ACCCN 2025 POSITION STATEMENT
CULTURALLY SENSITIVE COMMUNICATION AT THE END OF LIFE IN CRITICAL CARE

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INTRODUCTION
The ACCCN is the peak professional association representing Australian critical care nurses.[1] This position statement provides evidence-based practice recommendations for the provision of culturally sensitive communication at the end of life in Australian critical care.

KEY DEFINITIONS
For the context of this Position Statement, the following definitions are provided:

Cultural diversity is defined as more than a person's ancestry and country of birth; it relates to the languages they speak, ethnic backgrounds, traditions, societal structures, religious affiliation, and whether they are of Aboriginal and Torres Strait Islander descent.[2]

Culturally sensitive communication is defined as *"effective verbal and nonverbal interactions between individuals or groups, with a mutual understanding and respect of each other's values, beliefs, preferences and culture, to promote equity in healthcare with the goal of providing culturally sensitive care".*[3, p.384]

The term *critical care* is used to refer to critical care and intensive care specialties and units.[4] *End-of-life care* includes physical, psychosocial and spiritual care of patients and families.[5] *Family* (and families) refers to those who are closest to the patient in knowledge, care and affection, and may include the biological family, family of acquisition (e.g. related by marriage), and family and friends of choice.[6]

EXISTING KEY AUSTRALIAN RESOURCES
The ACCCN recognises that several statements exist that help to inform, guide and support the provision of end-of-life care broadly, and specifically in critical care. The Australian Commission on Safety and Quality in Health Care (ACSQHC) National Consensus Statement: Essential Elements for Safe and High-Quality End-of-Life Care[7] emphasises that being sensitive and responsive to cultural and religious needs and seeking to understand assumptions about dying and death, are critical to person-centred communication and shared decision-making.

In the critical care context, the Australian and New Zealand Intensive Care Society (ANZICS) Statement on Death and Organ Donation[8] notes the importance of cross-cultural communication, and overt recognition of diverse beliefs. The ACCCN Position Statement on Adult End-of-Life Care in Critical Care[9] likewise acknowledges that highly-developed intercultural communication skills are essential to end-of-life care.

LITERATURE SUMMARY
In critical care, end-of-life communication occurs every day.[3] When a patient is dying, specific knowledge and skills are needed to communicate effectively.[12] End-of-life communication is complex, compounded by language differences and diverse cultural and religious beliefs.[13-15] Ineffective end-of-life communication with patients who are culturally diverse, and their families, leads to miscommunication, misunderstanding[16] and clinician-family conflict.[15, 17-19] Conversely, effective

communication reduces clinician burden and enhances family experiences of end-of-life care.[12]

A proactive approach to routine cultural assessment and documentation of patient and family cultural, religious and spiritual beliefs, customs and preferences on admission and during the patient's stay is imperative.[20, 21] Cultural and religious leader involvement and use of professional interpreters should be prioritised when caring for patients and families from culturally diverse backgrounds.[21-23] Nursing[9] and medical[24, 25] guidelines exist for end-of-life care provision. There are also multiple studies that report practices related to end-of-life communication in the ICU.[26-30] Yet, there are no practice recommendations to guide culturally sensitive communication at the end of life.

To address this, with support from ACCCN and ANZICS, a modified two-round eDelphi study was undertaken using an Australian sample of 58 expert critical care nurses and doctors to refine and rate the relevance of thirteen evidence-based practice recommendations.[20] Item and scale content validity was achieved for all items, demonstrating consensus.[25]

POSITION STATEMENT

Culturally sensitive communication is essential to the care of patients and their families from culturally diverse backgrounds.

This *ACCCN Position Statement on Culturally Sensitive Communication at the End of Life in Critical Care* is designed to complement existing resources by providing specific guidance for ICU clinicians on communication with patients and families from culturally diverse backgrounds. The practice recommendations provide clear evidence-based guidance to support critical care clinicians, and to ensure safe and high quality culturally sensitive communication at the end of life, generalisable across all critical care contexts.[25]

PRACTICE RECOMMENDATIONS

For culturally sensitive communication at the end of life, members of the treating team should[20]:-

- Take time to assess their own culture, values, beliefs, preferences and perspectives and how these may influence communication with patients and/or family members from culturally-diverse backgrounds
- Assess and document patient and/or family preferences related to cultural, religious and spiritual beliefs and customs important to family and/or significant others
- Facilitate time, space and privacy for family and/or significant others to undertake cultural, spiritual and religious rituals and customs
- Assess and document patient and family preferred language in the medical record to prompt and promote professional interpreter use for those who speak a language other than English
- Use professional interpreters for all communication with patients and/or family, where there is an actual or perceived language barrier
- Assess and document patient and family religion and preference for religious leader/personnel involvement
- Where possible, make use of private spaces, such as offices or meeting rooms for private and/or sensitive conversations and family meetings
- Involve social workers and/or other social support personnel, such as pastoral care, in patient care and communication, commencing on admission
- Advocate for family participation in meetings with the treating team to ensure their cultural needs and preferences are understood
- Invite family members to participate in treatment limitation discussions according to their preference
- Ensure the bedside nurse attends family meetings so that family members are supported
- Have access to professional development opportunities, including formal education and in-house in-services, to build knowledge about cultural diversity, cultural awareness and culturally-sensitive communication
- Have access to training opportunities such as simulation in culturally- sensitive communication, to support learning and practising of skills in culturally sensitive communication

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