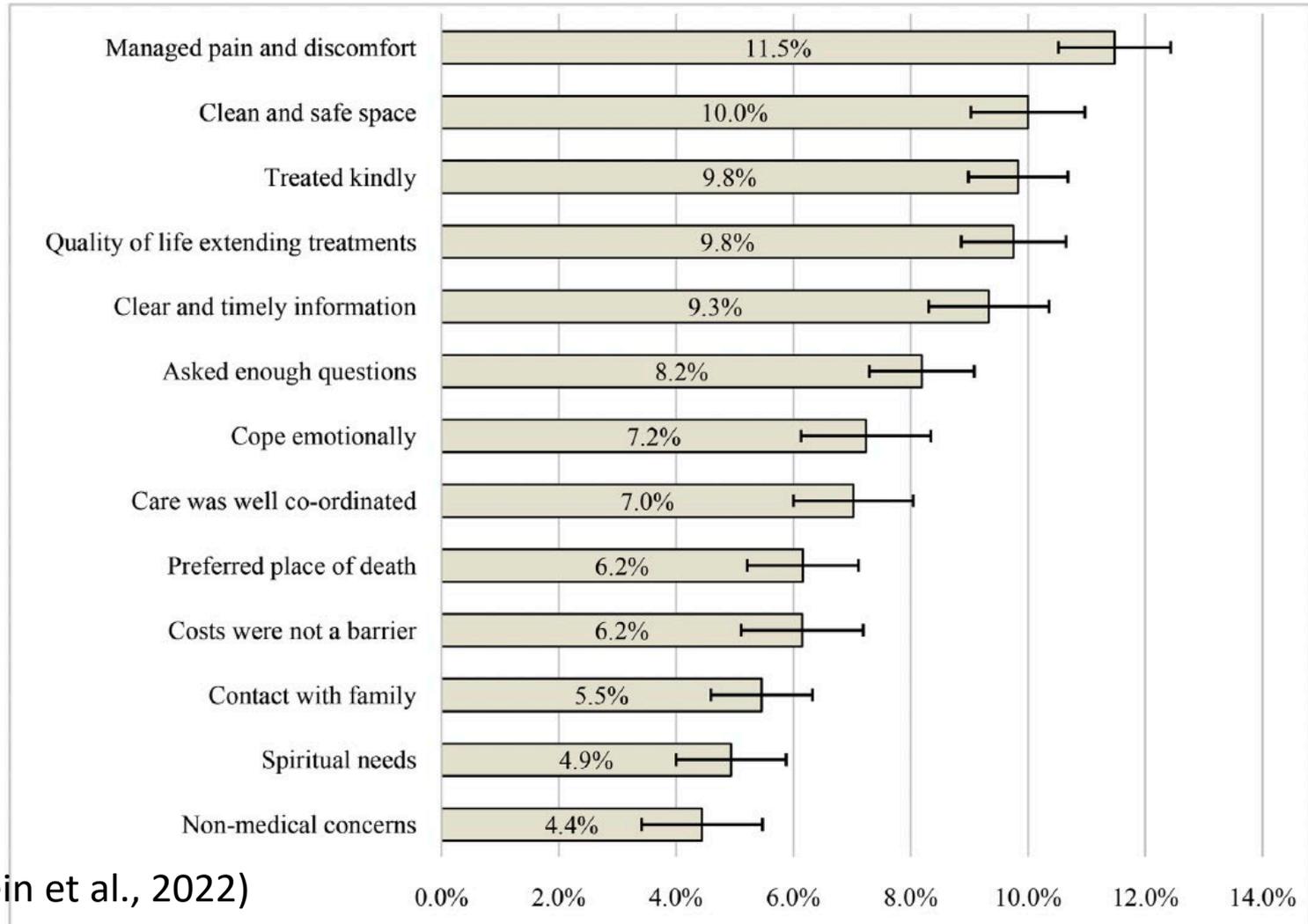
Adelaide and its surrounds are nestled within the lands traditionally owned and protected by the Kurna people and their forebears for many thousands of years.

Throughout the Adelaide Plains, the Kurna people have performed age-old ceremonies of celebration, initiation and renewal.

In convening this meeting, we take the opportunity to acknowledge and honour the Kurna people's traditional ownership of this land, their living culture and the unique role they have played in the life of this region.



