INTERNATIONAL PERSPECTIVES ON AGING

Spring 2008
Wed 1:15-4:00pm
ROOM -HH-667
COURSE-SW/GRN-851

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Worldwide global population is aging, and at an unprecedented rate. As a result of the changing population structure, the world is facing new challenges which are being reflected in intense public policy debates on issues such as health care costs, family and social supports and the nature and provision of pension assistance and income security. Worldwide, in the coming years, the growth rate of the older population will be about three times as high as that of the total population, and the growth of the 75-and-over will be accelerating. These rapidly expanding numbers of older persons represent a social phenomenon without historical precedent.

COURSE DESCRIPTION AND OBJECTIVES

The purpose of this course is to provide students with a knowledge base from an international perspective necessary for social work practice with the aged and their families. The course presents demographic data on global aging and introduces basic concepts such as culturally competent care of elders. In this course, students will learn gerontological social work practice concepts, values, skills, and theories. Emphasis is placed on the role of the social net work and social exclusion on the availability and accessibility to formal and informal care services for the aging population. The theoretical base for social work practice is provided by Bronfenner's ecological model (Bronfenner, 1979) from an international perspective. Within this framework the course imparts a broad view of assessment and intervention techniques that are designed to resolve issues related to aging and end of life care in the field of international gerontological social work. In a contextual approach that identifies systems within which individuals act, the individual with his/her bio-psycho-spiritual characteristics is at the center of the system. The system is embedded in several layers:

1. The Microsystem, including any person or environment with which the person has direct day to day contacts (e.g., family, friends);
2. The Mesosystem involving the interactions of multiple Microsystems, (e.g., family members' lack of agreement with diet and prescriptions);
3. The Exosystem involving the larger community, especially decision-making bodies;

4. The Macrosystem, the overarching cultural belief systems which influence how individuals in each context interact with one another (e.g., social service providers' attitudes about aging, ethnic elders' view of themselves);
5. The Chronosystem, the dimension of time, (e.g., the historical embeddedness of aging, social services, and ethnicity.

II. OBJECTIVES

- Toward the end of the course students should be able to:
- **A**ssess their own attitudes, values, and feelings about older persons and show how these factors, along with feelings about their own aging, may affect their social work practice with older clients.
- To establish how an older person's socioeconomic status, gender, or membership in social categories of exclusion may affect social work practice.
- Develop the skills necessary to assist older adults and their families with health care issues
- Identify major international policies and programs for the elderly, especially the United Nations policies and principles which should guide world nations in addressing the challenges presented
  by the increase of older persons.
- Understand how the conditions, policies and aging programs of different countries compare with the U.S. and other selected countries. This will provide a broader view of the world in terms of the
  human diversity that exists within the U.S. and also across societies.
- Acquire a working knowledge of advance directives and cultural issues related to death and dying

III MAJOR CONTENT AREAS

- Gerontology as an area within International Social Work,
- Growing diversity of aging population in the world,
- International social workers as care providers for elders from diverse ethnic backgrounds,
- Importance of international gerontology and the need for cultural competency,
- Values, value clarification, and attitudes as a context for social work practice with older persons,
- The broad areas of international gerontological social work: techniques of assessment and intervention, community resources, health care services, neglect and abuse of the elderly and cultural issues related to death and dying,
- The informal and formal social network relationships of older persons and their implications for social work practice,
- Identifying opportunities related to community-based and institutional-based social work practice with older persons and their families, and working with caregivers and care giving systems.

REQUIRED TEXTS

Greene, R. (2000). <u>Social work with the aged and their families</u> (2nd Eds.) Hawthorne,

NY: Aldine De Gruyter.

Anna Metteri, Teppo Kroger; Anneli Pohjola (2005). <u>Social Work Visions From Around The Globe: Citizens, Methods, and Approaches</u>. NY: Haworth Press.

