Collaborating with Interpreters at Family Conferences in the ICU

Panelists:

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Facilitator:

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Session Goal

To hear from our panelists their role/pearls in understanding, experiencing and valuing family conferences with emphasis on the interpreter's role as cultural broker.

Paint The ICU Picture

- How do individuals end up in the intensive care unit (ICU)?
- Life-threatening illness
- What are some conditions managed in the ICU?
- What is the ICU Culture?

Family Conferences

- Description/ definition
- What role do ICU conferences play in the care of patients and families?
- Who calls them? Who participates?

Family Conferences in ICUs

- Communicate diagnosis, prognosis, treatment.
- Communicate patient’s progress
- Answer and explain
- Discuss options
- Decide on goals of care
- Consider risks ,benefits, alternatives and burdens of care
- Choose treatment and care options

Other Goals of the Conference

- Be therapeutic for the family
- Express care, compassion, kindness
- Express respect
- Afford dignity
- Establish trust

Overall Goal

To bring the family and patient into collaboration with the clinical team of doctors and nurses

Why Are these goals important?

- We want to do what is best for the patient, so we need to understand what the patient would choose.
- Care Matters. Kindness Heals.

Joining two Cultures

- Culture One. -------------------------
- Culture two ---------------------

Interpreter as Cultural Broker ?

- Language Interpreter
- Cultural Broker ?

We Have a Medical Culture that May Need to Be Explained

- Autonomy, beneficence , non malfeasance, justice
- Surrogate decision/ legal next of kin
- Quality of life
- Life support vs. comfort care

- Advanced Care Directives
- Informed Consent
- Shared Decision making

Shared Decision Making

- Requires an understanding of medical, personal, social and cultural goals
- Medical Recommendations can then follow to help the patient

Joining two cultures

- Culture One American Medical Culture

  doctors, nurses, social workers, spiritual care

- Culture two ----------------------------

  patient, family, community

Shared Decision Making May be Novel

- Could the Interpreter inform family and clinicians that more explanation about shared decision-making is needed?
- Why are we requesting the family to participate? – Our ethic of doing what the patient wants.

The Family Conference May be Overwhelming for Families

- It might be shocking to have doctors ask for decisions from family members

- Families from other cultures may not expect doctors to ask for opinions, choices, or participate in shared decisions

Questions May Sound Harsh

- DNR may violate a taboo not to express death
- Goals of care discussion which outlines discontinuing life support to comfort care may raise issues of...
- Trust

Culturally sensitive

- Can the interpreter indicate when a question is culturally inappropriate?
- It can be shocking for the doctors to come into the conference and ask “ What was he like, what did he do and give us a personal picture of his life.”

Cultural Assumptions to Bridge

- The dominant American culture focuses on the autonomy of the individual.
- In many other cultures that is not the case.
- How do we find out ?

Cultural Humility

Learn from the patient/ family through

dialogue

Preconference

- What questions may family be expected to have?
- What does the care team want to communicate?
- What approach to giving bad news should we take?
- Indicate whether or not we will be asking the family to make a decision.

Time Out

- Use Time Outs
- Ask for or Report what words were used?
- Interpreter may have an incomplete understanding of a medical concept
- Patient and family may have a very different view of a medical concept

Who Decides

- The interpreter interjects…

- The interpreter may suggest the family, as well as the clinicians, clarify to each other who and how decisions like this are made and by whom.

