

DEATH AND DYING: LESSON II
CULTURAL DIFFERENCES IN DEATH AND DYING PRACTICES

OBJECTIVES/RATIONALE

The United States is a country with great cultural diversity. The Student will differentiate between various cultures and their approach to death in dying, in order to administer complete and thoughtful care to the dying individual and his/her family.

TEKS: 121.23 (c) 1B, 7J

TAKS ELA 1, 3
Social Studies 5

KEY POINTS

- I. Cultural diversity a primary component of the United States
 - A. We pride ourselves in our cultural diversity
 - B. Art, music, customs are all derived from this diversity
 - C. When death is apparent, we often focus on Euro-American values and Judeo-Christian beliefs, not beliefs of other groups.
- II. What is culture?
 - A. A shared belief system
 - B. A shared set of behaviors
 - C. A shared set of expectations
 - D. All of the above is based on experience
 - E. Culture not always a race or ethnicity
 - F. Culture is made up of individuals first, group experiences second.
 - 1. 70-90% will respond to a situation as expected by the culture
 - 2. 10-30% will not react as expected
 - 3. It is just as inappropriate to make assumptions about cultural beliefs as to ignore cultural values.
 - G. Cultural clash might be a result of differences in a multicultural society
 - H. Individuals at risk for cultural clash include
 - 1. Recent immigrants – high risk for clash
 - 2. Low socio-economic status – high risk for clash
 - 3. Person without support – high risk for clash
 - 4. Resident of a culturally isolated group – high risk for clash
 - 5. Person with more education – less/decreased risk for clash
 - 6. Increased stress – people tend to revert to their roots – may put them at higher risk for clash.
- III. Cultural factors that affect peoples' reaction to death and dying
 - A. Causes of illness varies from one culture to the next.
 - 1. Some might believe in microorganisms
 - 2. Others might believe in hexes or imbalance in body, etc.
 - B. Goals of health care concerning in regards to death differs from one culture to another.

1. Example: Koreans wish to die at home and not in the hospital. Might refuse extensive care and wish to go home rather than risk dying in the hospital.
 2. Goal for another culture might be to administer futile care, in an effort to save that life.
- C. Communication
1. Each culture has rules of communication.
 2. Comfort zones vary with cultures.
 3. Some refuse to address topic of death – feeling to do so is rude or may invite disaster.
- D. Role of physician in that culture
1. In U.S., we decide and believe that we control our health needs.
 2. Another culture might look to the physician for decisions. That would be unheard of here, and a doctor would have trouble making decisions for someone else.
 3. That culture might even question the training of a physician, if he/she refuses to decide for them.
- E. health Care Providers personal belief system might affect care.
1. Physician assisted suicide might be against a physician’s belief system.
 2. Belief in euthanasia is another example.
- F. Disclosure of terminal illness
1. Some cultures believe that disclosure is an act of rudeness.
 2. United States over past 25 – 30 years tends to disclose – viewing disclosure more fair to the patient.
- G. Futile care
1. Some cultures believe that death is controlled by God, they should stay out of process, and not use futile care.
 2. Others believe that all devices are given by God and we must use them. “Pull out all of the stops”.
 3. Others feel that equipment has nothing to do with God, and it should be decided by the person or family.
- IV. How does one practice responsible health care in a multicultural society?
- A. Know as much about each culture and their preferences.
 - B. Honor each member as an individual who might not necessarily have the views of the prevailing culture.
 - C. Ask them to tell you what they want to know and have done. Don’t make assumptions.

ACTIVITIES

- I. Research prevailing cultural practices found in the United States and participate in a panel discussion with religious leaders, Hospice representatives, and/or grief counselors. See Guidelines for Student Cultural Search. See Instructor’s Guideline for Cultural Lesson.

MATERIALS NEEDED

Access to internet.

Guidelines for Student Cultural Search/Instructor's Guideline for Cultural Lesson

www.time.com Go to 'Top Searches' and click on 'Covers'. Next click on 2000 and go to September 18, 2000. The entire magazine is devoted to Death and Dying.

http://iris.medoph.unimelb.edu.au/e_m_2.htm Very extensive guidelines for transplant of eyes. Includes different cultures and religious groups and their feelings about transplants.

www.mmhc.com/nhm/articles/NHM9808/Good_death_2.html Excellent articles on culture and illness.

Durham, Eileen and Weiss, Leslie. "How Patients Die" *AJN*. December, 1997, Vol. 97, no.12, pp.41-47.

Purnell, Larry D. and Paulanka, Betty J. *Transcultural Health Care: A Culturally Competent Approach*. Philadelphia: F.A. Davis Company, 1998.

ASSESSMENT

Group Participation rubric

ACCOMMODATIONS

For reinforcement, the student will outline the various cultures and their reactions, beliefs, and practices regarding death.

For enrichment, the student will interview an individual from a different culture than their own. The student will research the participant's culture and write a Compare and Contrast paper. See Writing Rubric.

REFLECTIONS

INSTRUCTOR'S GUIDELINE FOR CULTURAL LESSON

1. Present the lesson on Cultural Aspects of Death and Dying
2. Divide the class into seven groups. Each is assigned one culture or topic that they will research on the Internet. The groups are:
 - a. Muslims
 - b. Hindus/Buddhist
 - c. Jehovah's Witness
 - d. Christian Scientists
 - e. Christians
 - f. Jews
 - g. Hospice movement/grief counselors
3. In their research, the students are to write 5 – 8 questions to ask of a panel of religious leaders, a Hospice representative, and a grief counselor.
4. Arrange for religious leaders from as many of the cultural groups as possible, Hospice, and a grief counselor from Hospice or a local hospital to participate in a panel discussion.
5. Instruct them in the following guidelines – they will each have approximately 5 minutes to summarize their views on death and dying, and care of individuals from their community. Once they have each done their summary, open the floor for questions from the class. Each of the groups should have questions to ask of the panel.

GUIDELINES FOR STUDENT CULTURAL SEARCH

1. Research views of illness in the culture and their reaction to severe illness. Do they inform seriously ill individuals of their condition? Do they believe in using all the technology available when a person is seriously ill? Do they support euthanasia?
2. How does the cultural group view the hospital? Do they want their members to die in a hospital or does it matter?
3. Once a person dies, are there special customs that should/must be observed by the cultural group? What are they?
4. Does this culture embalm their dead? Do they allow for cremation? If burial is practiced, when does burial occur?
5. Are there special services for the dead?
6. Does the family have a grief period that must be observed when a close member dies?

Based on the information you find, formulate 5 – 8 questions that can be asked of a member from that culture. These can be questions asking for clarification of practices, significance of these practices, history of these practices, etc.