

# Black Christian patients are less likely to receive their preferred end-of-life care

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UAB researchers have published an article demonstrating how the term “aggressive care,” used loosely by clinicians to describe care that can negatively impact quality of life for patients with serious illness, is often used to inappropriately label the preferences of African American patients. Credit: Steve Wood

Researchers from the University of Alabama at Birmingham published a paper in the *Journal of Racial and Ethnic Health Disparities* demonstrating the importance of respecting the deeply held beliefs of African American Christians to help provide equitable, goal-concordant end-of-life care to these patients.

There are two schools of thought among [clinicians](#) at [end of life](#): aggressive care, which focuses on treating the illness or condition, and supportive care, which focuses on pain and symptom management.

In this publication, researchers demonstrated how the term aggressive care—used loosely by clinicians to describe care that can negatively impact quality of life for [patients](#) with serious illness—is often used to inappropriately label the preferences of African American patients.

"Our motivation through this article was to bring in not only the perspectives of African American Christians, but also to share the biblical and historical backdrop that can be instrumental in shaping their serious illness and end-of-life wishes," said Shena Gazaway, Ph.D., assistant professor in the UAB School of Nursing and lead author of the study.

"In collaboration with our wonderful medical colleagues, we wanted to acknowledge the origins of aggression and discuss how the labeling of care as aggressive with patients and their families can negatively impact care conversations."

For patients with serious illness such as advanced cancer, dementia and terminal illnesses, the term aggressive care is used to describe courses of treatment that could potentially cause increased physical distress and [psychological stress](#) and a decreased likelihood of experiencing a "good death." The Institute of Medicine defines a good death as "one that is free from avoidable death and suffering for patients, families and

caregivers in general accordance with the patients' and families' wishes."

"The data is clear—a larger proportion of African American families reported that their loved one did not receive care that is in accord with what they requested in the final days of their life," said Ronit Elk, Ph.D., associate director for the UAB Center for Palliative and Supportive Care, and professor in the UAB Division of Geriatrics, Gerontology and Palliative Care and co-author.

"We hope this article provides a careful explanation of why these values are so important to the African American Christian community and will strike a chord in many clinicians about the importance of respecting these values and not dismissing the beliefs that these patients and their families about hope and the miracles of God."

In this article, researchers discuss how many Black Christian adults share a belief in miracles that shapes their end-of-life care decisions. The article states that this belief in miracles combined with an overall distrust in the [health care system](#)—due to a history of medical experimentation and centuries of health care disparities—have led many African Americans to depend on their belief in God's healing power to perform miracles and heal family members who are seriously ill.

This trust in God, belief in miracles and distrust of clinicians may lead to a seriously ill African American Christian patient to request life-sustaining medical interventions even when recommendations call for [supportive care](#). When facing [terminal illness](#), this hope in miracles often influences the patient's medical decisions and fuels a desire for life-sustaining interventions. The paper states that these decisions are also rooted in a belief that God ultimately decides the outcome of life, not the health care system.

Researchers say the key to goal-concordant care is for clinicians to allow

these patients to process clinical information through their preferred spiritual lens and to allow them time to have critical conversations with those in their network.

"We are hopeful that clinicians will read this article and take away the importance of religious and cultural belief systems in this particular patient population," said Moneka Thompson, staff chaplain in the Department of Pastoral Care and co-author.

"Specifically, we want everyone to understand how the values and beliefs of this particular population may impact their end-of-life preferences and decision-making. This article is the combined effort of five very different women from quite different backgrounds. Our collective goal was to create a think-piece towards movement of health care for this population in a meaningful and more equitable direction. At the end of the day, we want to support health care equity as much as possible."

Thompson says that there are a few steps clinicians can take to help ensure they are providing goal-concordant care to their patients.

"First, we encourage clinicians to be aware of their own biases towards this patient population that may fuel incongruent care," Thompson said. "Second, we hope that clinicians will utilize communication practices that encourage cultural sensitivity, humility and curiosity. Finally, we want clinicians to be fully present to the variety of religious and cultural beliefs that this population will present without feeling the need to obtain this value system for themselves or compromise their own."

**More information:** Shena Gazaway et al, Respecting Faith, Hope, and Miracles in African American Christian Patients at End-of-Life: Moving from Labeling Goals of Care as "Aggressive" to Providing Equitable Goal-Concordant Care, *Journal of Racial and Ethnic Health Disparities* (2022). [DOI: 10.1007/s40615-022-01385-5](https://doi.org/10.1007/s40615-022-01385-5)

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