RECOMMENDED BOOKS

Bengston, V. L. and Lowenstein. 2003. *Global Aging and Challenges to Families*. New York: Aldine de Gruyter.

Bengtson, V.L.; Kim, D.D.; and Eun, K.S. (Eds.). 2000. *Aging in East and West: Families, States, and Elderly*. Springer Publishing Company.

Esping-Andersen, Gosta , Gallie, D., Hemerijck, A. & Myles, J. 2002. *Why we need a new welfare State* Oxford: Oxford University Press.

Caro, Francis G., Morris, Robert, & Norton, Jill R. 2000. *Advancing Aging Policy as the 21 Century Begins* New York: The Haworth Press, Inc.

Estes, Carroll L. and Associates. 2001. *Social Policy & Aging: A Critical Perspective.* Sage Publications.

CLASS FORMAT:

This course has a lecture/discussion format. Fifteen discussions on various topics are scheduled for the semester. Dates for all of these discussions are listed on this syllabus. During the class period before some of these discussions we will view a short (30 minutes or so) clip from a feature film depicting aging issues from other countries. We will use our discussions to draw out the aging issues in these films and contrast them with issues in other case countries, and to tie the films to themes in readings and lectures.

As you will see below, your participation in class discussions will count for 10% of your final grade. In order to receive full credit for this component of your semester grade, you must attend all discussions. This means that you must arrive to class on time and stay throughout the entire class period. You should also have completed any required reading before each discussion. If you fulfill these requirements you will receive full credit for class participation regardless of whether you actually talk during the discussion itself.

Nonetheless, it is always important to attend class unless an illness, religious holiday, or emergency prevents you from doing so. Lectures focus mainly on materials that are covered in the readings, and you will be expected to demonstrate knowledge of lectures in your exams and paper assignments. If you miss a lecture, I cannot provide copies of lecture outlines or notes. If you miss a film clip, you are responsible for viewing it in the main library media center or renting it on your own. Likewise, new information about exams, changes in reading assignments, and other class-related issues may be announced in class.

COURSE REQUIREMENTS:

Your semester grade will be determined as follows:

10%	Attendance and Class discussions
40%	In class Project/Presentation.
20%	Analysis Paper
20%	Presentation
10%	Community service learning (one short 5 page paper)

Key concepts and theoretical ideas will be presented during the first several weeks of class, and we will spend the rest of the semester examining how these ideas are relevant in our case countries. This means that you will probably be asked to begin literature review to synthesize new materials related to policy and practice from a different country.

Late papers will result in 2 points taken for each day the paper is delayed. Late papers and presentations will be re-scheduled will be given only when circumstances out of your control make it necessary; for example, an acute illness, religious holiday, or death in the family. Having non-refundable plane tickets, family vacation plans, or a work conflict is not a valid reason for submitting late papers. Written confirmation of your reason for missing the deadline – a diagnosis from your physician or a note from your advisor or cleric, for example – may be required.

Paper assignments

The In-Class project requires each student to select a country of his/her choice. (http://www.aarp.org/research/international/map/). This project involves the participation of all students in presenting, discussing and analyzing, session by session, the status, conditions and needs of the elderly from an international perspective based on the country they have selected and as well as the socio-cultural immigrant ethnic diasporas in the Bay area. This is a weekly exercise that should help students understand and compare policies and services for the elderly in various countries of the world, starting with emerging demographic trends and moving into the socio-economic implications of changing population structures. Policies, ethical issues and quality services will be examined. Within the framework of weekly assignment in reading, research and analysis, and after a brief topic introduction by the instructor, students will present, debate and discuss the topic of the day from the perspective of the country they selected. Drafts of each chapter will be requested as the course progresses. Class attendance is essential for the success of this project. Worth 40 points.

