Communication in cross-cultural cancer care

Health professionals express a need for more training to deal with third party interpreting for cancer patients.

**Overview:** Care involving health professionals and patients of differing culture and ethnicity is becoming more common in developed countries, including the UK. There is little evidence about the influence of ethnic diversity on clinical encounters in cancer care. Although cancer in general is less common in minority ethnic groups, the incidence is expected to rise in coming decades linked to lifestyle changes, such as diet and smoking (Wild et al. 2006). Also, there are some cancers (notably prostate, in African-heritage men, and mouth cancers in South Asian people) which are more common, or have a worse prognosis and possibly a different natural history (NCIN 2009).

**Current advice:** There is no specific guidance on multicultural practice or the value of interpreters. NICE Cancer Service Guidance on supportive and palliative care states the importance to practitioners of developing communication skills. It suggests that professionals may lack the necessary skills to be able to communicate effectively with people whose preferred language is not English or Welsh, and those from minority ethnic backgrounds and traditions. Similar training needs are noted for communication with people who have hearing, sight, speech or combined sensory disabilities, and those with learning disabilities.

**New evidence:** A qualitative study explored health professionals’ experiences of caring for cancer patients from diverse ethnic communities (Kai et al. 2011). Data were analysed from 18 focus groups, involving 106 participants from both primary and secondary care.

The results showed that health professionals perceived patients’ needs to be generally similar across ethnic groups, whatever their background. However, they encountered a range of challenges, particularly involving third party interpreting. The health professionals felt that relatives’ approach to ownership of information and decision making could hinder assessment, informed consent and discussion of care with patients. Using independent trained interpreters did not necessarily solve the problems raised. The findings suggest that bilingual workers might underestimate psychological concerns, and there is a need to support them in handling complex information and breaking bad news.

Even when English was spoken by both parties, gauging non-verbal communication and cultural differences in expression and perception could lead to misunderstanding. Language interpreters also play a role as cultural awareness mediators.

The study suggests a need for increased awareness and understanding of cultural and individual variations in concepts such as patient centeredness, patient autonomy, and how families might approach disclosure and decision making. The researchers conclude that the extent to which these concepts may be ethnocentric and lack universality deserves wider consideration.
Commentary: “There is increasing recognition of the need to address issues of inequality in cancer care for minority ethnic groups, and Kai and his colleagues have done the professions a service in documenting some of the challenges involved here. Their paper provides at least, and at last, an authoritative ‘evidence base’ for an often-felt experience, and demonstrates as well, how additional expenditure (‘up front’) on language support might be required to reduce longer term costs or increased risks.

“It is possible, on the basis of the data they present and other evidence (CMACE 2011) to question whether ‘family’-interpreted consultations should really be classed as ‘interpreter mediated’ – the risks of poor translation or selective information transmission are high. A clear distinction also needs to be drawn between consultations that are conducted through an appropriate professional interpreter and those where a bilingual professional is involved. Using a child as a linguistic go-between, which is sometimes done, also raises issues of child protection. Clearer guidelines on communication across languages are required.

“However, few health care professionals are trained to work with interpreters, even when they are made available. Kai et al's paper highlights and provides high quality qualitative evidence, robustly collected and assessed, to support their conclusions. With continuing migration, the UK population is increasingly diverse, and as the NHS Chief Executive has stated, diversity-sensitivity is ‘mission critical’. A key element in health services provision is communication for care planning and to achieve concordance (or even medication adherence). It is also important to note that Kai’s informants stated that they found working across cultures was stimulating and rewarding, and enriched their practice.” - Mark R D Johnson, Specialist Adviser on Ethnicity Equality and Diversity, NHS Evidence.

About this article: This article appeared in the May 2012 issue of the Eyes on Evidence newsletter. This free monthly newsletter from NICE Evidence outlines interesting new evidence and what it means for current practice. They do not constitute formal NICE guidance. The opinions of contributors do not necessarily reflect the views of NICE.

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