

Cross-cultural translation in geriatrics -Comparison between the U.S. and Japan-

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Learning Objectives

01

Define cross-cultural translation

02

Identify intricate cultural disparities impacting geriatric care in Western and Asian nations, with a focus on Japan

03

Reflect on the application of cross-cultural translation in clinical practice

Agenda

- Background
- Why is this topic important?
- Examples | ACP, DNR orders, artificial nutrition

Self-introduction -Why Japan?



What is “Cross-cultural translation”?

More than just literal translation of words;
-Understanding of the cultural contexts,
values, beliefs, and practices behind the
languages



- Kim, Young Yun. "Cross-Cultural Adaptation." *Oxford Research Encyclopedia of Communication*. 22 Aug. 2017; Accessed 10 May. 2024.



Cultural sensitivity: Understanding that differences exist

Cultural competence: Understanding cultural “facts”

Cultural Humility: The awareness of one’s own culture and the moral equivalence of one's own culture to another



Why this topic?

“Cultures are so different”

“Discussion style is quite different.”

“Decision-making is so different.”

“Patients’ preparedness for end-of-life is different.”

Why this topic in geriatrics?

Care for a diverse population

A multifaceted approach to older adults

Applying evidence from all over the world

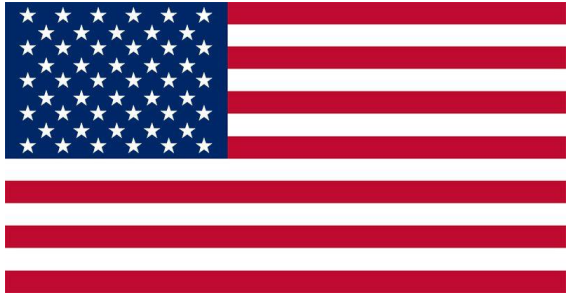
The percentage of people age 65 and older within each racial group

Race	Percentage (%)
White (not Hispanic)	21
Asian American	13
African American (not Hispanic)	12
American Indian and Alaska Native (not Hispanic)	12
Native Hawaiian and Other Pacific Islander (not Hispanic)	10
Hispanic	8
Persons identifying as two or more groups	6

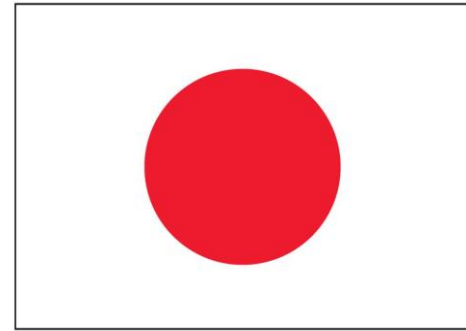
Health in Japan



Life expectancy (2023)

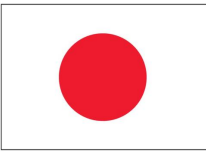


76.4 years



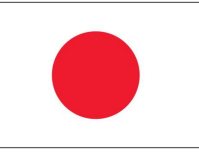
85.0 years

[CDC/National Center for Health Statistics](#)

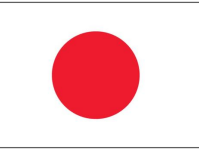


Typical home dinner in Japan





Blue Zone | Okinawa

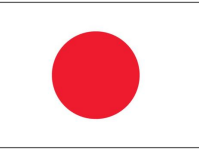


Health care system in Japan

Universal insurance coverage

Health care cost

Free access

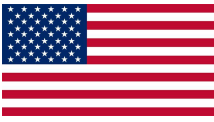


Definition of “older adults”

75 or older: “older adults”

90 or older: “super older adults”

Advance Care Planning (ACP)



Efficacy of ACP, systematic review

End-of-life care consistent with preferences	25% (3/12 studies)
Quality of life	0% (0/14 studies)
Mental health	21% (4/19 studies)
Home deaths	25% (1/4 studies)
Reduced healthcare use/costs	18% (4/22 studies)



“ACP is not a magic bullet”

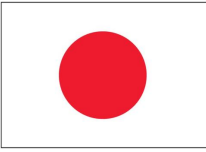
ACP should be considered as a means of facilitating a shared understanding between patients, surrogates, and healthcare providers



ACP: Definition in the US

“A process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals, and preferences regarding future medical care. The goal of ACP is to help ensure that people receive medical care that is consistent with their values, goals, and preferences during serious and chronic illness.”

