



End-of-Life Care: The Russian Culture

Dying is one of life's unique experiences. Clinicians are privileged to meet people at a time of crisis in their lives and provide expert assistance. A person's attitude toward death and bereavement is shaped to a large extent by their cultural heritage, religious practices and family unit. Always remember that there are nuances within each cultural grouping, which can be addressed through comprehensive communication with the patient and family.

Birth region, education and income level make a difference about how your patient perceives illness and makes health decisions.

What is unique about this patient and family that you will not learn from tips or information about their culture?

What are the patterns of kinship and decision-making when caring for your terminally ill Russian patient?

- Health care information is shared with family members. Try to include family members when telling the patient that their illness is terminal. One family member or friend may be designated to serve as a lead in this role.
 - *Include family members in the decision about the time and the way that "telling of the truth" about the illness will take place. To identify the closest lead family member; ask, "Who is the person that speaks for the family?"*
- Patient problems are family problems and are discussed by the entire family. The entire family makes decisions, with the patient and the person closest to the patient having the most influence.

How to communicate with your terminally ill Russian patient and his/her relatives

- The doctor, not the nurse, is expected to transmit the medical news to the family or to the patient.
 - *The news that an illness is terminal preferably comes from the doctor to the family. If possible, inform the patient gradually. Consider giving details in small parts over time.*
- There are expressions of grief; however, efforts are made to not openly grieve in front of the dying person. The dying patient is allowed to freely express grief.
- Your patient or the family members may be demonstrative or expressive when discussing quality of care issues as a way to draw attention and get the best from the health care system.
 - *Assure the patient that you are giving the best care, the same care given to all patients regardless of nationality or financial status.*

Useful tips to increase trust with your terminally ill Russian patient and his/her family

- The doctor is typically regarded as the ultimate authority in all medical matters. The doctor is expected to orchestrate the work of the health care team.
 - *Whenever possible the doctor should introduce each member of the care team to the patient and to the closest relatives, stressing their credentials. If another team member is the designated lead for care management, this should be explained and assurances given that the doctor is kept informed.*
- Patients and family members appreciate talking with clinicians as long as possible. Your patient or the family member may prefer that the conversation occur in a private setting such as a doctor's office or consult room.
- Gifts may be offered to members of the health care team, such as flowers, candy, traditional food, liquor, etc. Clinician acceptance helps to remove embarrassment for the family and establishes a better reciprocal understanding.
- In general, your patients want to understand the etiology of their disease and they have a strong tendency for self-diagnosis using medical books and other sources.
 - *Try to explain the possible causes of their condition and how the treatment affects them. Encourage self-directed learning, however, encourage the use of credible sources of information and welcome opportunities to discuss their findings and conclusions.*
- Administration of morphine may be misinterpreted as a sign of a hopeless situation and abandonment.
 - *Try to explain carefully first to the relatives then to the dying patient that morphine is a painkiller and not a last resort. Express that the patient's comfort is of primary concern and the team is committed to delivering excellent care.*

- Autopsy is accepted if a doctor orders it, but organ donation, withholding or withdrawing treatment and signing of Durable Power of Attorney are usually declined.
 - *Try to explain to your patient the community benefits of organ donation. Explain that the highest standards and safeguards are used to ensure organ donations are treated with respect and honor. It is preferable to wait until after the death to discuss this.*
 - *Explain the benefits and risks of withholding and withdrawing treatment to help your patient and family make decisions. Allow time for the family to make the decision.*
 - *Provide detailed information on Durable Power of Attorney and take the time to address all concerns.*

Rituals about death

Don't be surprised if you come across the following rituals related to death and dying:

This list includes some of the rituals that your patients may practice. Always ask your patients and family members about their customs, as there are variations among individuals, ethnic/religious groups, urban and rural practices, and socio-economic status.

- Russians tend to be cheerful with the dying person to avoid distressing the patient.
- Family plays a major role in supporting the sick person. Usually there is a family member nursing day and night at the bedside. Continuous death watching is a widespread phenomenon in Russia.
- Relatives and friends are all expected to visit the patient. Usually people bring food and may include gifts for the clinicians. Often visitors sit for hours visiting with the patient and one another to catch up with all the news. Prayer may or may not be part of the visit.
- Patients who practice their religion may consider prayer as an important and powerful healing tool.
- For Russians in general, and in particular for Russian Jews, nutrition is the primary determinant of health. The family may be happy when the patient is able to eat.
- For some families it is customary for the dying person to offer a blessing by laying hands on their family members' heads.
- Religious icons may be brought in the room depending on the religion and the level of practice of the people involved.
- The earth is considered sacred. Even today, people who have left Russia sometimes keep pots of Russian soil in their adopted homes.
- Depending on the denomination, it may be desired by the family to have a pastor, priest, or rabbi present at the moment of death.
- The patient and family may want all mirrors covered during the time of death.
- You may see the Orthodox priest say a prayer and light a candle right after the death.
- The family may close the eyes and mouth of the deceased; otherwise, it is considered a bad omen. The family may want to place coins on the eyelids and a roll of cloth under the deceased's chin.
- The family may desire that the coffin be taken to the patient's home on the way to the funeral service, so that the deceased can visit their home for the last time.
- Wailing and other displays of grief may be reserved primarily for expression in the home.
- The family may have some specific practices for washing the body after the death. Ask about preferences and try to accommodate.
- Your Russian Orthodox patients and their family members may decline cremation.
- In accordance with the Jewish tradition, Russian Jews want to bury the dead within 24 hours, except when the death occurs on Friday after sundown, on Saturday, on a Jewish holiday, or when waiting for family members to arrive.

Refer to *Culture Clues: Communicating with Your Russian Patient* for additional information and references.

<http://depts.washington.edu/pfes/pdf/cclue-russian.pdf> and

http://depts.washington.edu/pallcare/training/curriculum_pdfs/CultureModule.pdf