# Consider Diverse perspectives



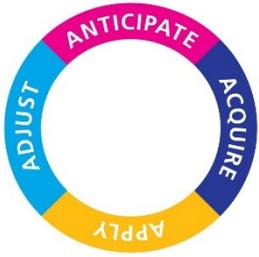
(Finkelstein et al., 2022)



# Consider Diverse perspectives

| Domain   | Sub-Domain(s)  |
|--|--|
| 1. Stewardship and Governance  | <ol style="list-style-type: none"> <li>1. Priority-setting and strategic planning of EoLC system</li> <li>2. Laws, regulations, and standards</li> <li>3. Public awareness and death education</li> </ol>  |
| 2. Resource Generation (human, physical, and knowledge)                  | <ol style="list-style-type: none"> <li>1. Training (of competent and multidisciplinary care teams)</li> <li>2. HCP staffing, benefits, compensation, and access to essential resources</li> <li>3. HCP-centered support</li> <li>4. Environment</li> <li>5. Knowledge and evidence for policy and practice</li> </ol>  |
| 3. Financing and Financial Protection                                    | <ol style="list-style-type: none"> <li>1. Financial distress and fragility</li> <li>2. EoLC financing and affordability of care</li> </ol>   |
| 4. Service Provision   | <ol style="list-style-type: none"> <li>1. Availability of facility-based, home-based, and community-based EoLC</li> <li>2. Administration of symptom management</li> <li>3. Care integration</li> <li>4. Responsiveness</li> </ol>   |
| 5. Access to Care  | <ol style="list-style-type: none"> <li>1. Access to medicines</li> <li>2. Access to physical care</li> <li>3. Access to psychological care</li> <li>4. Access to spiritual care</li> <li>5. Access to social care</li> <li>6. Access to bereavement care for grief management</li> <li>7. Access to care navigation</li> <li>8. Equity in access</li> </ol>  |
| 6. Quality of Care   | <ol style="list-style-type: none"> <li>1. Safety</li> <li>2. Appropriateness (of care)</li> <li>3. Coordination and continuity of care and support across phases/stages/transitions in EoLC</li> <li>4. Health-related quality of life and alleviation of serious health-related suffering</li> <li>5. Life continuity</li> <li>6. Dignity</li> <li>7. Empowerment</li> <li>8. Hope</li> <li>9. Caregiver-centered support (to manage caregiver burden)</li> </ol> |
| 7. Quality of Communication (within system and with patients/caregivers) | <ol style="list-style-type: none"> <li>1. Effective interpersonal interactions and relations</li> <li>2. Effective communication</li> </ol>  |

(Bhadelia et al., 2022)



# Culture, Values and Attitudes

Factors identified as contributing negatively to EOL care include:

- 1) Lack of a recognition that EOL care is a human right
- 2) Absence of a national strategy for palliative care/not making palliative care a priority at the national level.
- 3) Limited or no integration of palliative care into the broader health system,
- 4) Lack of investment in EOL care leading to human resource shortages (i.e., lack of palliative care specialists), shortfalls in access to opioids, lack of dedicated facilities for patients at EOL, and no or limited access to home-based palliative and psychosocial care,
- 5) Lack of generalist or specialist palliative care training.
- 6) High cost of EOL care.
- 7) Lack of public knowledge and awareness of availability palliative care services
- 8) Poor or limited communication with patients and families on EOL care options
- 9) Lack of patient autonomy to make EoL decisions.
- 10) Lack of recognition of cultural factors associated with death and dying

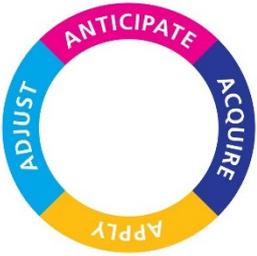


# Ritual

- 1: the established form for a ceremony  
specifically: *the order of words prescribed for a religious ceremony*
- 2a : ritual observance  
specifically: *a system of rites*
- b : a ceremonial act or action
- c : an act or series of acts  
regularly repeated in a set precise manner



Merriam-Webster. (n.d.). Ritual. In *Merriam-Webster.com dictionary*. Retrieved from <https://www.merriam-webster.com/dictionary/ritual>

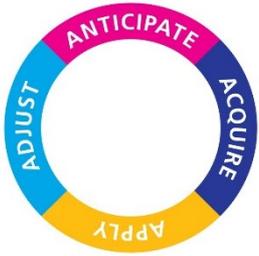


# Ritual

- a way of doing something in which the same actions are done in the same way every time:
- *Coffee and the newspaper are part of my morning ritual.*

