

# Culturally Sensitive Palliative Care for the Chinese Community



**Host:** Diana Vincze, Pallium Canada

**Presenter:** Dr. Kelvin Lou

**Panelists:** Lennie Tan & Dr. Khue Tu Nguyen

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# Territorial Honouring

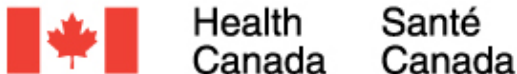


# The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



# LEAP Core

- Interprofessional course that focuses on the essential competencies to provide a palliative care approach.
- Taught by local experts who are experienced palliative care clinicians and educators.
- Delivered online or in-person.
- Ideal for any health care professional (e.g., physician, nurse, pharmacist, social worker, etc.) who provides care for patients with life-threatening and progressive life-limiting illnesses.
- Accredited by CFPC and Royal College.



Learn more about the course and topics covered by visiting

[www.pallium.ca/course/leap-core](http://www.pallium.ca/course/leap-core)

# Introductions

## Host

**Diana Vincze**

Palliative Care ECHO Project Manager  
Pallium Canada

## Panelists:

**Dr. Khue Tu Nguyen**

MD, Palliative Care

**Lennie Tan**

LLB(Hons), Music Therapist accredited, FAMI

## Presenter:

**Dr. Kelvin Lou**

MD, Palliative Care

# Welcome and Reminders

- For comments and introductions, please use the chat function!
- For questions, please use the Q&A function, these questions will be addressed at the end of the session.
- This session is being recorded—this recording and slide deck will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session.

# Conflict of Interest

## Pallium Canada

- Non-profit
- Partially funded through a contribution by Health Canada
- Generates funds to support operations and R&D from course registration fees and sales of the Pallium Pocketbook

## Host/Presenters

- Diana Vincze: Nothing to disclose
- Kelvin Lou: Nothing to disclose
- Lennie Tan: Nothing to disclose
- Khue Tu Nguyen: Nothing to disclose

# Culturally Sensitive Palliative Care for the Chinese Community

Dr. Kelvin Lou

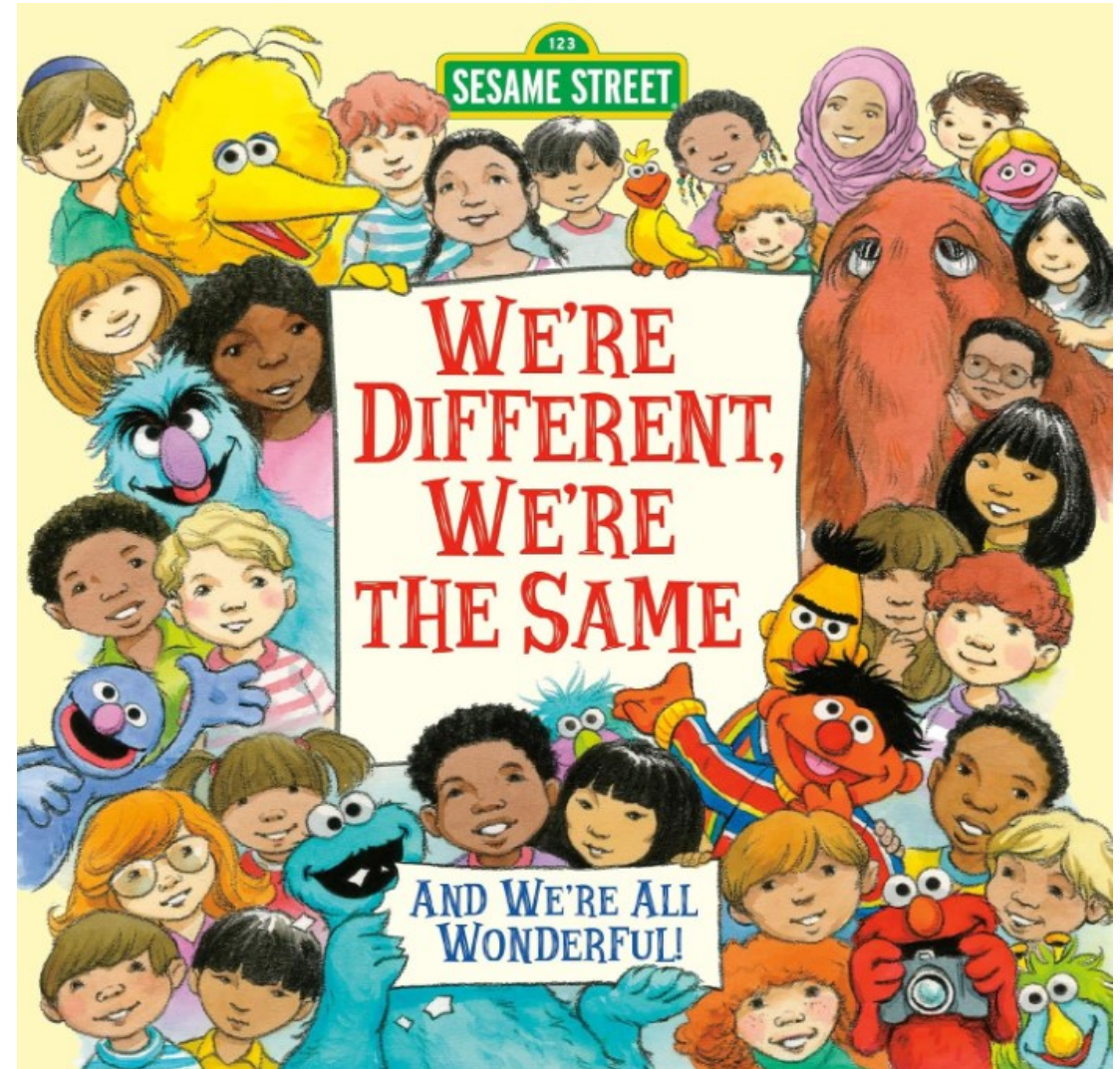
[klou@alumni.ubc.ca](mailto:klou@alumni.ubc.ca)





