



**Mercy Hospice
Auckland**

Te Korowai Atawhai

**Genesis Oncology Palliative Care Lecture Series ~
June 2017**

**Dying and Growing Old in a Foreign
Land
– An Asian nurse migrant’s perspective**

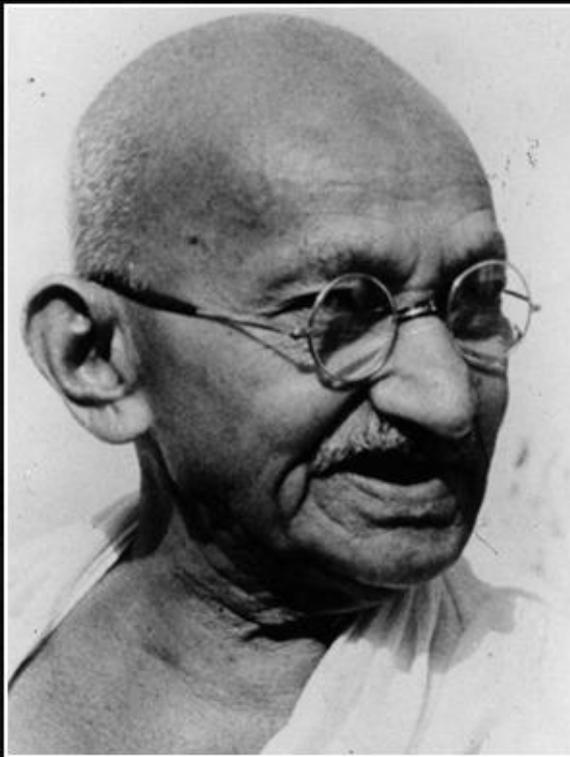
**Ms Catherine Chiu, MNurs, RN,
Community Palliative Care Nurse
Mercy Hospice Auckland**

This session is ...



CALD

- commonly refers to
Culturally and
Linguistically Diverse
populations from Asian,
Middle Eastern, Latin
American, & African
backgrounds

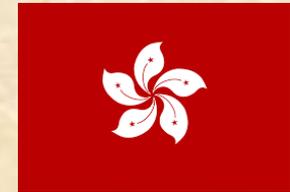
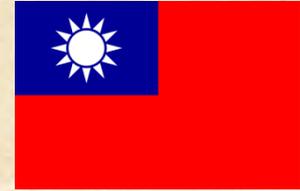


The true measure of any society can
be found in how it treats its most
vulnerable members

— *Mahatma Gandhi* —

AZ QUOTES

A report on Asian Health in NZ finds inequities in access to health services, particularly among new Asian adult immigrants (Scragg, 2016)



Cultural Identity

- Self-perceived identity between a person and an ethnic group

For example: Chinese (Chn) –

Defined by Statistics NZ: Chn not further defined; Hong Kong Chn, Cambodian Chn, Malaysian Chn, Singaporean Chn, Vietnamese Chn, Taiwanese, Chn not elsewhere classified

Defined by regional Cuisines:



Ni Hao

Nei Ho

- Mixed ethnicity of Asian population – people can and do identify with more than one ethnicity

Facts about Asian in NZ

- Come from migrant and refugee backgrounds - early Indian migrants arrived NZ around 1810 to 1815. First Chinese arrived in Nelson in 1842
- A huge influx of Asian immigrants was seen around 2000s – “The New Immigrants”
- Asian populations are increasing rapidly in recent years and particularly in Auckland, with increasing presence in other cities such as Invercargill and Southland, Queenstown, Nelson, Napier-Hastings, Rotorua, Tauranga and Western BOP
- Asian communities make up the largest group of “overseas-born people in New Zealand