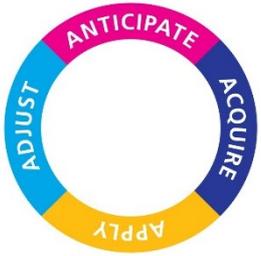


Cambridge Dictionary. (n.d.). Ritual. Retrieved from <https://dictionary.cambridge.org/pl/dictionary/english/ritual>

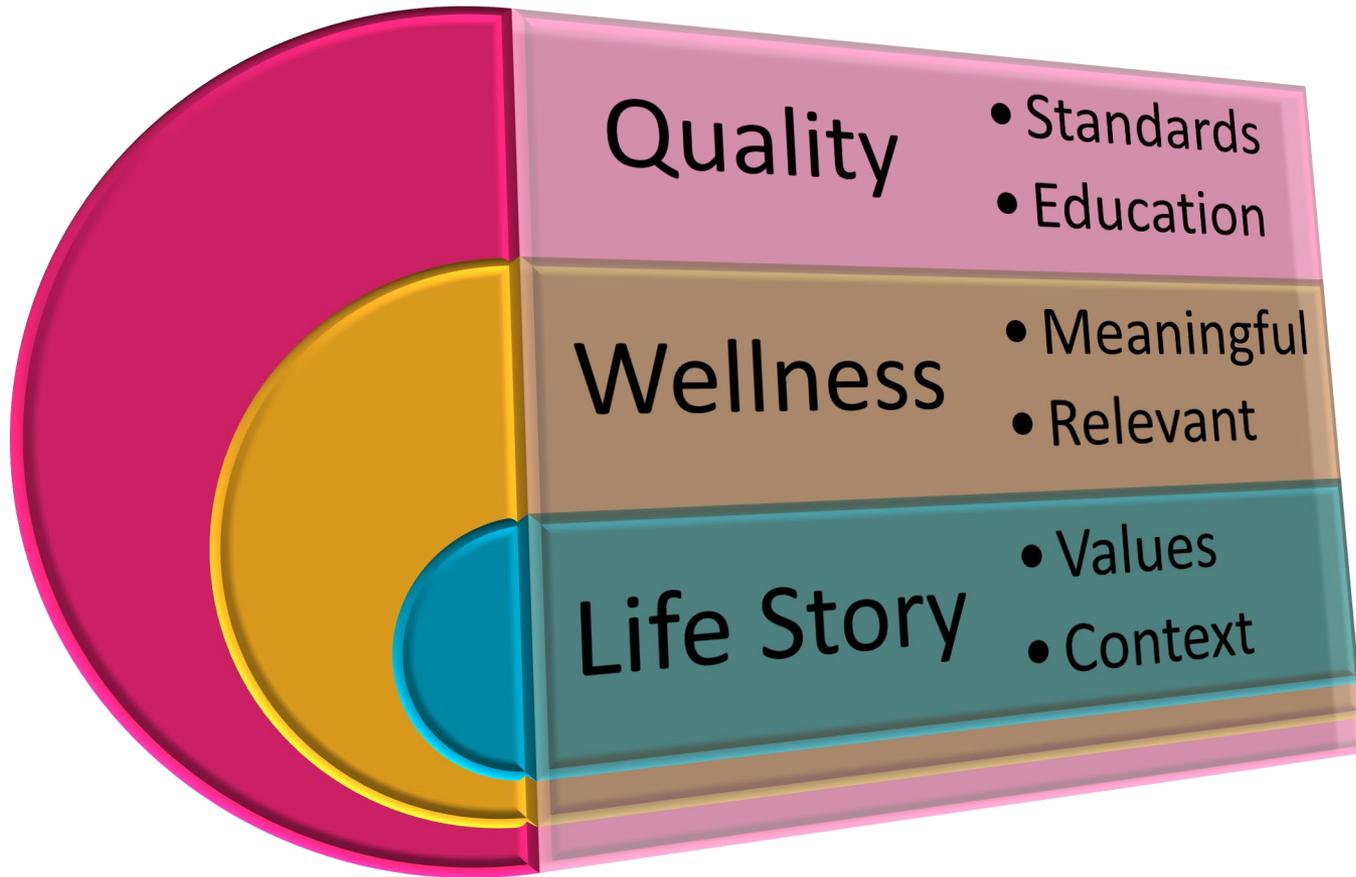


# Explore Diverse perspectives





# Towards Culturally Appropriate Care

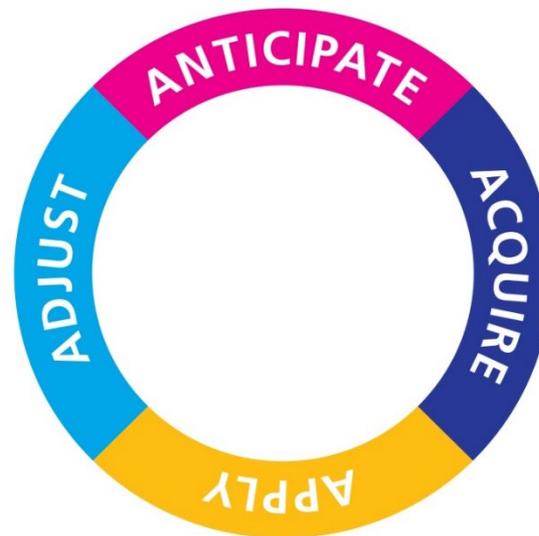


# Respond to Diverse perspectives

why / what / who / when / where

planning  
policies and procedures  
processes

feedback collection and analysis  
continuous improvement  
documentation  
information sharing

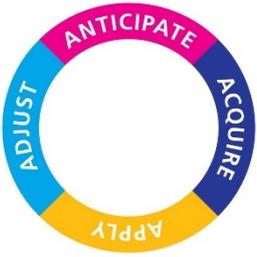


knowledge

resources

setting

type of activity



# References

Bhadelia, A., Oldfield, L. E., Cruz, J. L., Singh, R., & Finkelstein, E. A. (2022). Identifying core domains to assess the 'quality of death': A scoping review. *Journal of pain and symptom management*, 63(4), e365–e386.