2. The **Analysis Paper** consists of the total knowledge, information and data accumulated on the selected country during the course of this semester. It is a requirement of 18 to 20 pages – 15 to17 for undergrads (double spaced, 1" margins, 12 pt Times New Roman), not counting cover page, table of contents, references, appendices. Tables, graphs, charts, pictures, etc. belong in the appendix, properly referenced in the text. The instructor will provide a suggested format and outline for the paper. This assignment includes an **oral presentation** of the paper to the class (15-20 minutes: professional conference quality) followed by questions from the students. Presentation will take place during the last two class sessions. Presentation assignments will be done by raffle. Submission of complete papers is due on or before April 10. Worth 20 points for the paper and 20 points for Oral presentation.

We will talk about all three of these paper assignments in class as their due dates approach.

Second paper: Community Service Learning: You will go out to underprivileged and marginalized populations in the Bay Area that have a high concentration of refugees and ethnic minorities. You will do a psychosocial assessment of the older adult as part of the service learning. The paper will also include a two page summary of at least one interview with an older person from the assigned country. This short paper will include your ideas of intervention with the older adults based on your knowledge gained from literature and your own experiences. Worth 10 points.

Grading

You will receive between 0 and 100 points for each exam, paper, and for class participation. Grades for each exam and assignment will be assigned according to the following scale:

	Points
A	93-100
A-	90-92
B+	87-89
B	83-86
B-	80-82
C+	77-79
C	73-76
C-	70-72
D+	67-69
D	63-66
D-	60-62
F	0-59

At the end of the semester points for exams, papers, and class participation will be weighted (see page 3) and averaged. I will take that average and assign a semester grade according the scale listed above.

Plagiarism or Cheating: Plagiarism is presenting another person's work as one's own. Furthermore, plagiarism includes any paraphrasing or summarizing of the works of another person without acknowledgment, including the submitting of another student's work as one's own. Plagiarism frequently involves a failure to acknowledge in the text, notes, or footnotes the quotation of paragraphs, sentences, or even a few phrases written or spoken by someone else. The purchase of research or completed papers or projects prepared by someone else is plagiarism, as in the unacknowledged use of research source gathered by someone else when that use is specifically forbidden by the instructor. Failure to indicate the extent and nature of one's reliance on other sources is also a form of plagiarism. Finally, there may be forms of plagiarism that are unique to an individual discipline or course, examples of which should be provided in advance by the instructor. The student is responsible for understanding the legitimate use of sources, the appropriate ways of acknowledging academic, scholarly or creative indebtedness, and the consequences of violating this responsibility.

CHHS Withdrawal Policy: the last day to drop a class is Feb 20, 2008. From Feb 22-April 25 you must submit a withdrawal petition. Withdrawal from a class after Feb 20 will be considered for serious and compelling reasons only, and must have accompanying

documentation. The following reasons are <u>not</u> considered *serious and compelling*: Changing your major, poor performance, class not required for graduation/major, or more time needed for other classes. If you wish to withdraw from class due to unexpected <u>changes</u> in your work schedule, illness or family emergencies, documentation will be required, along with a copy of unofficial transcripts. If you are requesting a withdrawal, bring your petition and appropriate documentation to the instructor. From **April 26-May 16**, you may not withdraw from a class or the University, except in the case of a serious, documented illness or verified accident.

<u>**CR/NC option:**</u> **March 20, 2008 is the last day to request the CR/NC option.** The Associate Dean will not approve requests for changes if you miss this deadline.

<u>**Late Add Policy:**</u> **The last day to add classes with a late permit number is Feb 20, 2008.** It is your responsibility to procure a late permit number from your instructor and add the class. Faculty cannot add you into a class. <u>After this deadline</u> a Late Add Justification form and Add form must be signed by your instructor, Chair and CHHS Associate Dean to add. This will be approved only if there was an administrative error.

