Free faith, culture and end of life care research paper example

Experience, Belief

With the increasing medical knowledge and concerns, healthcare treatment of dying patient has raised a number of questions and ethical dilemma. Among different cultures, the treatment of death and dying resides according to their religious beliefs and faith. Therefore, the decision undertaken in a healthcare institute regarding dying or dead patients should be address ethical concerns. End of life care remains to be a controversial concern because of different norms, values and religious beliefs prevailing in a different culture that are required to address in a standardized manner. The treatment at the end of life remains to be one of the most controversial issues in health care ethics. Some researchers have argued on different views extensively on the issues related to the treatment of a patient at the end of life. The different perspective and practices regarding treating the death and dying can be traced throughout the history. End of life care has existed in primitive forms in different religions since the dawn of time and mankind. Different religions and cultures have dealt with the end of life in different ways.

Nowadays, it is a widely accepted belief across all cultures and societies that the dying patient should be treated with respect and communication should take place honestly and openly. However, historically providing patients with appropriate and humane end of life care was not fully practiced as is the norm nowadays.

The first concept of trying to treat and care for a dying person and his putting in efforts to alleviate his or her pain was expressed by Dr. Cicely Saunder during the 1950s, (Lamba & Quest, 2011), created the first ever modern hospice in London and was the first person to introduce this concept of providing a patient specialized hospice care in the United States.

In 1960, a US psychiatrist Elisabeth Kubler-Ross further wrote a pioneering book regarding this issue called “ On Death and Dying.” She essentially revolutionized the ethical issue of dealing with patients in a humane, kind and honest manner.

Since the end of life care is a topic of rather sensitive and emotional nature of the patient and their family, it was historically not discussed as openly as it is discussed now. In many societies, end of life care was still treated with a negative perspective, for example, France. In order to circumvent these negative connotations associated with the end of life care, especially in France, Dr. Balfour Mount coined the term “ Palliative Care” in the year 1974 (Lamba & Mosenthal, 2012).

The evolution and improvement in end of life care have further improved since then. In the perspective of specifically medical practices, there has been a significant and noticeable improvement in providing patients with hospice care. This also overlaps with the ethical dilemmas that are faced by the doctors. However, history still manages to present us with newer cases of questionable hospice or palliative care, which sparks renewed debates Number of views is present framework that focuses on moral consideration to develop framework with common grounds for the end life health care decisions and practice.

One of the major issues is the declaration of death in the healthcare. It is important to ensure that the declaration of death in a healthcare setting is accepted by each individual belonging from a different culture. According to the US Uniform Determination of Death Act of 1983 (UDDA) a person is stated dead if his/her heart, lung or brain stop functions. However, the use of different technology, transplants and machines in the healthcare has made it complex to declare the death of the person.

It can be noted that the under the definition of dead stated by the UDDA. It is stated if the patient’s heart, lung or brain stop function the patient is declared death. In some of the cases, where the patients are put on machines such a ventilators puts the pressure in the lungs that appear as if the individual is alive or breathing. However, it is an artificial way to put oxygen in the body.

Hillman & Chen (2008) claims that the mostly the patients are dead. It is the artificial pumping of oxygen in the body through the machine in the body. Hence, the declaration of death and making decisions becomes difficult. Among different cultures, the use of ventilator is often unacceptable, whereas some of the support the use of machines and technology (Hillman & Chen, 2008).

In Latino and Cambodian cultures it is widely believed that dying is an inevitable part of life and that advanced directive would be futile in such instances. Culturally both groups believed that utilizing advanced directives in a poor quality of life would be ineffective. However, religiously it is a different case, since Latinos associate their religious beliefs with the end of life care and are of a strong opinion that if a patient is deliberately removed from life care, it would be surmountable to killing him, which their religion forbids. However in the Cambodian belief separates end of life from any end of life scenarios.

End of life discussions also differ in both groups since the Latinos involve their family in these crucial discussions, the Cambodians focus more on support from their children and spouse. In all cases both the cultures and ethnic groups were highly receptive of their doctor or physician's point of view. Thus, their cultural values and religious beliefs affected their attitudes in end of life decisions greatly.

A survey which was taken on a multi country and multi cultural scale revealed that even the physicians’ practices differed at the patient's end of life care. While American physicians identified themselves as both an “ Intensivist” and a trauma surgeon, other area's physicians chose to identify themselves as only one of either of the two options. Many clinics in the U. S. offer ethics consultation but it is not used often enough and physicians also support this by claiming that it can be helpful on occasional terms only. In South African culture the limitations of resources highly influenced end of life decisions, which was not usually the case in most other developed countries.

It is observed that the individual’s perception of the Creator associates with the survival mechanism of a person in end of life situation. In a study the cancer patients were observed who were transferred to the palliative care period due to their religious perceptions and coping strategies . In a non-personal ideal of God the beliefs that are included are that God is something higher and surpasses all the powers of imagination that His creature can have and also the image of God involves the His interaction with individuals. The researchers of the study found that patient with non-personal perceptions of God were using the coping mechanisms such as seeking advice from others as compared to those patients who were adhering to the religious teaching for a coping mechanism. The issue becomes more composite when certain religions are contemplated from the standpoint of patient as well as the caregiver.

Different cultures and religions portray diverse teachings concerning the end of life care. For example, the study by Kinzbrunner discusses the medical ethics that rules among Jews, affecting the end of life care. Suicide, euthanasia, and assisted suicide are clearly prohibited in the Jewish religion but it has been recognized in the religion that in the end of life situations the treatments for the comfort of the patient are essential even if it might risks the shortening of life .

Based on the discussion above, it can be concluded that in the healthcare setting it is important to resolve ethical issues through intervening right biological and rationale approach for the treatment of death or dying patient. Medical technology should be used to change the beliefs with respect to the person that is dying and to omit the suffering and pain of that dying person. It can be summarized that faith, culture, and the religious perspectives of an individual partially influence the decision- making process that transpires in the condition of end of life care. It is essential for the caregivers realize that all of us bring set of biases related to discussions that involves our faith and religion in the background of end of life care.

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