Sudore RL, Lum HD, You JJ, et al. 2017. “Defining Advance Care Planning for Adults: A Consensus Definition From a Multidisciplinary Delphi Panel.” *Journal of Pain and Symptom Management* 53 (5): 821–32.e1.



Culturally adapted consensus definition of ACP in Japan

“an individual’s thinking about and discussing with their **family** and other people close to them, with the support as necessary of healthcare providers who have established a **trusting relationship** with them, preparations for the future, including the way of life and medical treatment and care that they wish to have in the future.”

Miyashita J, Shimizu S, Shiraishi R, et al. 2022. “Culturally Adapted Consensus Definition and Action Guideline: Japan’s Advance Care Planning.” *Journal of Pain and Symptom Management*, September. <https://doi.org/10.1016/j.jpainsymman.2022.09.005>.



ACP in Asia

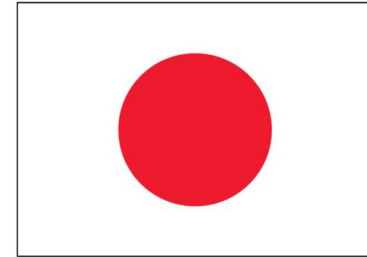
- Rarely engage the patient in it
- Difficult to initiate, partly because of fear of conflicts with family members and their legal consequences

Martina D, et al. 2021. "Advance Care Planning in Asia: A Systematic Narrative Review of Healthcare Professionals' Knowledge, Attitude, and Experience." *Journal of the American Medical Directors Association* 22 (2): 349.e1–349.e28.

Cross-cultural comparison between Japanese American and Japanese



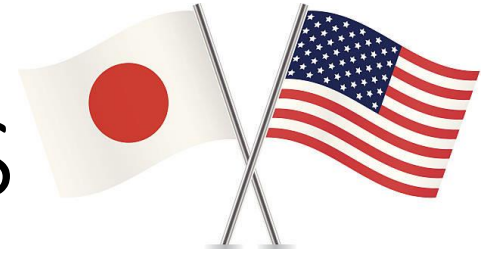
- Preference for disclosure
- Willingness to forgo care



- Desire for group decision-making

Matsumura S, Bito S, Liu H, et al. 2002. "Acculturation of Attitudes toward End-of-Life Care: A Cross-Cultural Survey of Japanese Americans and Japanese." *Journal of General Internal Medicine* 17 (7): 531–39.

Comparison between Japan and the US



Family Physicians' Perspectives and Practices on Advance Care Planning in Regional Cities in Japan and the United States: A Convergent Parallel Mixed-Methods Study

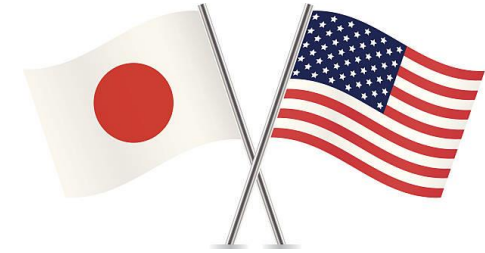
Keiichiro Kita ¹, Kaku Kuroda ², Mayuko Saito ¹, Moe Kuroda ³, Daishi Ogawa ⁴, Maiko Kuroiwa ¹

1. General Internal Medicine, Toyama University Hospital, Toyama, JPN 2. Family Medicine, State University of New York (SUNY) Upstate Medical University, Syracuse, USA 3. Public Health, State University of New York (SUNY) Upstate Medical University, Syracuse, USA 4. Internal Medicine, Nanto Municipal Hospital, Nanto, JPN

