

# Researchers study palliative care preferences of Latinos on dialysis

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The cultural values of Latinos have a major impact on their palliative care preferences and healthcare providers should be sensitive to their perspectives, according to a research letter by physicians at the University of Colorado School of Medicine.

Lilia Cervantes, MD, assistant professor of medicine, the lead author of the letter, said she individually surveyed 61 Spanish and English-speaking Latino patients who were receiving [dialysis](#) to treat [kidney failure](#) between September and December 2014 and compared their responses with a previous study of Canadian patients in similar circumstances.

"We observed a preference towards more aggressive care," said Cervantes.

The letter, published online last week in the *American Journal of Kidney Diseases*, says that fewer patients in the Canadian cohort stated a preference for resuscitation (38.9 percent) and many (60.7 percent) regret starting dialysis. Among the Latinos in Cervantes' study, the majority (70 percent) would prefer resuscitation if their heart stopped and few (15 percent) regret the decision to start dialysis.

In the study of Canadian patients, most wanted to discuss end-of-life decision-making when they became seriously ill. The Latinos in Cervantes' survey preferred an earlier approach with conversations occurring soon after they've started dialysis and while at home to allow

for meaningful integration of family into medical decision-making.

"Our findings support the relevance of delivering [palliative care](#) in a way that is sensitive to Latino culture and aligns with their values," Cervantes said.

Latinos are one of the fastest-growing segments of the U.S. population and, as a group, face a faster progression from [chronic kidney disease](#) to end-stage renal disease when compared to non-Latino whites. All patients with end-stage renal disease suffer a burden of debilitating symptoms and have a high mortality rate.

Previous studies have found that Latinos are less likely to have advance directives, are more likely to die in a hospital and, when faced with end-of-life decisions, prefer a family-centered decision-making model. This survey by Cervantes and colleagues is the first description of palliative care preferences and needs of Latino patients with end-stage renal disease.

Provided by University of Colorado Denver

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