

Interdisciplinary End of Life Symposium

Trying to Make a Way out of No Way: The Hyper-Medicalization of Dying While Black in America

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Disclosures

- I do not have any relevant financial relationships.

This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.

Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

STATE LAW:

The California legislature has passed [Assembly Bill \(AB\) 1195](#), which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed [AB 241](#), which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.

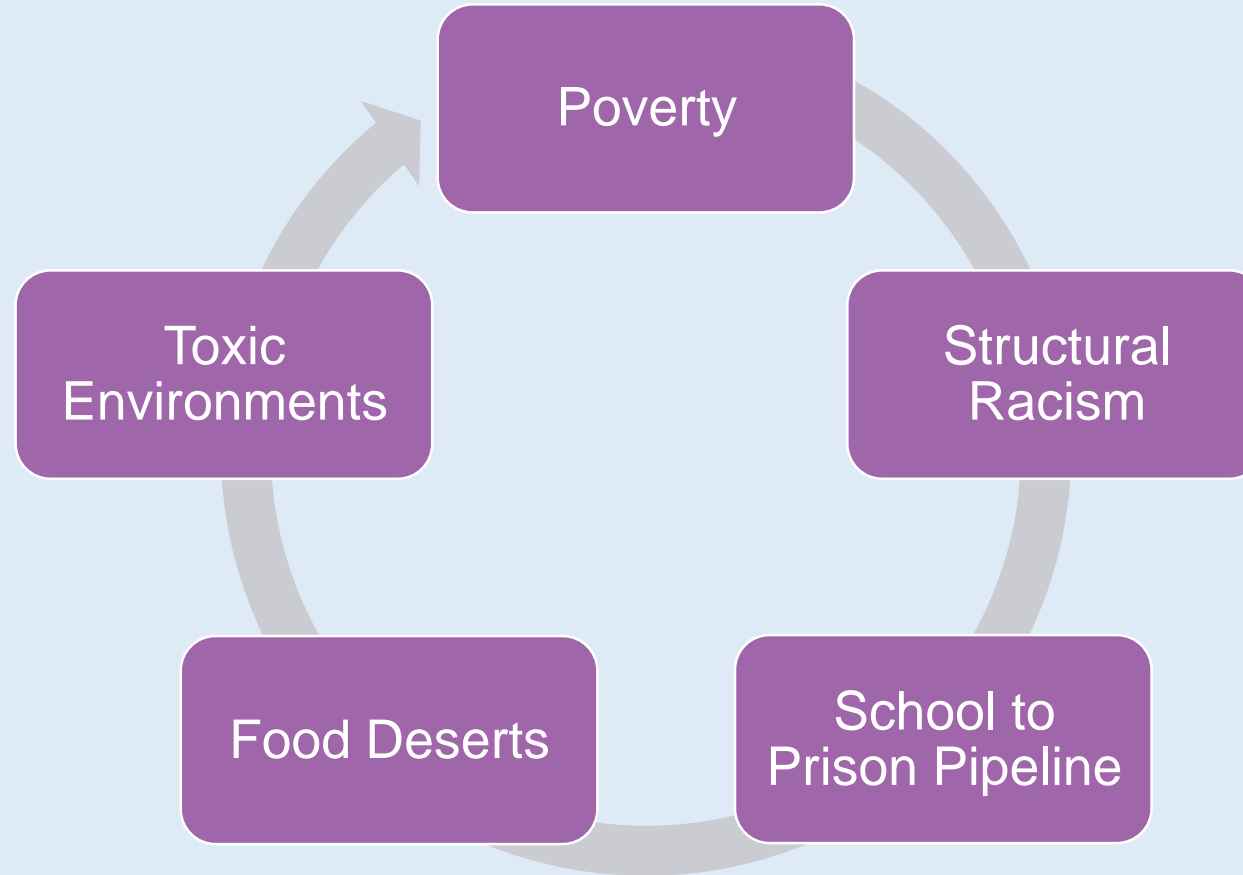
EXEMPTION:

Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

The following CLC & IB components will be addressed in this presentation:

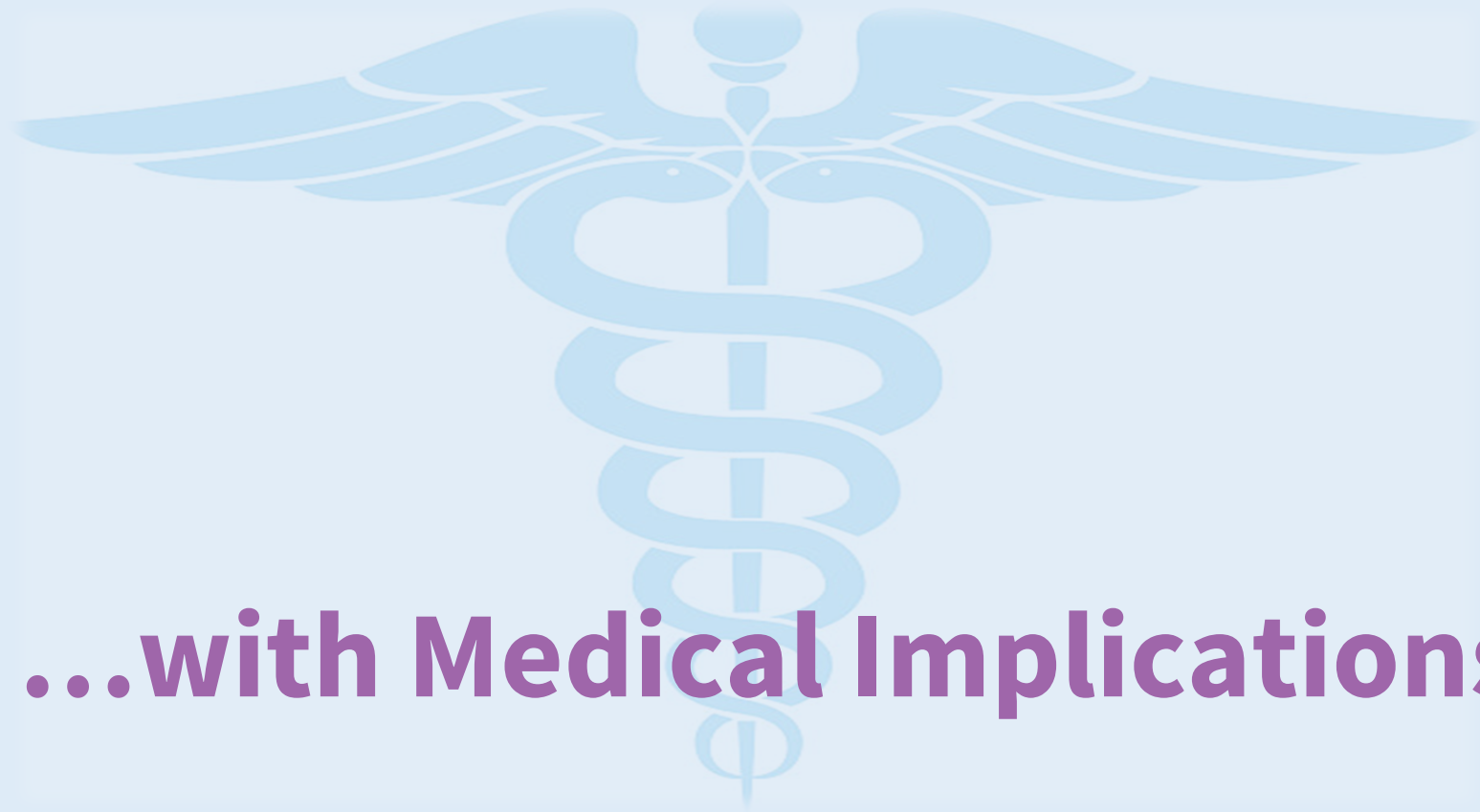
- *The effect of systemic racism and social determinants of health on some African American's end of life medical decision-making.*
- *The role providers may unwittingly play in contributing to the hyper-medicalization of African-American patients nearing end of life.*

In Search of Health Equity



Braveman, P., Arkin, E., Orleans, T., Proctor, D., Acker, J., & Plough, A. (2018). What is health equity? *Behavioral Science & Policy*, 4(1), 1–14.