Facts about Asian in NZ

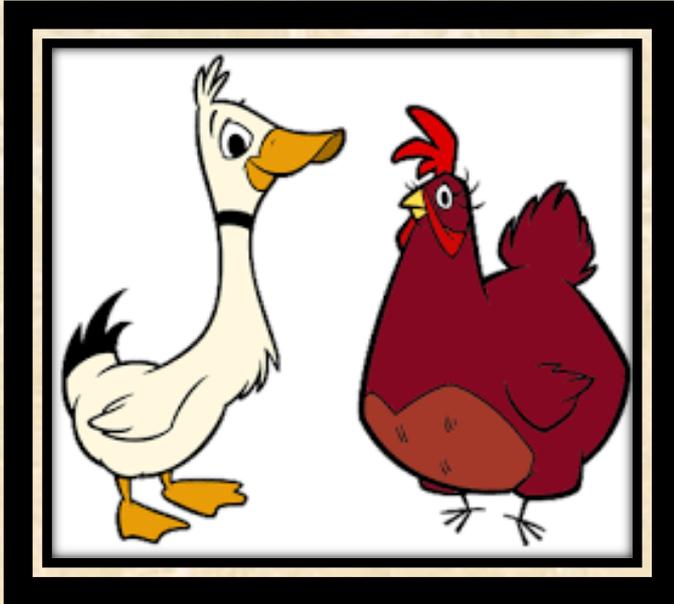
- Lots of mobile migrants such as international students and “astronaut families”



- Improved communications between homeland and adopted country of residency



Communication Challenges in NZ



Ethnicity	English Only	English and Other	NO English
Asian	26%	57.4%	11.7%

- Importantly, over a quarter of people who identified with at least one Asian ethnicity reported they spoke English only



What if you are caring for an Asian person who focuses heavily on traditional values such as filial piety and transgenerational bonds, but his younger generations do not understand him?

Story of Nicholas



- Nicholas, 78 yrs old, cancer diagnosis
- Migrant over 20 years. Lives with wife, a daughter and a son. Lots of wife's relatives in New Zealand.
- Was a farmer when young and worked as labourer in NZ



He never got round to sitting down to teach them Chinese traditional values because “they needed to do well in English-speaking world”.

In an Asian migrant's world

- Racism and Discrimination leads to powerlessness
“Racism lies in all reminders given to those of a minority race that they do not possess the power of the majority. Whether the reminder is serious or jocular, deliberate or subconscious, it hurts” (*NZ Herald, 7th Jan 2017*)
- Difficulties to Preserving Culture across generations

Story of Mrs Lee

- Mrs Lee, 70 yrs old, cancer diagnosed in homeland and returned to New Zealand for care
- Lives with one son and his wife & teenage daughter; has a caring daughter back home
- Retired medical administrator; Non English Speaking; no social network in NZ
- Frail with Fall risk; mild symptoms

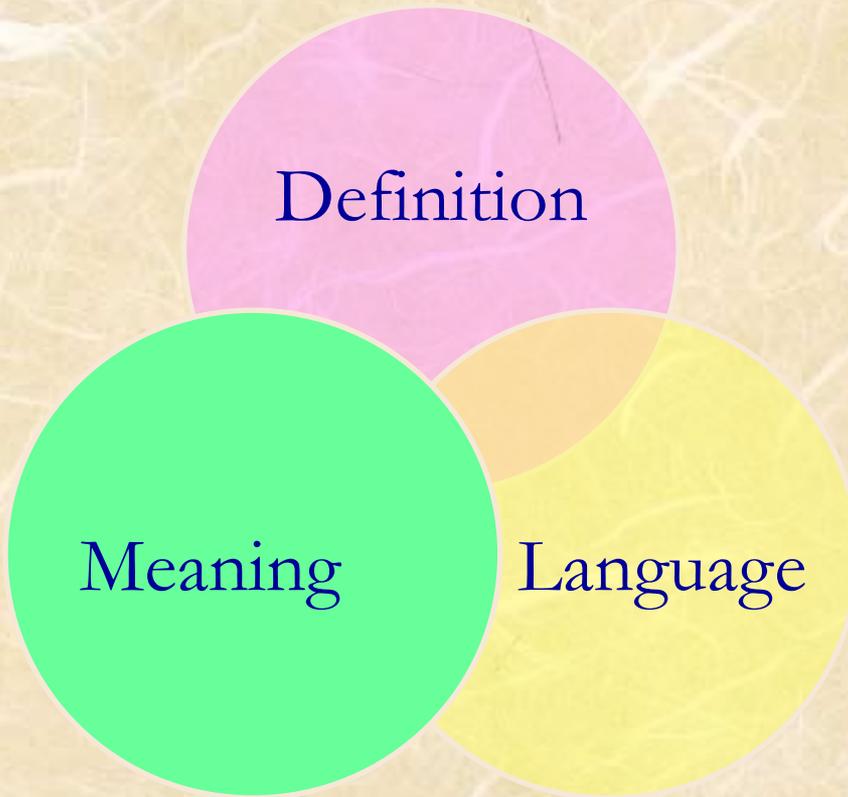
As I was walking down the driveway of this beautiful home, her son followed me and asked “ why can’t the hospital keep my mother there? I would pay for any cost to care for her”