# Approach

- Curiosity and exploration
  - Not a problem to be solved, but something to be understood
- We are all different (Chinese Diaspora)
- Common humanity and shared struggle



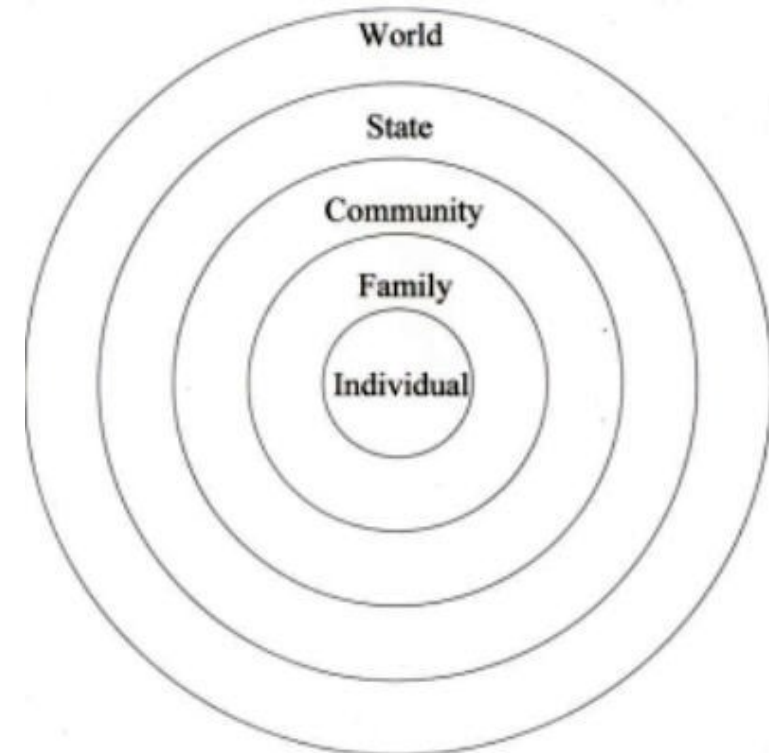
# Confucianism

Confucius was an influential Chinese philosopher



Philosophy:

- The building blocks of society are **Relationships**
- A society is in **Harmony** when all parties performs their defined **Roles and Duties**
- Confucianism is a set of **Rules and Protocols** to promote harmony within society



