

Palliative Care for the Greek Speaking Community

Introducing palliative care to the Greek speaking community



In Greek speaking communities, aged care or care for the sick has traditionally been provided by family members. Elderly members of these communities are often unfamiliar with the idea of having non-family members as caregivers. Patients may feel abandoned by their family members when people outside the family serve as primary caregivers, and likewise, family members may struggle with feelings of shame and guilt.

Additionally, Greek families may see palliative care as a last option and be resistant to it until all other life-saving medical interventions have been exhausted. In Greek culture there is a great sense of respect and obligation towards one's parents or older relatives. Feelings of guilt or fear of being judged may be associated with using palliative care. Guilt is especially powerful in immigrant communities where great sacrifices were made by older generations for the sake of younger generations.

Effective Communication

Expectations may differ between the provider and the family about what will be communicated to the patient. In the Greek speaking community, it is common for the patient not to be informed about a negative health status or prognosis because the family wants to protect them from this knowledge. Families prefer to be informed first, and may strongly object to bad news being given to the patient, fearing this may cause extra suffering or loss of the will to live.

It may be helpful to engage a professional interpreter to facilitate communication. The practitioner will be assured that the information is clearly interpreted, all communication will be interpreted without the risk of it being misinterpreted or screened and the emotional stress on family members often makes it difficult for them to interpret effectively.

Words such as *death*, *dying* and *cancer* are taboo to some Greeks. Cancer is sometimes referred to as “*that terrible sickness.*” Palliative care can gently be described as “*caring for a loved one that is terminally ill.*”

Helpful hints for the Health Professional

Family members and their parish priest are integral parts of the palliative care team. Healthcare professionals should get to know them and know how to contact them.

Their involvement will make the patient feel much more comfortable.

The preferred place of treatment is the home if possible; quality of life is connected to the home and family. However, because extended families are now more spread apart, elderly often live alone and seek out nursing homes.

Patients will prefer to have providers of the same gender – privacy is important.

Distress and pain are generally expressed openly. Attitudes towards pain relievers such as morphine differ. Education on pain relief may be necessary.

Euthanasia is considered suicide and strictly forbidden by the Orthodox faith.



Sources:

‘*Caring for Australian-Greek Residents in Aged Care Facilities*’ Resource Manual, Australian Greek Welfare Society Ltd., Melbourne 2001

‘*Multicultural Palliative Care Guidelines*’, Palliative Care Council of SA Inc,

‘*Palliative Care*’, Greek Care website: www.greekcare.org.au