



Rallying Points

Improving Community End-of-Life Care Through Coalitions

DiversityNotes

August 2002

Hispanic Attitudes/Beliefs Relevant to Care and Caring Near and at the End of Life

The Hispanic community of the United States represents peoples from over 17 Spanish-speaking countries. There are Hispanic families that have been in the United States for generations, while others are newly arrived immigrants. Regardless of the country of origin, or how long a family has been in the United States though, there are culturally-based attitudes and behaviors that unite the Hispanic community. These attitudes and beliefs exhibit themselves under many circumstances, but especially at the end of life.

- “Family-first” is the concept around which Hispanics plan and live day-to-day life. The level of interdependence among family members can preclude health care planning with only one family member.
- The matriarch of a Hispanic family is usually the one responsible for the health care needs of the family. One of her most difficult challenges is the reluctance of Hispanic men to routinely see a doctor.
- Among Hispanics, discussions about health care decisions often take place within the context of a very extended family. It is not unusual for a God-parent, “compadre” (close family friend) or even a former spouse, to be involved in treatment and care conversations.
- A personal relationship or connection is at the heart of most interactions among Hispanics. It is what makes appropriate physical contact part of our communications style. Central to the relationship is a level of trust that makes open communications possible. Its absence means that a patient or family member might not share important health information, such as the use of traditional medicines.
- Hispanics view physicians and public institutions with great deference. This deference is often characterized by the use of formalities and a refusal to look an authority figure in the eyes. In turn, Hispanics expect that a provider of services

will communicate in a manner that reflects an understanding or at least an appreciation of the Hispanic culture. A simple “buenos dias” or “como esta?” goes a long way!

- Many Hispanics view pain and suffering as a test of faith. There is an acceptance of “what is” and a belief that “miracles happen”. This view sometimes interferes with pain management. It most certainly complicates any discussion on advance directives.

- The spirit (el espiritu) is part of the Hispanic health equation. This is especially true for Latinas for whom the balance of the body, mind and spirit is a constant challenge. To ignore the spirituality of Hispanics it is to ignore centuries of cultural rituals and practices that have modern day health care implications.

While the demands and needs of a Hispanic family facing end of life care issues may or may not be different than for any other family, accessing care and the quality of care is affected by cultural attitudes, practices and concepts that are not self-evident to a non-Hispanic caregiver.

The above bullet-points are necessarily broadly stated, and brief. There are resources available that provide in-depth discussions on these and other aspects of Hispanic health concerns.

“Diversity Notes”

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National Resource Center on Diversity in End of Life Care.

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