



End-Of-Life Care: The Vietnamese Culture

Dying is one of life's unique experiences. Clinicians are privileged to meet people at a time of crisis in their lives and provide expert assistance. A person's attitude toward death and bereavement is shaped to a large extent by their cultural heritage, religious practices, and family unit. Always remember that there are nuances within each cultural grouping, which can be addressed through comprehensive communication with the patient and family.

Birth region, education, and income level also influence how your patient perceives illness and makes health decisions.

What are the patterns of kinship and decision-making when caring for your terminally ill Vietnamese patient?

- Family has a central role in the Vietnamese culture. The extended family includes children, parents, grandparents, and ancestors.
- Consult with the family in cases of serious or terminal illness. The family may want to make the health care decisions to avoid worrying the patient. The health care provider can build trust and promote the therapeutic relationship by including the family in health care decisions.
- Decisions are often the responsibility of the eldest male. Older women may also have significant influence. Traditionally, the eldest male is the family spokesman; often the person with the best English assumes this role.
 - *If your patient consents, meet the family members first to strategize how to communicate news about the illness. If your patient does not want to make his or her own medical decisions, let them know a Durable Power of Attorney for health care needs to be prepared. Ask your patient whom he/she wants included in medical decisions.*
 - *Be aware that your patient may not have the extended family living nearby, adding to the stress of the illness.*
- Removal of life support may require extensive family discussion, placing the responsibility for the decision on the entire family rather than on one individual.
- Your patient and family may prefer to be at home at the end of life with family members around them.
 - *Explore the patient and family's understanding about treatment choices including the option for care at home at the end of life.*

How to communicate with your terminally ill Vietnamese patient and his/her relatives

- Language difficulties may provide significant barriers to communicating about personal issues. Use clear and specific language to help your patient and family understand the prognosis and make informed decisions about care.
- Your patient may have a deep respect for elders and for people with authority. Your patient may be reluctant to say "no" to a doctor or health care provider because it may be considered disrespectful or cause disharmony.
- Ask your patient to voice opinions about issues concerning end-of-life care to provide opportunity for discussion. Make sure your patient is clear about risks and benefits of life-extending measures.
 - *Ask, "How do you feel about what is going on?" Explore options for care, including the patient's desire to be at home at the end of life. Educate the patient and family about hospice. Ask how the clinical team can support end-of-life decisions. Ask, "How can we help make things better for you?"*

- It is valuable and welcome to ask both the patient and the family about “Do Not Resuscitate” orders. Documenting these wishes gives the patient and family a sense of security that their wishes will be followed.
 - *Ask, “Would you want us to resuscitate you if your heart stopped, or if your breathing stopped?” Explain that their wishes will be documented to ensure that they are followed.*

Useful tips to increase trust with your terminally ill Vietnamese patient

- Older patients, or patients who you do not know well, may prefer to be called Mr. or Mrs. Ask your patient how he or she prefers to be addressed.
- Your patient may accept pain and illness in a stoic manner; motivated by a strong desire to go home, your patient may mask his or her pain. Watch for changes in facial expressions, vocalizations, physical movements, or changes in blood pressure and/or pulse, that suggest pain is present. Build trust over time to increase your patient’s comfort with discussing symptoms and pain.
- As a result of the high regard your patient may have for the doctor, he or she may anticipate that a diagnosis will be made in one visit, and may not understand the need for follow-up visits and extensive testing.
 - *Explain your assessment plan to your patient and family. Use open-ended questions to increase opportunity for understanding.*
- Your patient and family may not have a cultural concept of mental illness, attributing somatic symptoms for psychological problems. As a result, your patient or his or her family members may not feel comfortable with consultations from psychologists or psychiatrists to assist with the grief process.
- Your patient and family members may believe that surgery is a treatment of last resort. They may also believe that blood loss, including blood drawn for lab tests, could make them sicker.
 - *Be aware of this concern and explain the reason for any procedures and lab tests that are performed as part of palliative care.*
- Upon death, organ transplant and/or autopsies may be accepted with very careful explanation.

Rituals

- Be aware that there are a variety of Vietnamese cultures and religious practices. Most Vietnamese are Buddhist; other religious preferences include Catholic, Evangelical Protestant, and Chinese Confucianism.
 - *Ask your patients and family members about their preferences and rituals to better understand their needs.*
- Patients who practice the Buddhist faith may call a monk to give blessings. Buddhist patients may chant and may also create an altar for prayer.
- Patients who are Catholic may ask for a priest for last rites at end of life.
- Food is considered important for health in the Vietnamese culture. It is common for family members to force food on patients when they are ill.
- White is the color for mourning in the Vietnamese culture.
- The family may express grief with a stoic response or they may respond with crying and weeping.
- The bereavement process has a positive impact on family health. At first, there is an intensive and extensive community involvement with frequent visits from family and friends; visits are slowly weaned off over a 2- to 3-year period.

Culture Clues™ is a project of the Staff Development Workgroup, Patient and Family Education Committee

Contact information: pfes@u.washington.edu / 206-598-7498

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