Professional
Care Vs Care by
family & GP

No Domestic
Helper available

She made
choice to
stay in
NZ

What is Palliative Care



NZ Palliative Care: a working definition (2007)

Care for people of all ages with a life limiting condition which aims to

1. Optimise an individual's QoL until death by addressing the person's physical, psychosocial, spiritual and cultural needs
2. Support the individual's family, whanau, and other carers where needed, through the illness and after death

What does really matter

- To Live and Die with Dignity
 - Communicate in a safe, supportive environment
 - Facilitate them to make choice(s)
 - Be respectful and facilitate their cultural practices -
hygiene practice; dietary requirement, funeral rituals



**TRANSCULTURAL CARE
EMBODIES AWARENESS,
UNDERSTANDING,
AND CHOICE**

Story of Mr Chan

While death can be an event that engenders great sadness and loss, there is great importance placed upon the dying process to render it meaningful and transitory (*Mjelde-Mossey and Chan, 2007*)

- Mr Chan, 60 yrs old, recently diagnosed with terminal cancer. Waiting for first appointment to discuss options of palliative chemotherapy
- Lives alone in an apartment in city. Son lives in another side of Auckland with his wife and her family. Son often works out of Auckland. Mr Chan's wife and daughter are still in China.
- Non English Speaking. He is waiting to get PR.



Improving delivery of quality palliative care for CALD populations



1. Cultural humility care
2. Cultural liaison (Broker)
3. Engage with CALD communities to promote palliative care approach

1. Cultural humility care

Cultural humility incorporates a consistent commitment to learning and reflection, but also an understanding of power dynamics and one's own role in society *(Source: Wikipedia)*

- ❖ To acknowledge cultural difference and to seek understanding of the needs willingly
- ❖ To be culturally-competent in practice and to offer cultural responsive care diligently
- ❖ Utilise recommended resource:
<http://www.ecald.com>

2. Cultural liaison(broker)

An effective cultural broker is someone

- who has cultural knowledge, understanding of nuances and professional boundaries, communications skills and empathy;
- who is able to navigate, mediate, advocate, liaise and be a catalyst for change



3. Promotion of palliative care approach



A Chinese doctor: “What do you expect me to do? He is already a palliative care patient!”

An Asian daughter: “Our community is too small, everyone knows everyone. We won’t use interpreter as they will gossip.”

A 80yrs NZ born Chinese said: “He should not tell me that I am dying in a month. I am still a Chinese! You know.”

Summary

- ❖ The Asian population in New Zealand is not an homogeneous group
- ❖ Every individual has their own personal values and perspective and of death and dying – **this includes ethnic staff**
- ❖ Transcultural care is not limited to spoken language – **holistic care should consider the views and experiences of CALD populations**
- ❖ Quality palliative care is built on a genuine individualised care intervention

To study and not think is a waste.

To think and not study is dangerous

Confucius

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