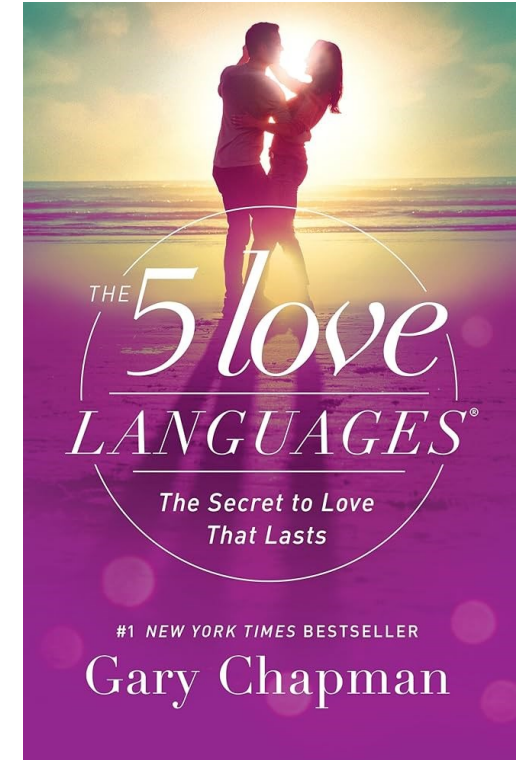
# Cultural concepts relevant to health care

- Collective Decision making
  - Preference for family decision making in health care (Bowman & Hui 2000)
  - Consensus building (**Harmony**)
- Indirect communication
  - Preference for indirect communication styles (**Protocol**)
- Filial piety (see next slide)

# Filial Piety

- A set of **Rules** that outlines the **Roles** children should play towards their parents
  - Children's' **Role and Duty**: Look after their parents
  - Multi-generational households
- Obedience
  - Children demonstrate their love by obeying their elders
- A “love language”
  - Obedience + Word of Affirmation + Acts of Service
- Strong moral implications
  - The **family** as the building block of society
- Societal expectations
  - Expectations from extended family about how parents should be looked after

*“The thing I am most proud of in my life is that my children are filial to me”*





# Case 1 - Filial Piety

- 90F with metastatic cancer, prognosis <3 months, living at home
- Multiple falls at home and family struggling to provide care despite best efforts and max home supports
- Patient refuses to talk about hospice
  - “Why won’t they respect my wishes to stay home? **They are abandoning me**”
- Children struggling with decision around hospice
  - “We want to honor mom’s wishes but we’re afraid she’ll suffer at home”
  - “the **family back in China** is asking lots of questions”

Now what?