<u>**Check your registration through *MySFSU*:**</u> Sign up for CR/NC, drop and add classes by the appropriate deadline online through *MySFSU*. <u>ALWAYS</u> check your registration after making any changes and <u>BEFORE</u> deadlines to be sure you are registered properly for your classes. This is a student responsibility. Deadlines for all registration procedures, including withdrawals and requests for credit/no credit, are listed in the class schedule and will be strictly adhered to by the instructor, the Department Chair, and the Associate Dean of College of Health & Human Services. This can be viewed on the Registration Calendar at the following website:
http://www.sfsu.edu/~admisrec/reg/noindex/reg072.html

<u>**Disability Programs and Resource Center**</u>: Students with disabilities who need reasonable accommodations are encouraged to contact the instructor. The disability Programs and Resource Center (DPRC) is available to facilitate the reasonable accommodations process. The DPRC, located in SSB 110, can be reached by telephone at 415-338-2724 (voice/TTY) or by e-mail at dprc@sfsu.edu.

According to Academic Senate policy F76-12 a time period is set aside at the end of each semester for a formal examination period. All classes are expected to meet during the final examination period whether an examination is given or not. The final examination schedule is published each semester in the Class Schedule.
http://www.sfsu.edu/~acaffrs/faculty_manual/8_8.htm

COURSE SCHEDULE--TOPICS BY SESSION

Session 1
Demography and Issues on Global Aging

Suggested Reading
Morgan, L. & Kunkel, S. (1998). Aging people in the aging world: Demographic
        perspectives in Aging: The social context. NY: Pine Forge Press (Chapter 3, pp.

67-96).

Bengston, V. Lowenstein, P, & Gan, D. (2003). Global aging and the challenge to
Families.

Schaeffer, R. (2000). Theories of globalization (pp.1-18). Understanding globalization:
The social consequences of political, economic and environmental change. Rowman &
Littlefield Publishers, Inc.

Class activities: Explain differences in population pyramids between the U.S. and China in 2000, 2025 and 2050. 2) Explain differences in population pyramids between Italy and Mexico in 2000 and 2050. Compare their cultural similarities and explain factors that influence their differences.

http://www.census.gov/cgi-bin/ipc/idbpyrs

Session 2

The context and framework for international social work practice with older persons and their families.

- The social and demographic characteristics of aging population and their implications for social work practice,
- Demographic trend and data on elders from around the world,
- Sources of data and their limitations,
- Demographic characteristics available include age, gender, housing, income/poverty, marital status, living arrangements, and education,
- Most recent numbers and percentages of older adults,
- Past trends and future projections of changes in sizes,
- Heterogeneity within elderly populations.

Suggested Reading

Kosberg, J.I. (1999). Opportunities for social workers in an aging world. Journal of
Sociology and Social-Welfare. 26(1), 7-24.

Ram, Bali. (2003). Fertility Decline and Social Change: New Trends and Challenges
Canadian Studies in Population 30(2), 297-326.

Wisensale, S. K. (2003). Global aging and intergenerational equity. Journal of
Intergenerational Relationships 1(1), 29-47.

Session 3
Theoretical Perspectives of global inequalities in global perspectives

Suggested Reading
Y. W. Bradshaw & M. Wallace. (1996). *Global Inequalities pp.* 39-58.
  "Constructing a Model of Global Inequalities"
  Modernization Theory: Blaming the Victim
  World System Theory: Blaming Outside Actors
Aging and Modernization
  Palmore, E. L. & Manton, K. (1974). Modernization and status of the aged:
  International correlations. *Journal of Gerontology* 29 (2) 205-210.
Smith, Suzanna D. (2006). "Global Families" pp.3-24 in *Families in Global and*

  Multicultural Perspectives, edited by Bron B. Ingoldsby & Suzanna D. Smith. Sage
  Publications.

Lee, Gary R. & Nancy A. Greenwood. (2006). "Comparative Research Methodology"

  Pp.25-40 in *Families in Global and Multicultural Perspectives*, edited by Bron B.
  Ingoldsby & Suzanna D. Smith. Sage Publications.