FP's goal for ACP

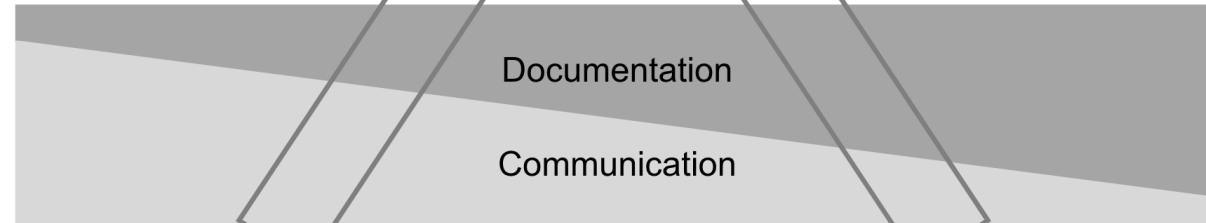
Revealed by open-ended Q

Fulfill patient wishes and satisfaction



FP's approach to ACP

Suggested by the merged data



Toyama

Patient and family satisfaction focused

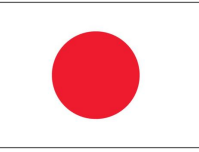
Syracuse

Patient autonomy and documentation-based

Backgrounds affecting ACP

Hypotheses based on integrated data and references

JPN		US
• Absent	<i>Financial incentives for ACP</i>	• Exist
• Almost mono	<i>Ethnicity</i>	• Multi
• High context	<i>Communication culture</i>	• Low context
• Family ≥ individual	<i>Valance of value</i>	• Individual > family



Family-oriented decision making

- Family-oriented decision-making >> individual self-determination
- Shame-based culture where shame is used to achieve social control
- Family authority >> individual patient's needs and wishes

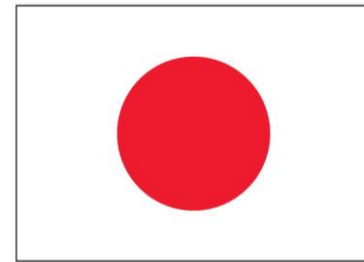
1. Naito Y, Tomita Y, Breaden K, et al. 2022. "Community Nurses' Perspective on Barriers to Effective Utilization of Advance Care Planning for Terminal Care of The Elderly in The Home Environment in Japan: A Systematic Review and Synthesis of Qualitative Studies." *International Journal of Advanced Health Science and Technology* 2 (3): 150–55.
2. Specker Sullivan L. Dynamic axes of informed consent in Japan. *Soc Sci Med*. 2017 Feb;174:159-168.

Comparison of End-of-Life Preferences Between Japanese Older Adults in the United States and Japan



Japanese American in the US

- Make decisions themselves about withholding life-sustaining treatments
- More positive attitudes and higher completion rates of advance directives



Japanese in Japan

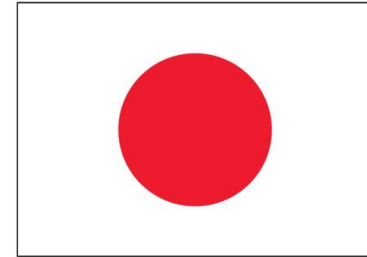
- Rely on physicians and family members for their decision-making