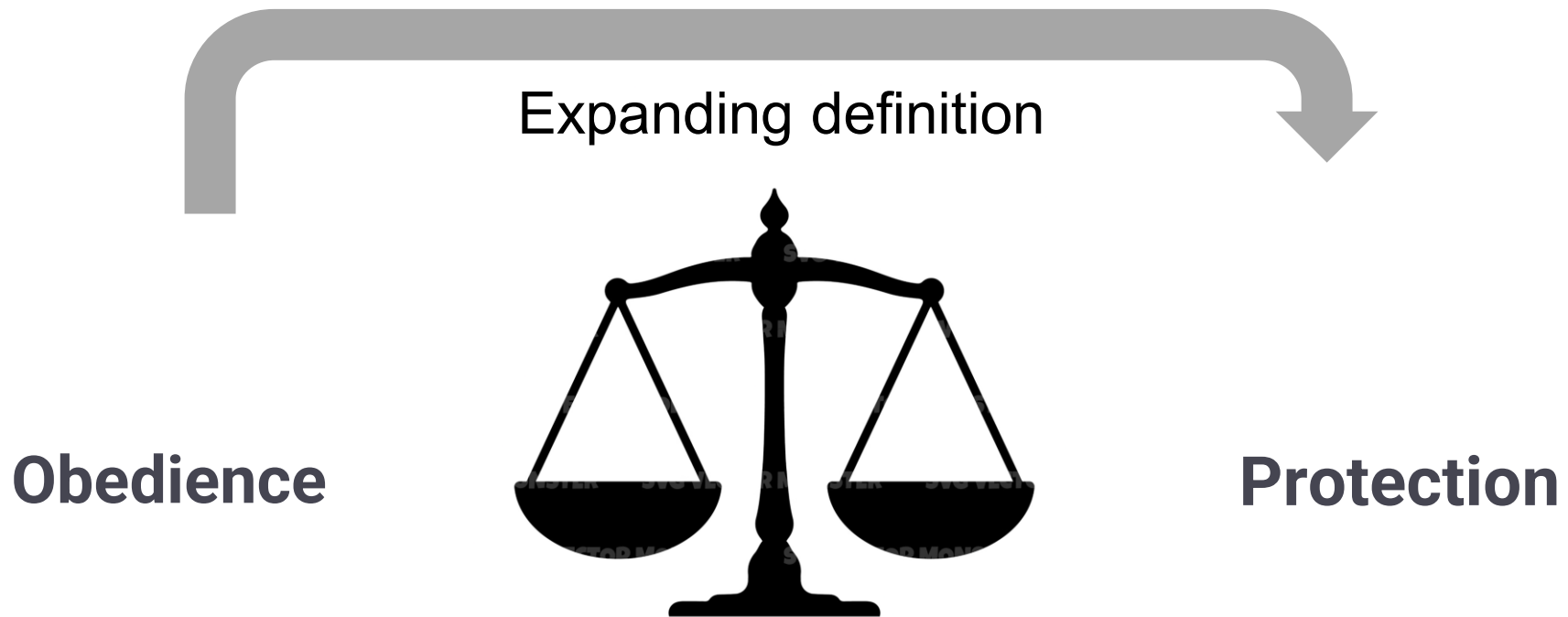


# What is the communication barrier?



	Approach
<b>A lack of understanding of medical info</b>	Give more medical information
<b>What is the filial duty?</b>	Curiosity and reframing

# Case 1 - Reframing the filial duty



What is the higher filial **Duty** in this situation?

# Case 1 - Reframing the filial duty

	Initial perspective	Reframing
<b>Medical</b>	Balance autonomy vs pt safety	How can we reframe the filial <b>Duty</b> to promote family <b>Harmony</b>
<b>Patient</b>	My children should obey my wishes	How can I make a decision that is right for the whole family ( <b>protection</b> )
<b>Children</b>	I need to obey mom	Protecting mom is still loving mom (fulfilling filial <b>Duty</b> )
<b>Extended family</b>	The kids are abandoning their parent	The doctor has made a medical decision and the kids have done their best



