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Lost in Translation: Challenges of a Religious, Cultural & Language Mosaic

April 25, 2009

Ethics Matter – Creating an Ethical Culture in
Health Care

CHAC Annual Convention



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Objectives:

Examine Barriers in Achieving Shared Goals of Care

- Culture/religion
 - Language
 - Communication
 - Contextual realities
-
- Ethical and Administrative Obligations
 - Patient Relations Support
 - Discussion



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“We promote a culturally appropriate work and care environment, respectful of all we serve.”

- Our Values – Respect and Compassion.
- Growing diversity of patient population served.
- Intercultural awareness sessions.
- Behavioural and attitudinal implications, especially if not convenient?



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Lost in translation because unable to connect?



Healing the Body, Enriching the Mind, Nurturing the Soul



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...or to insulate and protect?



Healing the Body, Enriching the Mind, Nurturing the Soul



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A Sobering Case

- 36 year old woman – Chinese descent, with metastatic breast cancer. Widespread pulmonary and bony metastases.
- Personal directive naming mother as substitute-decision maker in the event of loss of capacity.
- Her mother is a physician who lives/practices in China. Staying with her daughter at the hospital and actively involved in her care.



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A Sobering Case

- However, the patient's mother speaks no English...



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A Sobering Case

- IM nailing of pathological fracture of right femur.
- Post-operatively develops increasing respiratory compromise.
- Metastatic deposit on left femur, given option of IM nailing. Patient consents.



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The case unfolds... the second surgery

- Mother concerned about her daughter's respiratory status – questioning decision to go ahead with the surgery.
- In pre-op holding anesthesiologist discusses risk and plan for anesthetic.
- Patient requests early extubation.



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The case unravels... post-op

- Extubated in PARR. Tolerated breathing on her own initially but then deteriorates. Decision to admit to ICU but status already grave.
- Mother wants re-intubation. Discussion surrounding comfort measures only. Mother wants active treatment.
- Team decides that re-intubation is not appropriate, given the dire circumstances.



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The case unravels... post-op

- Reluctantly, mother consents to comfort measures.
- It becomes apparent she doesn't understand what that entails.
- To her it looks like a form of euthanasia, certainly abandonment.
- ICU staff also felt they were abandoned to deal with this.



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Not just a signature...



I HAVE BEEN EXTREMELY
Good* THIS YEAR.



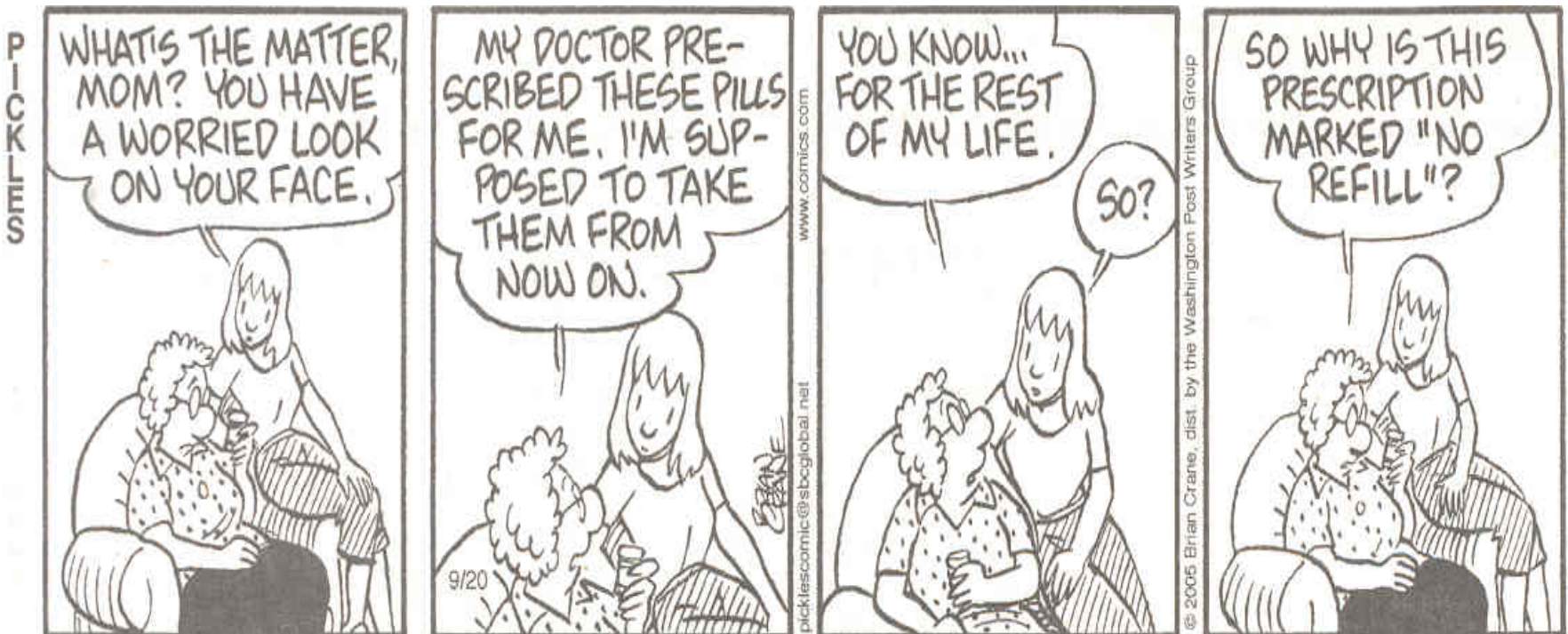


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Consent

- Proper consent is essential
- Must ensure patient understands





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Legal aspects of disclosure

- the onus is on the physician administering investigation/treatment to demonstrate or prove consent was informed.
- physician must ensure the patient understood the information provided:
 - ❖ use language and explanations that the patient can understand.
 - ❖ patient's questions must be answered.