Low context culture vs High context culture



Explicit

concise, straight, simple, clear



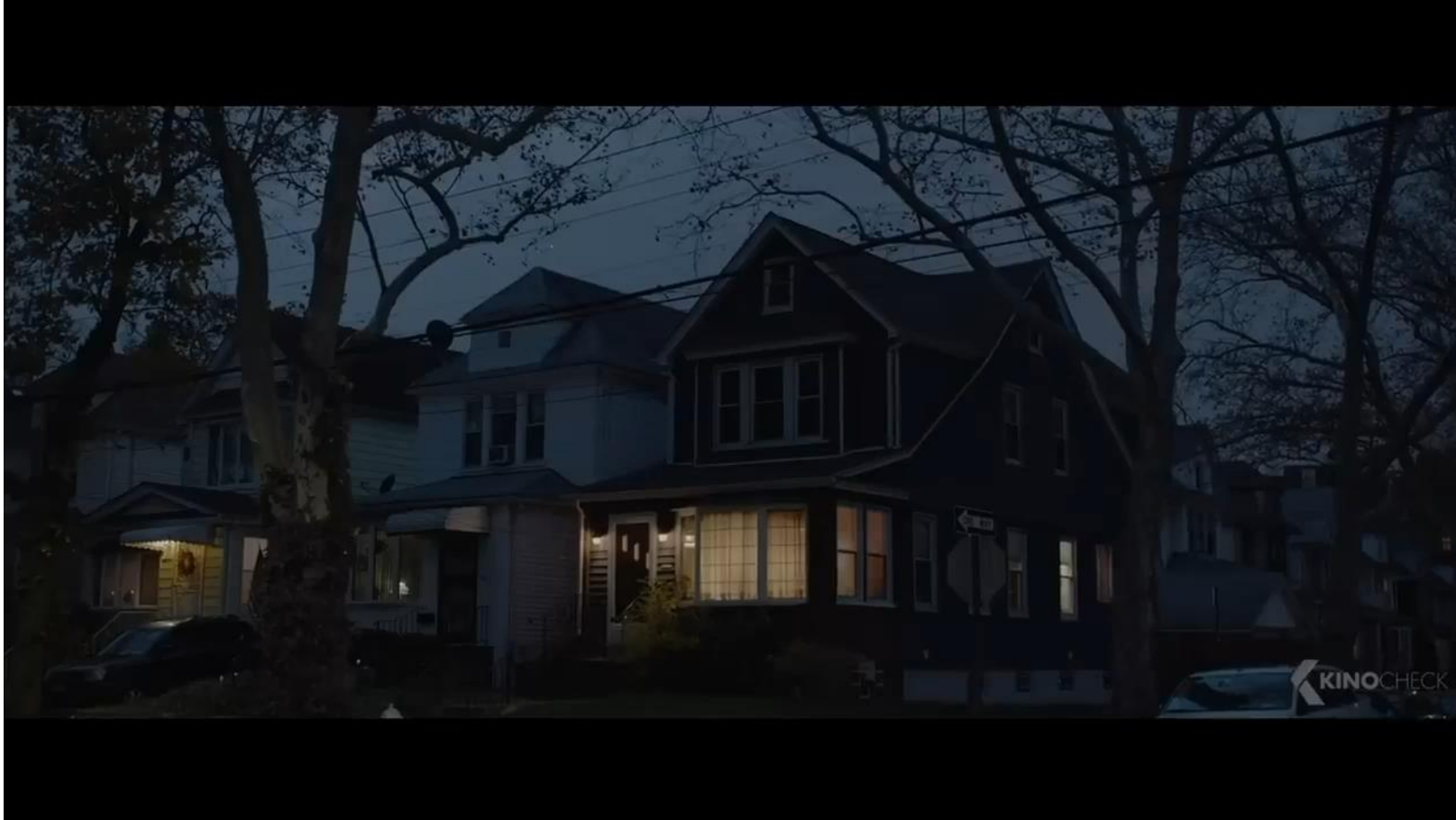
Implicit

indirect, subtle, nuanced, layered

Matsumura S, Bito S, Liu H, et al. 2002. "Acculturation of Attitudes toward End-of-Life Care: A Cross-Cultural Survey of Japanese Americans and Japanese." *Journal of General Internal Medicine* 17 (7): 531–39.



Traditional informed consent in Asia





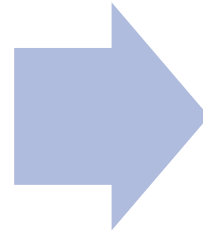
Confucianism

- Filial piety
- Ancestor worship
- Respecting elders



Views on Aging in East Asia

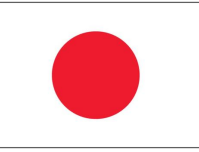
-Collectivistic values
-Cultural traditions
such as filial piety



More positive
Views of Aging
compared to
Western

Kornadt, Anna E. n.d. "Views on Aging – Current Trends and Fent Trends and Future Directions for Cross-Cultural Research Ch." <https://doi.org/10.9707/2307-0919.1176>.

DNR orders

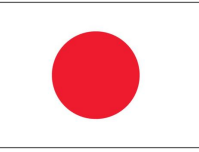


The absence of legislated DNR orders

- Confirming DNR orders verbally and the lack of documentation of DNAR orders
- The lack of consensus on how to document DNR orders

Sato T, Inaba K, Miura Y, et al. Usage Survey of Japanese POLST made by Japan Association for Clinical Ethics. 日本臨床倫理学会作成「日本版POLST（DNAR 指示を含む）作成指針」利用状況に関する調査結果について. *Journal of Clinical Ethics (Rinsho-rinri)*. 2020;8:31-41.

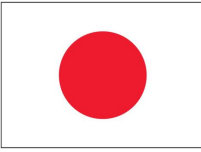
Nakagawa Y, Inokuchi S, Kobayashi N, Ohkubo Y. Do not attempt resuscitation order in Japan. *Acute Med Surg*. 2017;4(3):286-292.



