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## Cultural Sensitivity and Dysphagia: A good Blend?

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**Presenter:**  
Luis Riquelme, M.S., CCC-SLP, BRS-S

**Moderated by:**  
Amy Natho, M.S., CCC-SLP, CEU Administrator, SpeechPathology.com

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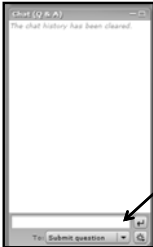
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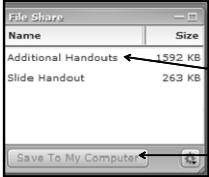
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**+**

**Cultural Sensitivity and Dysphagia: A Good Blend?**


**Luis F. Riquelme, M.S., CCC-SLP, BRS-S**  
Asst. Professor, New York Medical College  
Director, Center for Swallowing & Speech-Language Pathology, New York Methodist Hospital

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**+ OVERVIEW**

+Introduction	+Advanced directives
+Culture	+Bioethics: tube feeding
+Cultural dynamics of stigma	+Death and dying
+Practice issues	+Questions

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**+ INTRODUCTION**

- Why culture and dysphagia?
- Relevance to everyone's practice
- Thoughts on "minority" and "majority" terminology

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**+ DEMOGRAPHICS: IN BRIEF**

- The proportion of individuals from ethnic minority backgrounds has increased from 20% or 57 million people in 1980 to 31% or 89 million Americans in 2000.
- These demographic changes profoundly affect healthcare delivery because “race and ethnicity correlate with persistent, and often increasing, health disparities among U.S. populations” and older adults use a disproportionate share of healthcare resources
- Children in the schools...

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**+ CULTURE**

- + Definition
- + Going beyond race/ethnicity. Broadening one's own definition
- + Cultural sensitivity
- + Cultural humility
- + Understanding Assimilation/Acculturation
- + In dysphagia practice:
  - + Going beyond preferred “ethnic” foods

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**+ GENERAL QUESTIONS: EXPLORE**

- |   |   |
|---|---|
| + What is considered medicinal?           | + What are the causes of handicaps?             |
| + From whom does one seek medical advice? | + How can handicaps be treated?                 |
| + How is medicine used?                   | + How are healthcare providers perceived?       |
| + What are the methods of healing?        | + What steps should be taken in seeking a cure? |
| + What beliefs affect Tx?                 | + How is illness perceived?                     |
- ALSO: Ethnographic interviewing (Westby)

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**+ CULTURAL DYNAMICS OF STIGMA**

- Infant care: organized around health & survival goals
- Family decides who/when care is needed
- Infanticide/"weeding out" infants
- Teething: from infant to human child
- Health, beauty, survival...
- Western scientific view of the body: organs & systems with functions.
- Nonscientific view of the body: holistic-soul & soma as 1

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**+ OTHER DYSPHAGIA-SPECIFIC QUESTIONS TO EXPLORE:**

- + Attitudes towards independence in feeding
- + Duration of breast or bottle feeding
- + When to introduce solids/soft chewables
- + Role of self-feeding
- + Explore "healing value" of certain food types/textures

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**+ WHO DEFINITIONS**  
(WORLD HEALTH ORGANIZATION)

- + Disability: lack of ability relative to a personal or group standard or norm.
  
- + Handicap: the disadvantage itself, in particular physical or mental disadvantages of people.
  
- + Impairment: a disability; loss of function.

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**+ PRACTICE ISSUES**

- Interpersonal communication
  - View of the professional
  - Ethnocentric questioning
- Evaluation procedures
  - Interviewing; obtaining information
- Treatment recommendations
  - Diet consistencies
  - Exercise programs

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**+ PRACTICE ISSUES:  
PEDIATRICS**

- Mealtime stress
- Fear of eating/drinking
- Parents dealing with an increased number of professionals
- Deciding on food preferences/formula

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**+ PRACTICE ISSUES: ADULTS**

- Mealtime stress
- Fear of eating/drinking
- Managing "reduced PO intake"
- Cognitive component to eating
- Others

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**+ ADVANCED DIRECTIVES**

+Formal statement of a person's preferences for treatment/non-treatment.

■ Living Will: Written request to forgo certain treatments in the event of a terminal and irreversible condition.

■ Durable Power of Attorney: Allows a person to name someone to make decision on their behalf should they become unable to participate in medical decision-making (Healthcare Proxy).

■ DNR/DNI decisions



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**+ OTHER HEALTHCARE ISSUES:  
CULTURAL VARIABLES**

+Cost of care

+Ability to maintain life with artificial means

+Increased complexity in making end-of-life decisions

+Defining CHRONIC vs TERMINAL



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**+ MODEL FOR CLINICAL/ETHICAL  
DECISION-MAKING**

**QUALITY OF LIFE**

External assessment of benefits/burdens, subjective judgment

**MEDICAL/CLINICAL INDICATIONS**

Medical Hx, Dx, Prognosis, Tx options

**CONTEXTUAL FEATURES**

Economic, family preferences, legal issues, burden on caregivers

**PATIENT PREFERENCES**

Personal Hx, values, expressed preferences, QOL, ability to make & communicate decisions



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**+ BIOETHICS: TUBE FEEDING**

- +How much aspiration is too much?
- +Short-term vs Long-term
- +Acceptance of “weaning” from TF
- +Decision-makers with insufficient time to consult other family members
- +Decision-makers: What to ask
- +Role of food
  - Comforting
  - Hot/cold

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**+ BIOETHICS: TUBE FEEDING**

- +Outcomes:
  - Aspiration pneumonia: 10-58%
  - Complications: infection, discomfort
  - Increased use of restraints
  - Loss of social role and pleasure in eating
  - Prolongs life in some etiologies
- +No measurable benefit related to:
  - Nutritional markers
  - Prevention of pressure ulcers, aspiration pna
  - Comfort
  - Survival

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**+ DEATH AND DYING**

- +Concerns re: Starvation
- +Perception of death
- +Acceptance of terminal illness
- +Role of “hospice care”
- +Role of the SLP in end-of-life comfort care:  
Communication and dysphagia/nutrition

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**+ CONCLUDING REMARKS**

- +No set patterns/approaches to dysphagia care in a culturally sensitive manner. Individual approach.
- +Go beyond ethnic foods and language
- +Clinician to consider notion of:
  - Culture
  - Cultural humility
  - Ethnographic interviewing/info gathering

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**+ CULTURAL SENSITIVITY AND DYSPHAGIA: A Good Blend?**

■ Questions?




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## SpeechPathology.com Virtual Conference on AAC

**Guest Moderator: Filip Loncke**

<u><b>Monday, 3/21</b></u>	AAC in School Settings: What is the Role of the SLP? <i>Nancy Robinson, Ph.D., CCC-SLP</i>
<u><b>Tuesday 3/22</b></u>	Use of AAC Devices and Strategies for People with Aphasia <i>Sarah Wallace, Ph.D.</i>
<u><b>Wednesday 3/23</b></u>	Practicing AAC in Acute Care Settings <i>Debora Downey, M.A., CCC-SLP</i>
<u><b>Thursday 3/24</b></u>	AAC Funding and Report Writing for Medicare, Medicaid and Insurance <i>Lewis Golinker, Esq.</i>
<u><b>Friday 3/25</b></u>	AAC Funding and Report Writing for Special Education <i>Lewis Golinker, Esq.</i>

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