Class activities: How applicable is modernization theory? How accurate is world system theory?
Give your opinion in understanding the contemporary world using different theoretical
paradigms. How applicable are these theories to social work practice with poor, disenfranchised
populations?

Session 4
Theories on aging

Suggested Reading
Gubrium & Holstein. (1999). Constructionist Perspectives on Aging (pp.287-305) from
  Bengtson & Schaie. Handbooks on Theory and Aging
Riley, M. W. & Fonder, A., & Riley, J. Jr. (2003). The Aging and Society Paradigm" (pp.
  327-343)
Estes, C. (1999). Critical Gerontology and the New Political Economy of Aging. (pp.
  17-36) in Meredith Minkler & C. L. Estes (eds.), *Critical Gerontology: Perspectives from
  political and Moral Economy.* Baywood Publishing Company, Inc.

Class activity: How do I apply one of these theories in analysis of daily life experiences or my
work with social agencies? Give one or two examples.

Session 5
Cultural competence, values and attitudes and the context of international social work practice
with older persons.
- Intercultural dynamics.
- Importance of cultural factors in social service settings and in encounters between social
  service providers and recipients.
- Understanding culture of the social service organizations.

- Diversity among older adults based on culture, socio-economic and class factors.
- Cultural Competence in International Ethno-gerontological social work.

Suggested Reading

Lavizzo-Mourey, R.J. & Mackenzie, E. (1995). Cultural competence--an essential hybrid
    for delivering high quality care in the 1990s and beyond. Transactions of the
    <u>American Clinical and Climatological Association.</u> 107, 226-237

Tripp-Reimer, T. (1999). Culturally competent care. In Wykle, M. L. & Ford, A. B.,
    <u>Serving Minority Elders in the 21st Century</u>. New York: Springer.

Valle, R. (1998). <u>Care giving across Cultures</u>. Washington, DC: Taylor and Francis.

Session 6

<u>Issues in assessment and treatment</u>

- Conducting screening tests.
- Informed Consent.
- Intercultural dynamics producing possible misunderstanding.
- Communication of possible negative outcomes.
- Dealing with family expectations that elders should be protected from bad news.
- Identifying family hierarchical patterns with implications for elder care decisions.
- Learning techniques to minimize confusion and misunderstanding.
- Use of cultural guides to determine acceptability of talking to older patients directly.
- Asking older patients if there is a preferred spokesperson.
- Asking patients if they would like to consult with, or appoint someone else as decision maker.
- Asking patients to explain in their own words what they understand about the procedure

Suggested Reading

Haley, W. E., Han, B., & Henderson, J. N. (1998). Aging and ethnicity: Issues for clinical
    practice. <u>Journal of Clinical Psychology in Medical Settings</u>, 5(3), 393-409.
    Hughes, B.A. (1993). Model for the comprehensive assessment of older people and their
    carers. <u>British Journal of Social Work</u>. 23(4), 345-641.

Okazaki, S., & Sue, S. (1995). Cultural considerations in psychological assessment of
    Asian Americans. In J. N. Butcher (Ed.), <u>Clinical Personality Assessment</u> (pp. 107-119).
    New York: Oxford University Press

Parker, M; Baker, P.S; & Allman, R. (2001). MTI: A life-space approach to functional
    assessment of mobility in the elderly. <u>Journal of Gerontological Social Work</u>. 35(4), 35-
    55.

Session 7
Community and Neighborhood Assessment in the context of international social work practice
- The social networks and family relationships of older persons.
- Support from neighborhood and community members.
- Assessing overall features of the community and neighborhood such as length of time in community, proportion of elders, children, and adults in population, intergenerational relations, and status of elders.
- Availability and utilization of services by elders and their family.
- Successful models of service.
- Use of indigenous networks for education and outreach such as churches, temples, places of worship; lay leaders; promatores (non professional community based advocates); beauty salons, barber shops, other gathering places.
- Use of ethnic community resources for education and outreach.
- Community Centers.
- Health fairs.
- Community Health Representatives (CHR's).
- Parish Nurses.