Variation in the perception of other life-sustaining measures associated with DNR

- Misunderstanding of the definition of DNR orders among healthcare professionals
- Confusion between DNR orders and comfort measures-only orders
- Culturally, DNR has been considered “not ideal”

[Hiraoka E, Homma Y, Norisue Y, et al. What is the true definition of a “Do-Not-Resuscitate” order? A Japanese perspective. *Int J Gen Med.* 2016;9:213-220.](#)



MOLST form

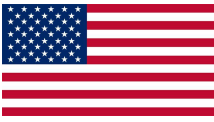
- The Japanese Society of Intensive Care Medicine discouraged the use of a Japanese version of the MOLST form published in 2015 in its 2017 statements.
 - May lead to inappropriate discouragement of life-saving efforts
 - Misunderstanding of DNAR orders among many physicians and nurses causing misuse them to withhold other life-sustaining procedures

Japan Association for Clinical Ethics. Guidelines for Creating the Japanese Version of POLST (Including DNAR Directives): <https://c-ethics.jp/deliverables/detail02/>

Ethics Committee, Japanese Society of Intensive Care Medicine. Physician Orders for Life-sustaining Treatment (POLST) and Do Not Attempt Resuscitation (DNAR) orders. J Jpn Soc Intensive Care Med (Nihon Syuchu Chiryō Igakukai Zasshi). 2017;24:216–26.

Ethics Committee, Japanese Society of Intensive Care Medicine. Clinical situation of Do Not Resuscitate Order and recognition of nurse, Mailed survey in Japan. J Jpn Soc Intensive Care Med (Nihon Syuchu Chiryō Igakukai Zasshi). 2017;24:244–53.

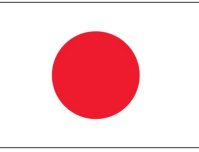
Long-term artificial nutrition



Long-term artificial nutrition in Dementia: Evidences in the US

- For patients with advanced dementia,
 - Does NOT improve prognosis
 - Does NOT prevent aspiration pneumonia
 - Does NOT improve functions
 - Does NOT reduce the risk of pressure ulcers
 - Does NOT improve QOL

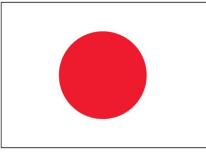
- American Geriatrics Society Ethics Committee and Clinical Practice and Models of Care Committee. 2014. *Journal of the American Geriatrics Society* 62 (8): 1590–93.
- Sampson EL, Candy B, Jones L. *Cochrane Database Syst Rev*. 2009;2009(2):CD007209. Published 2009 Apr 15.
- Lee YF, Hsu TW, Liang CS, et al. *J Am Med Dir Assoc*. 2021;22(2):357-363.
- Finucane TE, Christmas C, Travis K. *JAMA*. 1999;282(14):1365-1370.



A number of gastrostomy placed

- 47 944 in 2019
- Remains high in trend

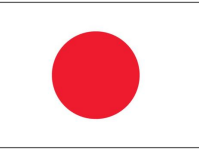
Hattori Y, Hamada S, Ishizaki T, et al. 2022. “National Trends in Gastrostomy in Older Adults between 2014 and 2019 in Japan.” *Geriatrics & Gerontology International* 22 (8): 648–52.



Long-term artificial nutrition in Japan:

1. The National Health Insurance System
2. Legal barriers with regard to limiting treatment
3. Emotional barriers
4. Cultural values family-oriented end-of-life decision-making
5. Reimbursement-related factors

Aita K, Takahashi M, Miyata H, Kai I, Finucane TE. Physicians' attitudes about artificial feeding in older patients with severe cognitive impairment in Japan: a qualitative study. *BMC Geriatr.* 2007;7:22. doi:10.1186/1471-2318-7-22



A fee-revision did not reduce long-term artificial nutrition

- Not simply due to financial incentives
 - more profound reasons for high utilization of artificial nutrition

My Goals

- ACP** will focus on both the patient's autonomy and family dynamics
- DNR orders** will need to establish a standardized DNR format anyway
- Artificial nutrition** will emphasize its limited benefits but will not ignore cultural values -> requires cultural humility

Take away 1

- We cannot simply compare evidence in medicine without an understanding of the cultural contexts, values, beliefs, and practices behind the languages
- Cross-cultural translation is essential to care for multiple racial groups



Take away 2

When you see Asian patients, use different modes of discussion

- **Family-oriented decision making**
- **Different views of aging**
- **High-context culture with implicit communication and Trusting relationship between providers and patients for Japanese patients**