doi:10.1016/j.jpainsymman.2021.11.015

Finkelstein, E. A., Bhadelia, A., Goh, C., Baid, D., Singh, R., Bhatnagar, S., & Connor, S. R. (2022). Cross country comparison of expert assessments of the quality of death and dying 2021. *Journal of pain and symptom management*, 63(4), e419-e429.

doi:10.1016/j.jpainsymman.2021.12.015

Thank you for attending  
Let us keep in touch

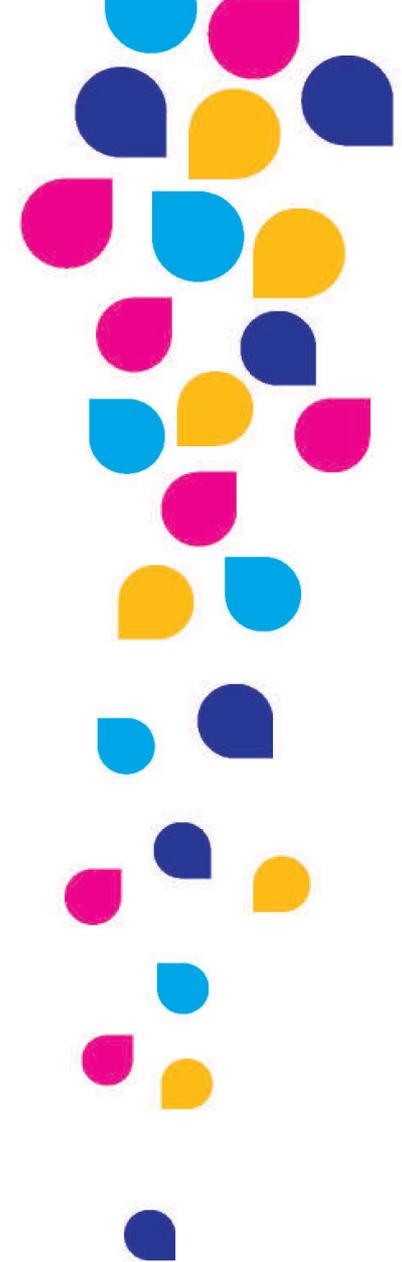
Come back for more

<https://www.mac.org.au/contact-us/>



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Agnieszka Chudecka  
Partners in Culturally Appropriate Care (PICAC) SA



For any further information  
please contact:  
**Multicultural Aged Care Inc.**

**PICAC SA**

on tel. no: **+61 (08) 8241 9900**  
or by e-mail: **macsa@mac.org.au**

**PICAC Alliance website:**

**<http://www.picacalliance.org/>**



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