Death is a Spiritual Experience



...with Medical Implications

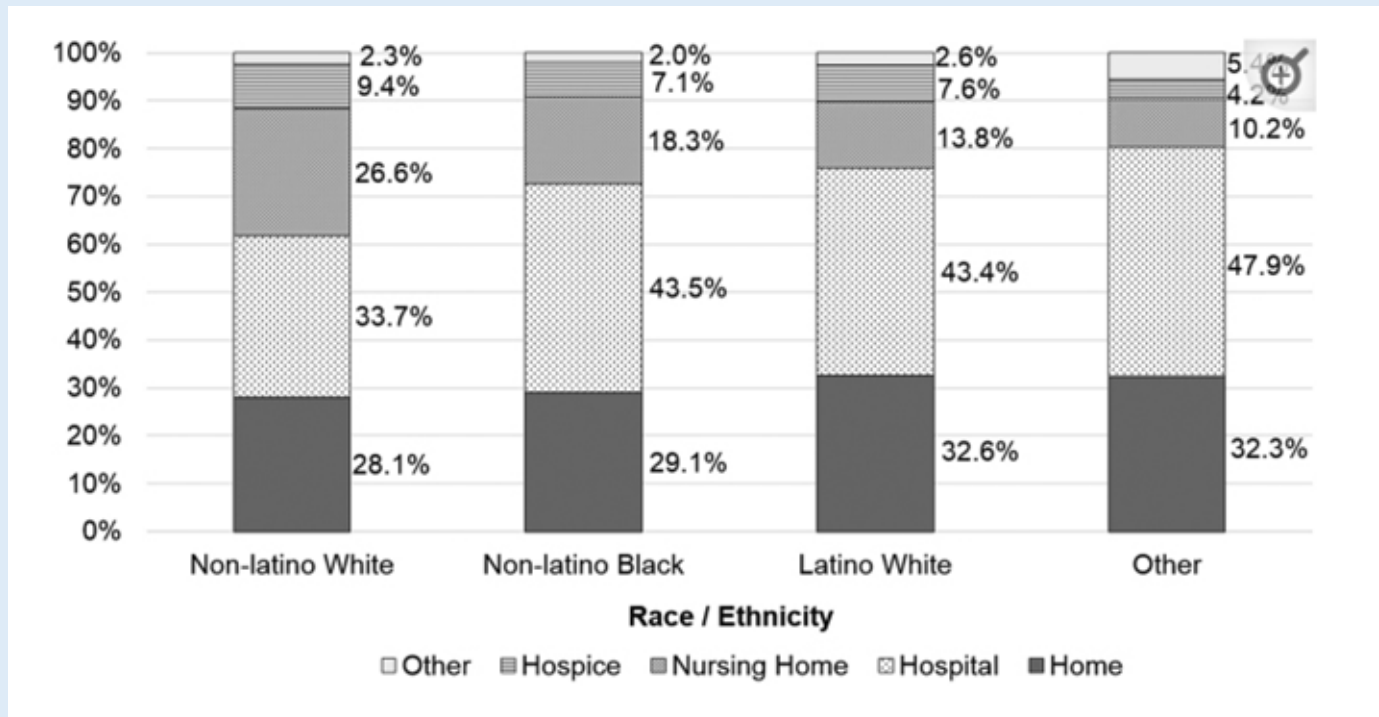
African American Spirituality

Mohamed B., Cox K., Diamant J., Gecewicz C. (2021). 3. Religious Belief Among Black Americans. Washington, D.C.: Pew Research Center. https://www.pewresearch.org/religion/wpcontent/uploads/sites/7/2021/02/PF_02.16.21_Black.religion.report.pdf.

AFRICAN AMERICAN PALLIATIVE CARE UTILIZATION GAP REFLECTS IMPACT OF SYSTEMIC INEQUITIES EVIDENT THROUGHOUT HEALTH CARE

Aaron, S. P., Gazaway, S. B., Harrell, E. R., & Elk, R. (2021). Disparities and Racism Experienced Among Older African Americans Nearing End of Life. *Current geriatrics reports*, 10(4), 157–166. <https://doi.org/10.1007/s13670-021-00366-6>

Racial and Ethnic Differences in End-of-Life Care in the U. S.



Orlovic, M., Smith, K., & Mossialos, E. (2018). Racial and ethnic differences in end-of-life care in the United States: Evidence from the Health and Retirement Study (HRS). *SSM - population health*, 7, 100331. <https://doi-org.proxy-hs.researchport.umd.edu/10.1016/j.ssmph.2018.100331>

“Don’t Talk to Them About Goals of Care”

:Understanding Disparities in Advance Care Planning

J Gerontol A Biol Sci Med Sci, 2022, Vol. 77, No. 2, 339–346 doi:10.1093/gerona/qlab091

Where Do We Go From Here?

Community Based Participation Research

Of the people, By the People, For the People

Jennifer Needle, Ronit Elk, Robin Richardson, Rebekkah Schear, Lamont Johnson, Harriet Mather, Daniel Grossoehme, Emily J. Martin, *Of the People, By the People, For the People: Advancing Health Equity in Palliative Care Through Community Partnership (FR209B)*, Journal of Pain and Symptom Management, Volume 65, Issue 3, 2023, Page e277, ISSN 0885-3924, <https://doi.org/10.1016/j.jpainsymman.2022.12.078>.

Thank You