Suggested Reading
Damron-Rodriguez, J., Wallace, S. P., & Kington, R. (1994). Service utilization and minority elderly: Appropriateness, accessibility and acceptability. Gerontology and Geriatrics Education, 15(1), 45-64.
Gupta, R. (2002). Support provided by the elderly in South Asian families. Journal of Social Work Research and Evaluation: An International Publication. 3(1)51-63.
Hyduk, C.A. (1996). The dynamic relationship between social support and health in older adults: assessment implications. Journal of Gerontological Social Work. 27(1/2):149-65.
Mancini, J.A; Quinn, W; & Gavigan, M.A. (1980). Social network interaction among older adults: implications for life satisfaction. Human-Relations. 33(8), 543-549.

Session 8
Support Systems for older adults
Micro-social theories on aging and families: Theoretical Perspectives: Intergenerational Social Support in Multiple Contexts

Suggested Reading
V. Bengtson & A. Lowenstein. (2003). *Global Aging and Challenges to Families* Articles 2, 3, 4, and 5. Pp. 27-122.
Class activities: theory or concept application. Apply a theory or concepts we have just read to analyze your family experiences or an aging situation.

Session 9
Support Systems for older adults
Theoretical Perspectives: The role of intergenerational social support

Suggested Reading
Bengtson, V & Lowenstein. A. *Global Aging and Challenges to Families* Chapters 6, 7, & 8.

Pp. 123-174

Class activity: What motivates giving? Use a comparative approach to answer this question, use examples, such as a comparison between intergenerational giving between China and the U.S. or any two countries.

Session 10
The Link between family and the state

Suggested Reading
Bengtson, V & Lowenstein. A. *Global Aging and Challenges to Families*
Chapters12, 13, & 14.

Class activity: Use two different social policies in two different countries or nations to explain the differing effects/impact on families or elders. You may use examples we have read or search on line to find new examples.

Session 11
Intra- and Intersociety Differences and social change

Suggested Reading
Bengtson, V., & Lowenstein. A. (2003). *Global Aging and Challenges to Families*
Chapters 15, 16, 17, & 18. Pp. 305-378

Class activity: The role of family in a comparative perspective. Use examples to illustrate your point.

Sessions 11 and 12: Health care issues
Techniques to minimize misunderstanding
- Discuss patient's and provider's explanatory models for condition being treated
- Investigate meaning of condition in the culture (e.g., is it hidden? is there a word in the language for the condition?)
- Assess literacy level, then give culturally appropriate written information in appropriate reading level
- Assess different attitudes to taking prescribed amount
- Culturally based differences in attitudes towards herbal and Western medication
- Cultural values relating to particular medications (e.g., antihypertensive pharmaceuticals that may contribute to sexual dysfunction)
- Effect of combining pharmaceuticals with culturally based herbal medications
- Financial ability to buy medication
- In some ethnic groups it is common to "share" medications among family and friends.
- Surgery: Intercultural Concerns.
- Cultural beliefs in sanctity of body and adaptation of new invasive medical technologies.
- Coordinating Biomedical and traditional therapies.
- Include all health care providers valued and used by patient and family in the therapeutic team, including healers from non biomedical traditions.
- How to honor patient's needs for healing practices or ceremonies.

- Meeting the need to recognize, discuss, accept, and respect differences in goals between biomedical and traditional ethnic providers.
- Issues in dementia and care giving.
- Issues of caste/ethnicity/race of paid caregivers.
- Culturally determined behaviors of bathing, eating, and toileting.
- Cultural gender taboos concerning body touching/viewing by family.
- Cultural "normalizing" of dementia behaviors.
- Designing culturally sensitive cognitive testing.