Listen to Understand
Speak to be Understood

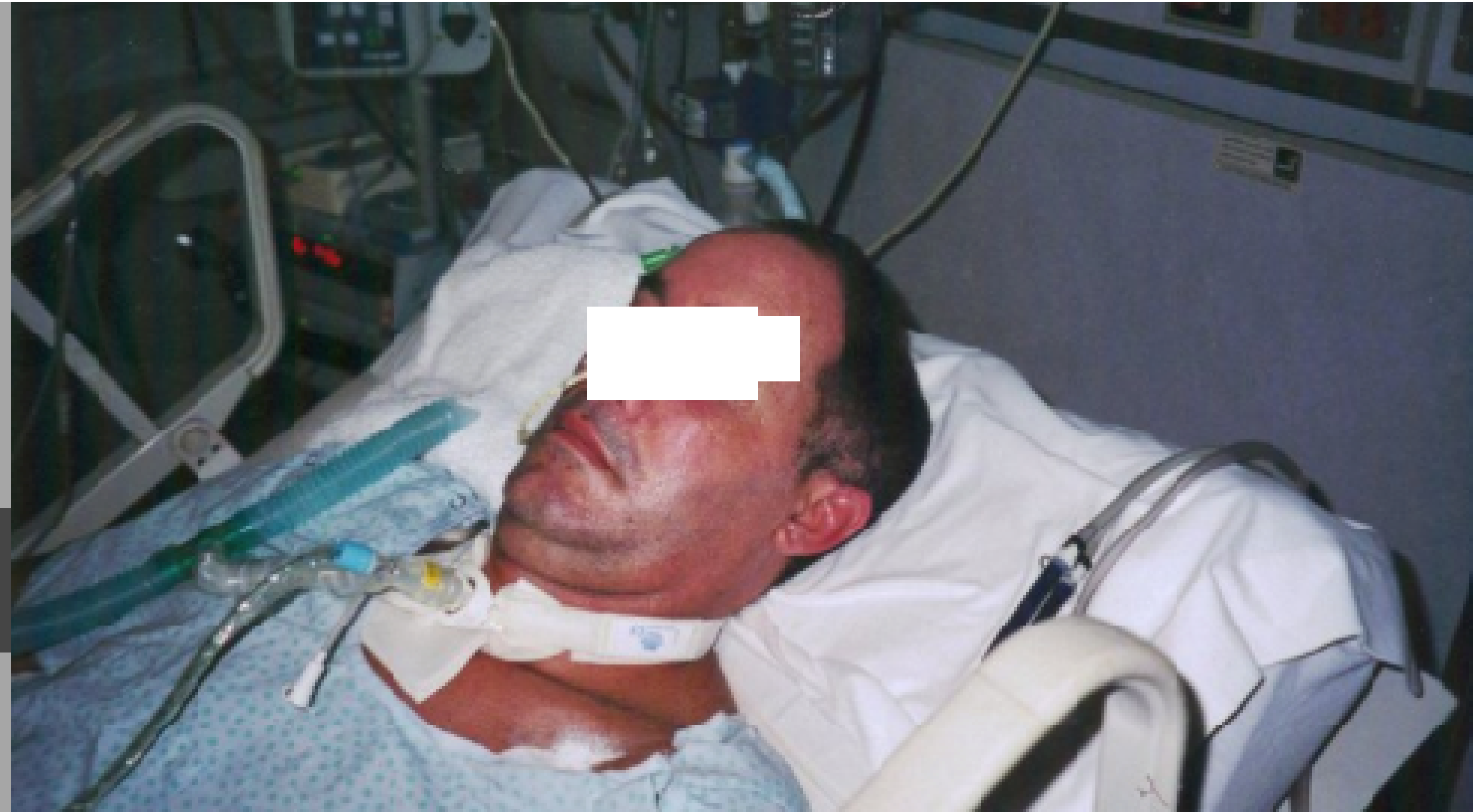
- In the family conference no one is speaking to win an argument
- Careful listening, showing medical skill & demonstrating kindness
- Moving a family from life support obligation to accepting comfort care or a related recommendation is not the issue.

75 year old Somali male

- Collapsed at home due to intra cranial brain bleed caused by two intracranial aneurysms. Hospitalized for one month; still minimally responsive to pain only.
- Tracheostomy. Feeding tube. No ventilator. Diabetes. Congestive Heart Failure. Irreversible kidney failure requiring dialysis.
- Best possible outcome: will remain bedridden and minimally conscious.
- Most likely outcome: will remain in coma or vegetative non-conscious condition and die within 6 months.
- Family wants him to stay in the hospital until he can go home and refuses nursing home placement.

Intensive Care

Tracheostomy and Coma



Interpreter Response

- Explore – why does the family not want a skilled nursing facility?
- The family felt that it would be neglectful to care for the patient at skilled nursing facility, instead of at home.
- What is the family's perspective?

LEARN Model

The health care team used the LEARN model to reach agreements:

- L – listened to the patient's / family's perspective
- E – explained and shared their own perspective
- A – acknowledged differences and similarities
- R – recommended a treatment plan
- N – negotiated an agreed upon treatment plan

Pearls

- Preconference
- Ask one question at a time
- Avoid all jargon
- Use “time outs”
- Use preambles:
    - *“For many families…”*
- Post conference

Conclusions

- Being able to have effective family conferences with limited English proficient families is an issue of ethical medical practice.
- Effective collaboration between providers and interpreters may substantially improve medical care.
- Can interpreters help providers bridge linguistic AND cultural gaps?

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Grazie

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Thank You Köszönöm

Tack

Obrigado

Спасибо Dank Gracias

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