Migrant elderly: limited ccess to care (home care, end of Life care)

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Crosscutting themes

- Language barriers
- Limited health literacy
- Cultural norms
- Care providers/health care organizations

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ONTHEEMDE BEJAARDEN

Deze gastarbeiders zijn oud in een land dat een tussenstop had moeten zijn

Veel van de oude gastarbeiders die nu met pensioen zijn hebben het financieel moeilijk, hun gezondheid is slecht en ze kampen met eenzaamheid. Ze krijgen niet de zorg die ze nodig hebben.

Afke van der Toolen 14 december 2018, 21:22

Health literacy (1)

- 30 % of population in NL is limited health literate
- Majority is Dutch
- Limited knowledge about diseases and access to care

EXAMPLES

Home care is only for those with severe limitations

Lack of knowledge about how to search for home care, where to search for home care and which home care services they were entitled

Health literacy (2)

- Limited health literacy is seen as impeding end of life talk
- Associated with higher rates of aggressive treatment in the last month of life
- Limited understanding of end of life terminology such as prognosis and hospice, ‘palliative care’ and ‘euthanasia’ (Kirby et al. 2018)

Language barriers

- 60 % of elderly migrants do not speak Dutch
- Diseases such as dementia may also cause elderly to forget the language of the host country
- Words may be lost in translation, for example the word ‘hospice’
- In case of language barriers, family members often are used as interpreters
- Consequently, patients had inadequate understanding about the diagnosis and prognosis, had worse pain management and anxiety management at the end of life.

Example home care: “Of course I face difficulties. If I say she has to do this, I can’t tell her, or if she has to do that. I tell her ‘door’, she understands ‘outside’. I can’t tell her”

The role of culture (1)

- Hesitance to discuss death or serious diseases such as cancer, for example out of a belief that “bad things happen after you say them out loud (Butow et al. 2012).
- Family members of the patient may believe that talking openly about death and dying is taking away the patients’ hope and should be avoided (De Graaff 2013; Pharos 2018)
- Relatives of patients may want to be the main party to discuss medical end-of life decisions of the patient with the care provider, such as withdrawing and withholding treatment, rather than the patient (De Graaff 2013; Pharos 2018)
- Pain is a part of God’s plan, a penance for sins, or a test of faith
- Refusal of opioid medications out of a wish to die with a clear mind

The role of culture (2)

- Childeren need to care for their parents
- Shame when children cannot or do not want to care
- You don’t bring your parents to a nursing home

The role of health care providers

- Interpreters often not used
- Growing awareness of role of health literacy
- Stereotypes
- This ‘discourse of looking after their own’ (Peckover and Chidlaw, 2007) has said to influence care providers who refrain from offering care services, leaving migrant elderly and their carers unsupported

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Propositions

- Good care for elderly migrants is providing care responsive to their needs, even if that is in contrast with professional beliefs (eg about telling a diagnosis)
- Rather than gaining insight in cultural norms and values of patients we need to do more research about implicit bias and stereotyping of care providers