

Equitable Care for Critically Ill Patients from Culturally Diverse Communities in the COVID-19 Pandemic

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Dear Editor:

Patients from culturally diverse communities face disproportionate health challenges that are magnified by the COVID-19 pandemic.¹ Hospital visitation restrictions impede equitable care by inadvertently silencing patient and family narratives, values, and priorities, to the particular detriment of those who are already under-represented.² As our institution's COVID-19 response plan³ does not address this inequity, we developed additional interventions for families from culturally diverse backgrounds (Table 1).

(1) Reduce barriers to productive patient–family–clinician interaction

Working conditions during COVID-19 pandemic surge periods involve intense time pressure that hinders communication best practices. During surge periods, our palliative care teams round daily with intensive care unit (ICU) teams to:

- screen for patients from culturally diverse communities;
- anticipate each patient's future need for communication about medical decisions and proactively schedule interpreters; and
- consult caseworker cultural mediators (CCMs), bilingual/bicultural staff who interpret both language and cultural practices.⁴ CCMs explore family narratives and guide clinicians in appropriate delivery of information.

We also spearheaded an IT initiative to virtually connect patients and families. Our teams:

- assemble donated smart devices for use inside patient isolation rooms;
- partner with IT professionals to configure devices and install video-chat apps;
- choose an appropriate video-chat app. If Zoom proves challenging, offer to transition to the family's preferred

platform (e.g., WhatsApp and Viber) after counseling regarding HIPPA; and

• coordinate with ICU nurses to facilitate video calls between patients and families. Regular contact improves family prognostic awareness and enables full participation in medical decision making.

(2) Promote culturally sensitive serious illness communication

To improve communication with families with diverse perspectives and communication styles, we:

- encourage mindfulness of the risk of making biased assumptions;
- remind ICU clinicians to ascertain each family's preferred decision-making style before complex discussions;
- coach primary palliative care skills (e.g., asking about hopes, worries, strengths, and previous experiences with illness.); and
- step into a more active role for complex challenges such as conflict or deep mistrust of the health care team.

- Pause discussions about specific treatment options and explore the family's narrative more deeply to reveal crucial themes that drive decision making.
- Identify causes of tension and use patient/family's language to align.
- Use service recovery skills to take responsibility for errors and rebuild trust.

(3) Provide comprehensive emotional and spiritual support

Visitor restrictions and infection control precautions isolate patients with COVID-19 from their families, a heavy blow to spirituality: connectedness to the moment, self, others, and the significant or sacred. Our teams:

- screen for families at risk for increased distress (e.g., multigenerational families with multiple ill family members, previous health care trauma, *etc.*);

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TABLE 1. PALLIATIVE CARE INTERVENTIONS TO REDUCE BARRIERS TO EQUITABLE CARE FOR PATIENTS AND FAMILIES FROM CULTURALLY DIVERSE COMMUNITIES WITH CRITICAL ILLNESS DUE TO COVID-19

	<i>Barrier to equitable care</i>	<i>Sample scenario</i>	<i>Palliative care intervention</i>	<i>Impact on care of patient and family</i>
(1) Reduce barriers to productive patient–family–clinician interaction	Inconsistent use of interpreters	Son understands some medical info but misses key details.	Schedule interpreter for all updates.	More accurate communication
	Infection control family visitation restrictions	A son asks whether his father, who is intubated, is eating enough.	Schedule a video chat with son so that he can see how sick his father is.	Increases family's prognostic awareness and prompts conversations about values
	Limited tech proficiency/access to support	A patient's daughter attempts a Zoom call but is unable to follow English prompts.	Call daughter using her preferred app, counseling her regarding HIPPA.	Connects patient and family and decreases excess stress due to tech issues
(2) Promote culturally sensitive serious illness communication	Misunderstandings regarding preferred decision-making style	Clinician: What would your mother say if she could talk to us now? Son: She would do whatever the doctor says.	Recognize that some families prefer more direction. Be ready to make a recommendation if family desires.	Helps clinicians tailor medical updates or recommendations to patient and family needs.
	Misunderstandings regarding patient and family's perspective on illness	Clinician: I worry that your mom is suffering. Son: Just do whatever you can to save her.	Empathize and explore. Son: She survived refugee camps. How can we say this suffering is too much?	Elucidates crucial information to inform a values-based plan of care
	Tension due to cultural differences in talking about emotions	Son: She is worse every day. Clinician: That must be sad to see. Son: There is no time to be sad! Only Allah knows what will come!	If empathic statements do not calm tension, adjust and use family's words to align: Yes, Allah knows. What a comfort!	Calibrates clinician communication style to build trust and engagement rather than tension or distance.
(3) Provide comprehensive emotional and spiritual support	Suffering due to physical disconnection between patient and family members	A young man cannot visit his critically ill father because the young man himself is ill with COVID-19.	Chaplain calls the son at bedside. Son and chaplain pray charismatic Pentacostal prayers.	Offers therapeutic presence and human connection.
	Suffering due to past institutional trauma	A man who cannot visit his ill husband names this as a trauma like the early HIV years when patients died alone.	Bear witness to trauma and suffering	Offers presence to family; increases team awareness of inequity and motivates future advocacy

offer presence and prayer, bear witness to grief and loss, create space for meaning making;

explore culturally appropriate end-of-life rituals; and

when death is imminent, accompany family to bedside in personal protective equipment (PPE) for extra support.

Systematic implementation of palliative care interventions is indispensable for culturally diverse patients with COVID-19. Our interventions do not erase suffering deeply

rooted in centuries of systemic discrimination, but provide an important means of advocacy for equitable care.

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