Suggested Reading
Gupta, R., & Pillai, V. (2002). Cultural influences on perceptions of caregiver burden among Asian Indians and Pakistanis. The Southwest Journal on Aging, 17(1/2), 65-74.
Kleinman, A., Eisenberg, L. Good, B. (1978). Culture, illness, and care. Annals of Internal Medicine, 88, 251-258.
Pachter, L.M. (1994). Culture and clinical care: folk illness beliefs and behaviors and their implications for health care delivery. Journal of the American Medical Association, 271, 690-694.
Uba, L. (1992). Cultural barriers to health care for Southeast Asian refugees. Public Health Reports, 187, 544-548.

Session 13
Long term Care—Formal and Informal Care

Suggested Reading
Bengtson, V., et al. (2000). Part I. Comparative Lessons between East and West
Chapters 1, 2, & 3 PP. 1-56
Bengtson, V., et al. (2000). Part V. Who Will Care for Tomorrow's elderly
Pelham, A. (1999). Managing Home Care for the Elderly: Lessons from Community-Based Agencies. NY: Springer.
Class Activity on Long-term care debate: Who should care for tomorrow's elder? Should the government increase its intervention in and responsibility for families? Or should individuals increase personal responsibilities for families and aging?

Sessions 14
Abuse and neglect
- Definition of abuse and neglect – cultural perspective.
- Overt and covert forms of abuse.
- Forms of abuse: Financial, emotional, verbal, physical, sexual.
- Neglect: Physical, psychological, and medical.
- Culturally sensitive intervention techniques for neglect and abuse.
- Prevention of neglect and abuse- outreach and educational strategies.

Suggested Reading
Grundy, Emily. (2006). Ageing and Vulnerable Elderly People: European Perspectives. Ageing & Society 26(1):105-134

Prakash, I. J. (2001). Elder abuse: global response and Indian initiatives. Indian-Journal-of-Social-Work. 62(3), 446-463.

Schroder-Butterfill, Elisabeth; Marianti, Ruly. (2006). A Framework for Understanding Old-Age Vulnerabilities. Ageing & Society 26(1), 9-35.

Session 15
Advance Directives and death and dying

- Intercultural dynamics leading to misunderstanding.
- Lack of acceptability of discussion of death or disability in the culture.
- Cultural, social, economic, educational, and linguistic differences between provider and patient/family.
- Cultural rituals and traditions at the time of death.
- Biomedical model of autonomy in decision making that recognizes cultural expectations that others (e.g., family, son, clan leader) would make health care decisions for elder.
- Is patient capable of identifying person(s) responsible for medical and financial decisions?
- Does the family accept the identified decision maker?
- Self-assess provider's own values and culture about death.
- Ask patients to describe their customs, concerns, and beliefs about death, if appropriate.
- Helping older persons and their families cope with death and dying.
- End of life preferences (when appropriate).
- Preparation for death including availability of advance directives.
- Preference for hospital or home end of life care.
- Death rituals for care of the body and mourning behaviors during and after death.
- Attitudes about organ donation and autopsy.

Suggested Reading

deVries, B. (1999). End of Life Issues: Interdisciplinary and Multidimensional Perspectives. NY: Springer

Fox, R.C. (1988). The Social Meaning of Death. Social Casework. 69(9), 575-831.

Kwak, Jung; Haley, William E. (2005). Current Research Findings on End-of-Life Decision Making among Racially or Ethnically Diverse Groups. The Gerontologist 45(5), 634-641.

Miccinesi, Guido; Fischer, Susanne; Paci, Eugenio; Onwuteaka-Philipsen, Bregje D; Cartwright, C; van der Heide, Agnes; Nilstun, Tore; Norup, Michael; Mortier, Freddy. (2005). Physicians' Attitudes towards End-of-Life Decisions: A Comparison between Seven Countries. Social Science & Medicine 60(9), 1961-1974

Yick, A., Gupta, R. (2002). Chinese Cultural Dimensions of Death, Dying, and Bereavement: Focus Group Findings. Journal of Cultural Diversity, 9(2), 32-42.