# Case 1 – How does this sound?



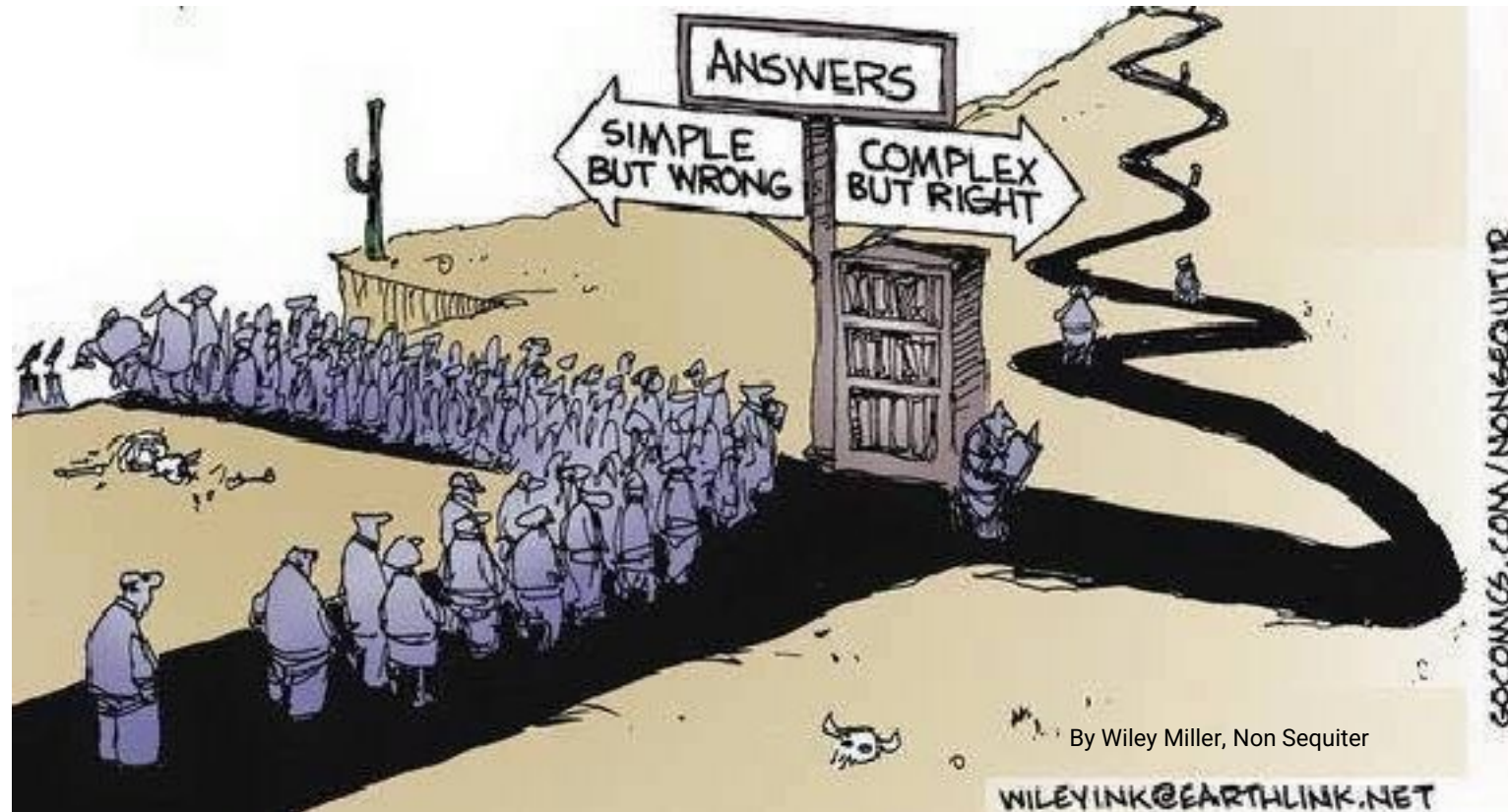
To the patient		To the children
Your children want to do absolutely everything to look after you	Setting up the filial framing	You want to do everything to honor mom's wishes
There is no right or wrong decision here, it is about understanding the implications of those decisions (trauma, financial implications)	Respecting patient/family autonomy	Staying or not staying at home are both loving decisions
As the head of the family, can you use your wisdom to make a decision that is right for the whole family	Reframing the filial duty Filial bargain - with great power comes great responsibility Embracing complexity	Perhaps loving mom is not just about obeying her, but also protecting her  I wonder if we can talk about what we can all realistically do to make sure mom is well looked after

*\*I don't refer to "filial piety" or shared cultural understanding*

# Takeaway

1) Reframing the filial duty can open up more acceptable possibilities  
([Harmony](#))

2) Embrace complexity



# Indirect communication

- Intentionally being indirect (spiral)
- Function
  - Create space and distance
  - Avoid being too direct (trauma)
  - May be rude to be too direct
  - Following **Protocol**
- Working our way to the center
  - Eye of the storm



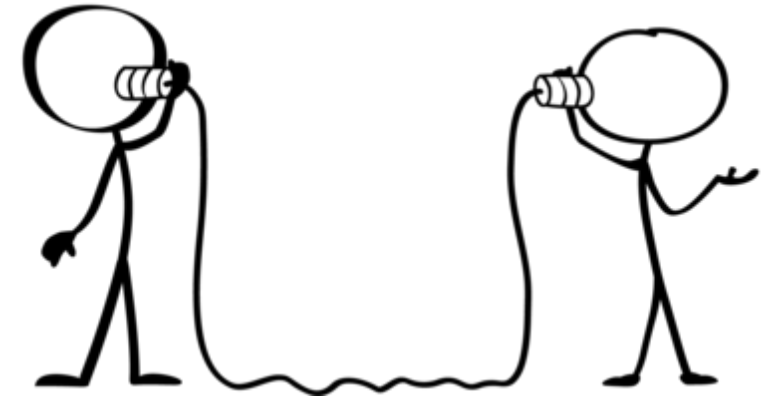
*"The longest way round is the shortest way home"*

*C.S. Lewis*



# Indirect communication

- Use celebrities or public events
- Communicate prognosis indirectly
  - Function
- Book same translator
- Hospital roommate



