

Ethnicity and Cancer: Examining psychosocial transitions for older people

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Overview

- Ethnicity and culture
- Research with older Chinese people resident in the UK
- Diversity - challenges and solutions for cancer and end of life care.

Culture

specificity versus globalism

■ Specificity –

Tradition, identity, history, heritage, stereotyping, protection from others, language (eg. Welsh), clothing, food (eg. Italian, Chinese, Indian, French),

■ Globalism –

Television, news media, movies, Internet, global languages (eg. English, Spanish, Chinese), fashion, education, travel and transport, holidays, sport, food (eg. McDonalds, Coca Cola),

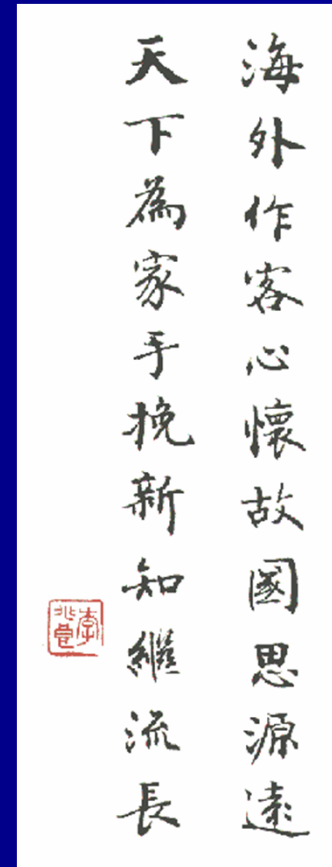
The context of Chinese people in Britain

- Chinese community in UK makes up approximately 5% of all ethnic minority people.
- Under researched
- Largely a younger population but older Chinese people may be doubly disadvantaged
- Rich and complex cultural traditions



Chinese people in Britain

- **Origins** – Mainland China, Hong Kong, South East Asia, Malaysia.
- **Language** – one written language, many spoken dialects.
- **Employment and location.**
- **Waves of migration over many centuries**



Chinese cultural values

- **Beliefs** – a heterogeneous group of people drawing upon many influences such as Confucianism, Taoism and Buddhism; latterly Communism and pragmatism.
- **Values** - loyalty, filial piety, the maintenance of social order, the superiority of men over women, self-restraint, self respect and self blame are embedded in Chinese culture and have implications for health behaviour.
- **Health care** - use of Chinese traditional and Western medicine. Beliefs in balance (yin and yan)

Aims and methods

- To investigate the cultural constructs of loss, transition and adaptation in the face of encountering a diagnosis of a life threatening illness.
- Sample: 24 older Chinese people with cancer recruited from Manchester, Sheffield, London.
- Two interviews – baseline and 3-6 months
- Analysis – all the data content analysis
 - subgroup of 15 narrative analysis

Common experiences shared by older Chinese and 'white' British cancer patients

- Growing older in Britain
- Impact of war on a minority
- Experience of using British cancer care services
- Pragmatic and realistic towards cancer
- Acknowledge cancer as a life threatening disease
- Previous experiences of loss
- Resilience in coping with adverse situations
- Importance of family relationships and for some, friendship networks
- Expectations of family support in illness
- Predominantly secular but religious faith was regarded as a support for some of the participants

Experiences of older Chinese people with cancer

- Diversity of socio-economic backgrounds before migration, most had experience of poverty
- Migration to the UK for largely economic reasons in young adulthood
- Following migration – most worked in catering trade
- Language difficulties
- Majority had limited contact with mainstream British society
- Chinese ethnic identity but a variety of self ascribed descriptors
- Cultural identity was highly salient
- Most had huge respect to doctors and other health professionals who were afforded a 'high status' in the traditional Chinese social system, are not to be challenged

Experiences of older Chinese people with cancer

- Decision making was shared with family as well as taking advice from the doctors
- Unfamiliar with available cancer/health services
- Not very well informed about cancer
- Provision of psychological/emotional support was not expected from the health professionals
- Some use of traditional Chinese health beliefs and food practices
- Overall satisfied with NHS but some 'doctor shopping'
- Appreciation of interpreting service provided by hospitals but not quite satisfied with its quality and availability
- Valuing self/family reliance and achievement of goals despite life experiences.

Mrs A, 84 years, breast cancer

- Born in Vietnam
- Parents died when she was very young
- Abused physically by aunt and husband
- Numerous suicide attempts
- War, communist take over
- Husband left her alone for a number of years with one son in Vietnam when he came to UK
- Poverty and gold
- Worked illegally in catering trade in UK
- Can not speak English
- Lonely, comforted by 'Buddhist' tapes

Cancer treatment in hospital

- I was in hospital for nine days.....slept in the hospital for nine days.....it was terrible....it was awful at the time....'the chicken talk to the duck'!
- **Interviewer:** Chicken talk to the duck?
- Yes, they kept saying 'ok, ok.' And I just had it cut [the operation] and had this tube inserted here to drain the blood. I laid there for nine days....Wah, it was so awful....I was so hungry....and another killer..... my diabetes.....and we are used to eating rice but in the hospital they have chips and I was really hungry.....

Mr B, 79 years, lung cancer

- Born in Vietnam
- War, worst after communist take over
- Poverty and hunger
- Built a boat to escape to Hong Kong
- Wanted to go to America – ended up in UK refugee camp
- 28 years in UK in same council house
- British welfare benefits, healthcare
- Relationships – 7 children
- Language – can not speak English
- Contented

Life in the UK

- 'Over here, you can say life is quite settled; if you are careful with your money you might even have a little bit of saving. We do buy cheap stuff and we would buy chicken bones to boil soup which doesn't cost too much, so cheap!'

Biographical and narrative themes

- Mobility and stability
- Resilience and loss
- Hard times and good times - work and money
- The shadow of war
- Culture, 'the Westerns', transitions into a new country
- Relationships
- Language, interpreters, education - *'the chicken talks to the duck'*
- Cancer – a footnote?

Comparing cultural values about end-of-life care

Traditional Chinese views

- A taboo about the discussion of death
- Familial rather than individual decision making
- Emotional stoicism and reserve
- Hospital medical care highly valued
- Dying at home confers stigma on the house

'White' British views

- Open disclosure of cancer
- Individual autonomy
- Individual decision making
- Emotional expression
- Dying in acute hospitals seen as 'less good'
- Promotion of choice and dying at home.

Diversity – challenges and solutions

- Organisational level changes – valuing diversity
- Communication and beliefs
- Assumptions about homogeneity
- The little things – eg. food – rice
- Environment – cultural images – Christian images in hospices
- Language – interpreters, presentation of information in oral as well as written format

**Do not worry if others do not understand you.
Worry if you do not understand them.**

Confucius