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Cultural considerations

- Law based on autonomous decision of individual.
- Culture of family may be one where decision making not based on autonomy of the individual.
- How to take this into account when having discussions with patient/family.
- Values of patient may not be the same as family members – must explore.



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Translator

Eldridge (SCC): “the failure... to provide sign language interpretation where it is necessary for effective communication constitutes a *prima facie* violation of the s. 15(1) rights of deaf persons....

Although the standard set is broad, this is not to say that sign language interpretation will have to be provided in every medical situation. The “effective communication” standard is a flexible one, and will take into consideration such factors as complexity and importance of the information to be communicated, the context in which the communications will take place and the number of people involved.”



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Ethical/legal basis for substitute decision-making

Principle of autonomy:

- If a patient is unable to provide consent, their interests should be protected by an appropriate process of substitute decision-making.



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Substitute decision making

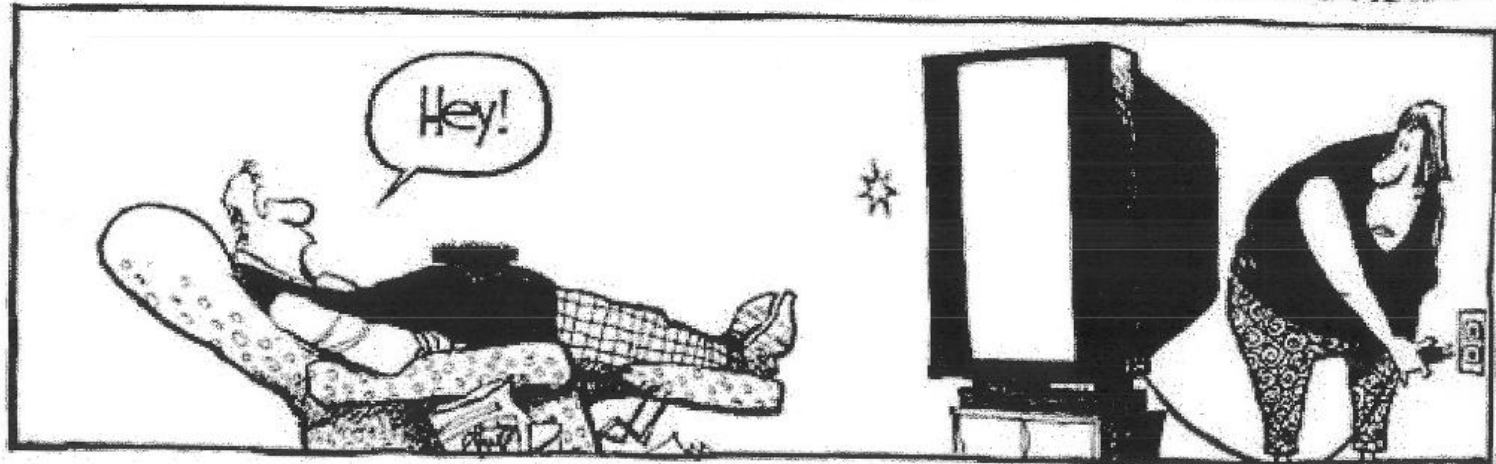
- Advanced directives
- Legislation when no advanced directive



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May bind in ways unintended...





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Closure/disclosure of information after death

- Needs of family
- Wishes of patient
- Privacy legislation
- Apology/expressions of regret



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Historical Practices

- The curative or restorative role of surgery and PARR environment –“recover, not die”.
- Palliative interventions for quality of life are becoming more common.
- When the unexpected does occur (and it does), move patient to ICU or ward, assuming capacity/resources. Which is more appropriate?



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Lost in “Transition”

- Managing end of life in the recovery room problematic:
 - No privacy, open room, logistics managing protracted death.
 - Family access limited – barriers to accommodate religious rites.
 - No place to grieve/vent – impact on other patients.
 - Upstream impact on slate, resources – feeling of being rushed.



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Newton's 1st law of inertia:

We just keep
Going,

And going,

And going...



"Shall I turn it off?"



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Preventative Strategies, but...

- We need to anticipate and plan. Anesthesia consults are crucial.
- Shared goals of care need continual updating and clarification.
- Any uncertainty should be a signal to delay surgery, but...
- But pressure not to hold up slate, get the cases done...



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Interpretation takes time

- Clarifying patient/family expectations and understanding to ensure shared goals of care.
- Interpreter services not readily available 24/7. Cannot assume explanations are not lost in translation.
- Legal and risk management considerations that consent is, in fact, “informed”.
- If uncertain....



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Moral and Administrative Obligations

- Patient's mother just wanted to understand why her daughter died. Motive in writing letter?
- Need to ensure letter itself was properly translated.
- 24/7 Interpretive Services is non-negotiable.
- Want to make sure interpreters themselves are not lost in translation – can also feel abandoned in their critical role.



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Questions for Consideration

- When do our moral and legal obligations begin and end to ensure shared understanding around the goals of care?
- Does the *Health Ethics Guide* adequately reflect a culturally responsive ethical framework for decision-making?