Palliative care in the perspective of Cultural Theory

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The assessment of socio-cultural aspects

INTEGRATE-HTA offers:

- a 5-steps-assessment process
- a socio-cultural framework
Purpose of the framework

- To **identify** relevant socio-cultural **topics**
- To **identify** and involve **heterogeneous stakeholders**
- To **develop** cultural sensitive **research instruments**
- To **reflect** different **cultural positions**
Purpose of the socio-cultural framework

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Cultural Theory to address heterogeneity in HTA
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Cultural Theory elaborates with four ideal types differing in their preferred way of social organization:

- Hierarchy
- Individualism
- Egalitarianism
- Fatalism
<table>
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<tr>
<th>Cultural Type</th>
<th>Characteristics</th>
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| **Hierarchy** | Strong group boundaries  
High social control and socially imposed roles  
Binding prescriptions, Institutional behavior |
| **Individualist** | Autonomy of individuals,  
personal rewards  
Negotiating social relationships on the base of contracts  
Individual behavior  
Market culture |
| **Egalitarian** | Cooperation and Collectivity  
Low levels of prescription  
Communitarian setting  
Autonomy but responsibility for the group |
| **Fatalist** | Isolated in social structures  
Belief in fade |

(Douglas 1982, Thompson 1990)

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**How did we use it in palliative care?**
Understanding of (r)HBPC

**Result of the socio-cultural analysis:**

The provision of (r)HBPC can be challenged by the context of a nursing home.

**one reason:**
The understanding of the intervention
Understanding of (r)HBPC

Providers of (r)HBPC:
• team care,
• shared responsibility,
• cooperation, communication,
• Patient centeredness understood as patient autonomy,
• Generalization of skills

The nursing home:
• hierarchical decision making,
• Prescribed roles and responsibilities,
• provider centeredness,
• Patient centeredness understood as experts know best
Understanding of (r)HBPC

Collision of two cultures:
Egalitarian team culture vs. hierarchy in the nursing home

The provision of (r)HBPC can be challenged by the context of a nursing home.

Possible consequences for providing (r)HBPC:

1. Change of the intervention
2. institution opens up for the egalitarian approach
3. without negotiation potential failure of the intervention
Example from the field of palliative care

Socio-cultural aspects identified

- Understanding of health issue
  - Perceived usefulness and the idea of benefit
- Understanding of technology & use
  - Knowledge about and understanding of technology
  - Attitudes and acceptance of technology and use
  - Risk perception and handling
- Social aspects of implementation & organization
  - Socio-cultural aspects of target groups
  - Social inequality and technology use
  - User-professional relation and decision making
  - Relations between professionals providing the technology
User-professional-relationship:

Users and professionals have expectations about:

• how a patient should act,
• how a provider should act
• communication, decision making, responsibilities etc.

The user-professional-relationship in (r)HBPC

Result of the socio-cultural analysis:

The provision of (r)HBPC can be challenged by different patient groups.

one reason: The idea of the user-professional-relationship
The user-professional relationship in (r)HBPC

*The egalitarian approach of (r)HBPC:*

- patient centeredness,
- autonomy of patients,
- empowerment - if a patient is not able to express needs

*Hierarchical context:*

- Patient wishes for professional authority
- Professionals are responsible for care
The user-professional relationship in (r)HBPC

*Individual context*

- Autonomy
- Catalogue of options,
- Choose between all options as a customer

The user-professional relationship in (r)HBPC

*Fatalistic context*

- Patients who do not want to decide anything
User-professional relationship in (r)HBPC

Collisions of different cultures:
The professionals’ egalitarian approach meets different cultural contexts

Potential consequences:

1. Adaptation of care to patient’s wishes (authority as a kind of patient centeredness?)
2. Change of treatment context >> leaving (r)HBPC

Conclusion
What can we learn from these results?

- The success of an intervention in one cultural context does not necessarily mean that it also works in another one.

- Considering socio-cultural aspects can help to analyse if an intervention will succeed in a specific socio-cultural context.