Abstract Form

Abstract Title:

A Case-Based Reflection on Communicating End of Life Information to Non-English-Speaking Patients.

Abstract Text:

Hypothesis / Aims of study

A classic problem in health care ethics relates to the situation in which well-meaning family members try to protect their loved ones by keeping their diagnoses from them and acting as surrogate decision-makers. This case report describes such a situation and discusses the approach taken by the patient's physicians to involve the patient in his own care study design, materials and methods

It is standard institutional policy in the US that an interpreter who is not a family member must be provided for any patient who does not speak English. However, during a recent case in which a non-English speaking patient was evaluated and found to have advanced, treatment-resistant cancer, with a poor prognosis, his family insisted that there be no direct communication regarding his status. The medical team was directed to route all information through the family. The family was informed about the patient's diagnosis, and they asserted their collective will to keep this information from him, reaffirming that all medical discussion go through them

Results

Per institutional protocol, an interpreter was enlisted to communicate the cancer diagnosis to the patient and allow him to make decisions regarding his own care. Prior to doing so, it was established that the patient wished to have knowledge of his health status and to participate in health care decision-making. Additionally, an ethics consult was requested, and the ethics consultant served as a mediator between the family and the treating physicians, ensuring that all parties' positions were respected and allowing the treating physician to focus on the patient's needs.

Interpretation of results

This case demonstrates the importance of respecting patient autonomy and enlisting institutional protocols in supporting that effort. Specifically, providing an interpreter for a non-English speaking patient to allow him to understand his clinical situation and participate in his own care satisfied that ethical obligation. Further, taking advantage of the Ethics Consult Team at the treating institution provided a means to maintain comfortable relations between all involved parties.

Concluding message

Patient autonomy is a guiding ethical principle in the provision of health care. Consequently, it is generally accepted that it is the physician’s responsibility to educate patients regarding their condition, allowing them to partner with the care team to make management decisions. Although sensivity to cultural differences in communication and family dynamics is important in establishing a therapeutic relationship, it may be necessary for the treating physician to override family wishes and intervene on behalf of the patient to protect his/her autonomy because the practitioner’s primary duty is to the patient. By requesting an ethics consult, an objective third party can be brought into the case to help resolve the areas of conflict and further advocate for the patient.