

FOR HEALTH CARE PROFESSIONALS: CULTURAL HUMILITY IN CANCER CARE

As a health care professional, you want to help clients and patients get the best care. However, a person's background and identity can affect what "the best care" means to them. This fact sheet discusses how to work toward shared decision-making with your clients.

PRACTICING CULTURAL HUMILITY

Cultural humility is the ability to remain open to another person's identity. Their cultural background, beliefs, values and traditions can impact how they make decisions about their care. Being culturally humble involves reflection about your assumptions and receptive to other experiences.

Cultural humility can involve recognizing power imbalances. For example, a patient may believe that they must accept health care recommendations without question, but this is not true. Doctors and nurses are experts in medicine, but what makes the patient who they are is important, too.

Cultural humility also values institutional accountability. This means making sure the best options for care are available to everyone. Hospitals, public health administrations, insurance providers and others can take responsibility for differences in care and try to reform them.

Inequitable policies cannot be dismantled in a single day. However, there are ways to bring about positive change. Administrators can promote or hire people with diverse viewpoints into positions of power. Individuals can also help institutions take ownership of their structural biases and change them.

Cultural humility builds upon previous ideas of cultural awareness and cultural competence. Cultural awareness acknowledges how culture shapes thoughts, behavior, identity and interactions. Cultural competence highlights the ability of the individual to communicate effectively with others. Both are foundational to cultural humility. Together, these can improve the access to care and outcomes for many.

CULTURAL HUMILITY AND CANCER CARE

When discussing treatment options, your client may express preferences that are not obvious to you. Here are some examples:

- **Family dynamics and gender roles.** A cancer diagnosis can change the dynamics of who cares for whom. Cancer may disrupt existing household structures or traditional gender roles. An adult child might now find themselves caring for a parent, or one partner for the other. Consider the ways these changes may conflict with traditions in the client's community.



- **Shame.** Certain belief systems may connect past actions or karma to a diagnosis of cancer. This can lead to shame and stigma. Some clients may not be comfortable even saying the word “cancer.” They may be reluctant to disclose a diagnosis with friends, employers or others. If a client is unwilling to discuss cancer with their support network, seek to understand why.
- **Body autonomy.** Some groups have specific beliefs around wholeness and what happens to their bodies. This may be the basis for declining treatment options like stem cell transplants or transfusions. Reconstructive surgery may also not be an appropriate option for some patients. The client should have the final say in what is right for them.
- **End-of-life issues.** Many people are not comfortable discussing end-of-life planning. Some may find it difficult to tell children that they will die. Caregivers may not want to be seen as “giving up” on their loved ones. Hesitance to discuss estate planning or funeral arrangements may reflect cultural attitudes toward death. In some communities, it is taboo to speak of these matters while the person is still alive.
- **Grief and loss.** A person’s culture may have defined rituals centered around grief and mourning. Certain members of their community may participate in the mourning process. They may express grief privately rather than publicly. Other issues like family dynamics and changes in income and housing are additional concerns.

PRACTICING CULTURAL HUMILITY

Cultural humility does not expect that anyone can be an “expert” on all experiences and identities. In fact, openness can help make health care decisions a shared, cooperative experience. Like with practicing yoga or practicing gratitude, the word “practice” reflects a commitment to lifelong learning.

Let the client guide your discussions. Listen actively. Take note of what is said and what is unsaid. Give as much attention to what is important to them as to their health care plan. By acknowledging their background and beliefs, you can improve trust. By improving trust, you can promote adherence to your shared care decisions and increase overall quality of life.

QUESTIONS TO ENCOURAGE CULTURAL HUMILITY

- What kind(s) of support does the client need from me?
- What kind(s) of support does the client need from others?
- How can I invite the client into the conversation about their care?
- What assumptions am I making? How can I learn more about situations that are not immediately clear to me?
- If I have trouble understanding a client’s viewpoint, what questions can I ask to learn more?
- How can I validate the choices a client makes?

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