

MODELS OF PALLIATIVE CARE OF MINORITISED POPULATIONS: A SCOPING REVIEW

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BACKGROUND & AIM

- Palliative care is inconsistent across different minoritised people
- Health(care) can be compromised
- Appropriate models of palliative care are required

Aim
Describe palliative care models for culturally and linguistically diverse adults



METHODS

- Database searched: Medline, CINAHL and Scopus
- Custom designed data extraction tool used to collate results
- Results reported narratively



KEY FINDINGS

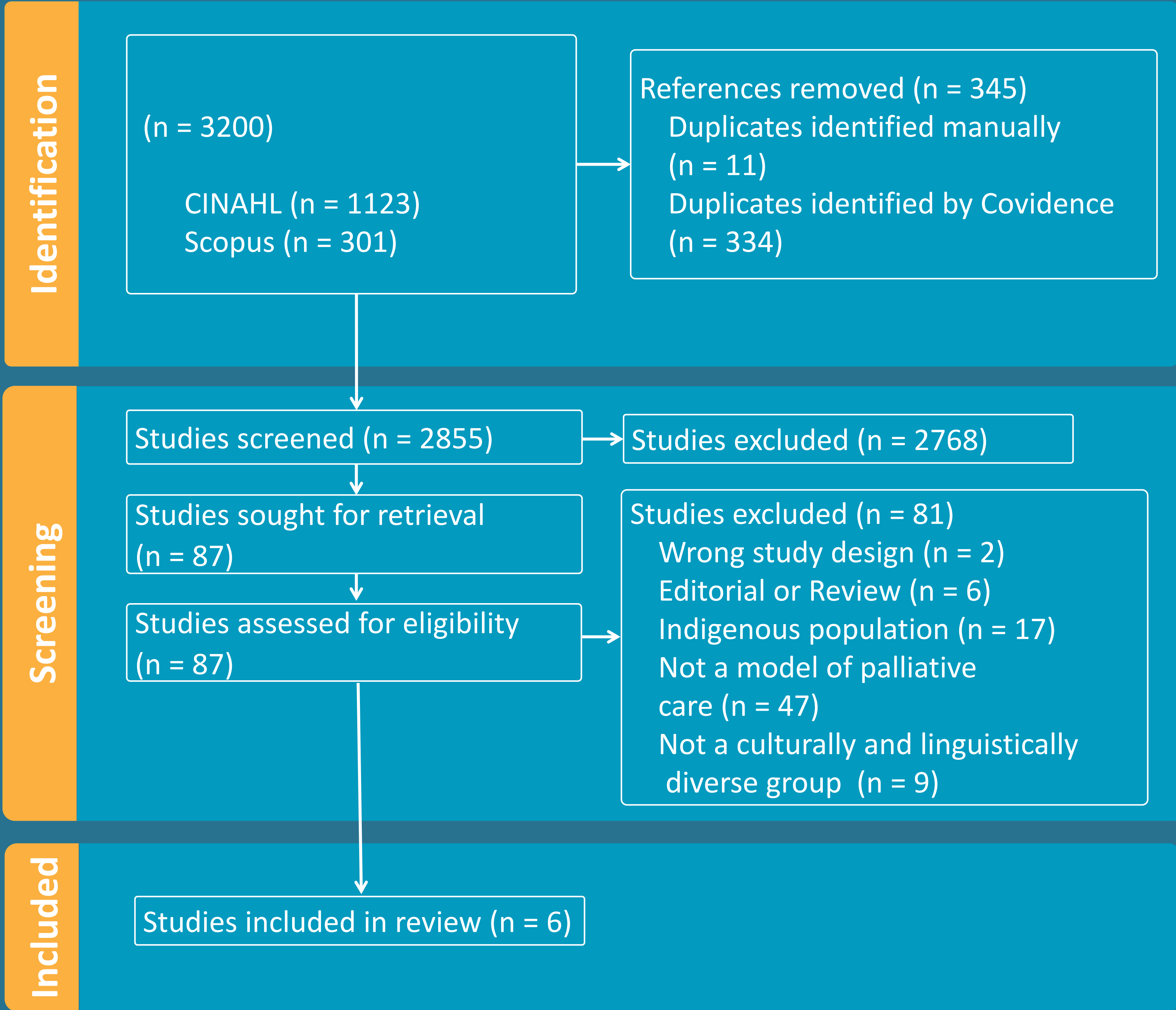
1. Few models of palliative care for minority groups identified
2. Use of community engagement, culturally tailored interventions and mixed methods needed to improve palliative care services
3. Culturally competent care is critical for equitable, effective palliative care delivery



TAKE-AWAY

- Further research is need to clarify:
- What constitutes a model of palliative care
 - How models can be adapted for other minority populations

PRISMA Flow diagram



Finding 1 – Aims of the models

The overarching aims of the models of care centred around cultural sensitivity in palliative care settings to:

- Consider the cultural preferences of patients with respect to care
- Determine the feasibility of a patient navigator intervention
- Improve palliative care outcomes

Finding 2 – Model components

The models of care in these papers encompassed:

- Home visits from a patient navigator and an educational packet
- A culturally tailored patient navigator, employing a variety of practitioners and outreach workers who spoke native languages
- Visits to address barriers to palliative care through education
- Activation and culturally tailored messaging, as well as cultural sensitivity and patient and familial involvement in hospitals

Finding 3 – Key themes

- Themes included cultural tailoring of healthcare services, palliative care accessibility, patient and family satisfaction, and outcomes such as hospice use, quality of life, and end-of-life decisions
- All publications used different methods and employed highly tailored approaches, such as native speakers, patient navigator programs, and use of focus groups to guide culturally-sensitive service design or delivery/ implementation.