# Indirect communication

## Symbols

- What does the intervention symbolize?
- What does food symbolize
  - ex: Christmas dinner

## Hungry ghost

- Buddhist belief where if one dies on an empty stomach, they become a ravenous spirit
- *“This is the worst kind of ghost. He dies with an empty stomach; he will not have what he needs in the afterlife. He will keep coming back to the house. He must die with food in his belly.”*





# Narratives

## Stories (Narrative Medicine)

- Dialogue vs Debate ♥
- Communicating information vs meaning

## Powerful stories

- Ex: the immigrant story of sacrifice

## Endings matter (Ripple effect)

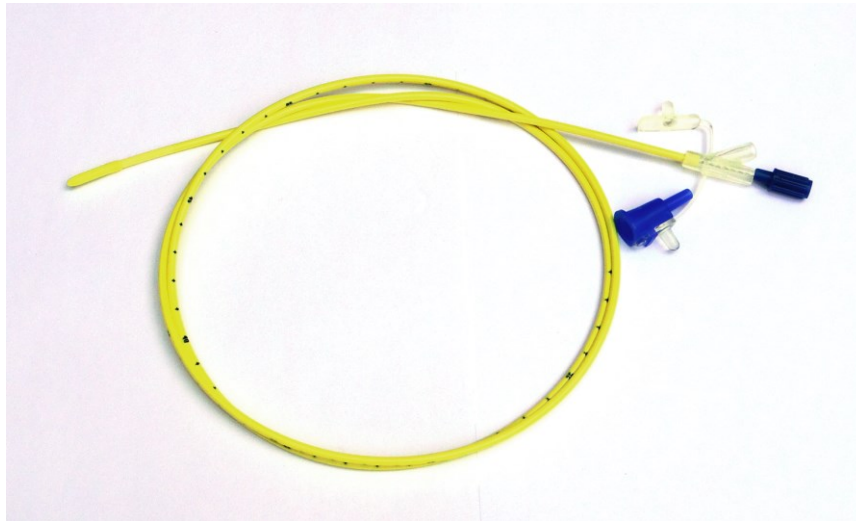
### Case 1

90F with metastatic cancer,  
prognosis <3 months, living at  
home and doesn't want to talk  
about hospice

Story of Abandonment	Story of Sacrifice
My kids are abandoning me to hospice because they do not love me	I don't want to go to hospice, but I am doing it for my family ( <b>Duty</b> )

# Case 2 - Artificial feeding and hydration

- 90F, Hx of metastatic cancer with prognosis < 3 months
- Admitted to hospice
- Family asking about IV hydration and feeding tube
- Multiple aspirations, family still feeding at risk



# Case - Artificial feeding and hydration

- Standard approach
  - Explore underlying goals
  - Explain physiology and evidence
- Reframe Filial **Duty**
  - Protection (life prolongation vs reduce suffering)
  - Pressure from extended family
- Indirect communication
  - Narrative
  - What does nutrition symbolize?
    - Hungry Ghost - D5W mouth care





# Takeaway

- 1) It is not about the intervention or disposition
- 2) Explore the emotional core of the conversation



Red  
Herring

# Case 3 – A New Hope

30M with met colon cancer, no treatment options, prognosis <1 year

HPI:

- Ongoing functional decline
- Hospitalized due to ongoing GI bleed

Social history:

- Refugee

GOC

- Treatment focused
- Remains full code after many discussions

# Case 3 – A New Hope



What is his story?

- Story of refugee - *“On my shoulders, responsibility. In my hands, hope”*
- How can we preserve hope?

What does good care mean for **this** person?

- What does medical intervention symbolize?
- What is a good death (medical vs comfort care)?

## Story of Deprivation

The system is failing me  
once again

## Story of a New Hope

Combining our stories of  
Hope



Picture Credit: Zhou Ke

# Takeaway

- 1) More about the relationship and less about technique
- 2) Change ourselves before changing the patient



*“If you want to deal with the dying, deal with  
your own s\*\*\* first”*

*Elisabeth Kübler-Ross*

# Summary

- Common humanity and shared struggle
- Role of filial piety in reframing decisions
- Indirect Communication tools
- Tell their story
- Team effort!



Q & A



# Session Wrap Up

- Thank you for joining us!
- Please fill out the feedback survey following the session—a link has been added into the chat



# Thank You



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