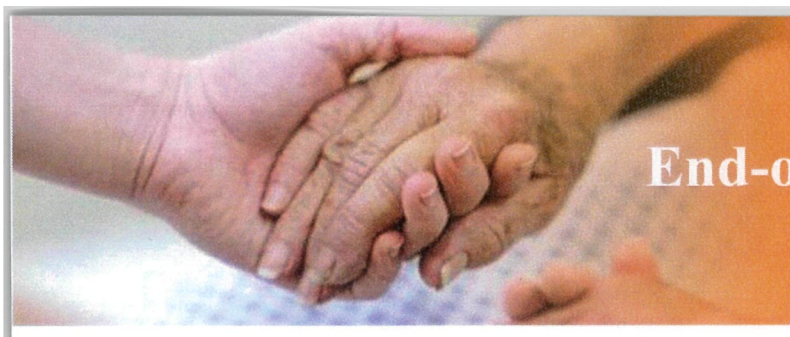

End-of-life care for diverse cultures in New Zealand:

By Olivia Tasker

How does end-of-life care for patients differ between the ethnicities of New Zealand European, Maori & Pacific Island and Asian in New Zealand?

Introduction:

End-of-life care can be a sensitive topic for many people, and is a subject often avoided. As health care professionals, it is our job to ensure that the last stages of a person's life is comfortable and appropriate as defined by the person and/or their family.

Issue:

The aging population and increasingly diverse ethnicities within New Zealand have a large effect on the health system. End-of-life care is a significant area within New Zealand's health care system and the increasing Maori, Pacific Island and Asian aging populations will result in diverse needs within this area. As health professionals, whether doctors, nurses or carers, we need to be aware of cultural practices, rituals and religious beliefs when it comes to end-of-life care.

Maori & Pacific Island end-of-life cultural practices/needs

- Whanaungatanga (relationship building) and education around end-of-life care facilities. Maori understanding their rights (Oetzel et al, 2015).
- Tikanga (cultural practices) such as Waiata (songs) and Karakia (prayers).
- Maori relative to carry out cares for patient (Bellamy & Gott, 2012).
- Te Whakawhanaungatanga (gathering of family and friends) and providing spiritual and practical support.
- 97% Cook Island Maori who affiliate with religion said they identified as being from the Christian denomination (Statistics New Zealand, 2007)

Asian end-of-life cultural practice/needs

- The wider family make the decisions on behalf of the relative (Bellamy & Gott, 2012) with one spokesperson (oldest son most common).
- Common rituals may include giving patient special herbs, holy water, special cloths or amulets or restoring yin/yang, coin rubbing or skin pinching (removing unwanted elements in body) (Singh & Freeman, 2012).
- Pointing head of relative north, where their god is believed to be.
- Shlokas (prayers and chanting verse) may also be offered (Singh & Freeman, 2012).
- Speaking death over a person may interfere with karmas or speed up the dying process.

Where to from here? Benefits from integrations into practice

More education around the differing end-of-life care processes for the different major ethnic groups in New Zealand would be beneficial. This would enable New Zealand to uphold a high level of care within the health sector. Education around these differences would not only benefit the end-of-life care settings, but would greatly increase the level of care delivered within District Health Boards, GP Clinics and Rural Practices. Education around the wider ethnic groups cultural practices within nursing training, as well as educational sessions for registered nurses, would improve our cultural understanding and enhance the level of nursing care.

References:

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Critical research question: How does end-of-life care for patients differ between the ethnicities of New Zealand European, Maori & Pacific Island and Asian in New Zealand?

PECOT	
Population:	Patients receiving end-of-life treatment or health care professionals delivering end-of-life treatment to people of diverse ethnicities of New Zealand European, Maori, Pacific Island and Asian.
Exposure:	Terminally ill patients.
Comparison:	All patients in this literature review were terminally ill, but there was comparison between the different ethnicities.
Outcome:	Each ethnic group is being treated regardful of their differences and religions, values and morals being culturally safe.
Timeframe:	An assumption was made that a timeframe could not be put on the duration of the end-of-life care as it differs for every client, so it was concluded that the timeframe was the duration of time the patient received end-of-life treatment.

Rationale:
I chose to put my literature review onto a poster mainly because of the nature of the topic. Because this poster is primarily aimed at nurses working with palliative patients, I felt having a poster with simple bullet points of the main findings would be very beneficial for people walking past to stop and have a quick read. Doing a submission for this specific topic would have worked also, as this may have increased the educational sessions within hospitals for nurses or improved the education within nursing training of other ethnicities, but decided that in the short term a poster is favorable. Posters are a great way to target a specific audience and create a logical and cost-effective way of communicating a message (Tolliday, 2016). There are also advantages when it comes to location of where the poster is put, so when promoting culturally safe practice during the end stages of life, it would be useful to have them up in hospices or other end-of-life care facilities (OnDemand, 2016). There is so much freedom with the layout, colors and style of posters, but I decided to go with the warm and simple, clean look as it is inviting and not overwhelming with too much going on. Overall I am happy with the idea of using a poster as a way of conveying my message/education across to nurses and care workers working with a sometimes very diverse range of patients in the end-of-life setting.

References:
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