Palliative Care for Culturally & Linguistically Diverse Communities

Cultural profiles to assist in providing culturally sensitive Palliative Care
Disclaimer:

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This report is also available on the MIC website at www.miceastmelb.com.au and the Eastern Palliative Care website at www.eastpallcare.asn.au

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- Royal District Nursing Service – Jaklina Michael, staff from the Cultural Diversity Resource Group and staff from the Palliative Care Clinical Leadership Group
- Vietnamese Women’s Association of Australia—Thuy Tien Nhan, Cam Sau Le and the Aged Care Team
Purpose of this resource

Each encounter with a client is unique. The perspectives and experiences that each client brings to a consultation impacts on communication. Every individual is different and the level they adhere to specific cultural traditions and values will vary. It is important never to make assumptions about people’s cultural backgrounds or religions.

This resource has been developed to help palliative care providers care for people from CALD backgrounds and to build sensitivity to basic cultural differences. The resource considers the social, emotional, physical and spiritual needs of the person who is using palliative care services and their families. It will support staff to develop strategies to provide culturally appropriate services specifically for Cambodian, Chinese, Indian, Iranian, Sri Lankan and Vietnamese communities living in the Eastern Metropolitan Region of Melbourne.
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CALD  Culturally and Linguistically Diverse
CPP  Community Partners Program
DHS  Department of Human Services
DOHA  Department of Health and Ageing
EMR  Eastern Metropolitan Region
EPC  Eastern Palliative Care
HACC  Home and Community Care
MIC  Migrant Information Centre (Eastern Melbourne)
NAATI  National Accreditation Authority for Translators and Interpreters Ltd
ONCALL  ONCALL Interpreters and Translators Agency
RDNS  Royal District Nursing Service
TIS  Translating and Interpreting Service
VITS  Victorian Interpreting and Translating Service
A CALD community is a community which is Culturally and Linguistically Diverse from the general Australian community.

Socio-economic status, level of education, time of arrival in Australia, religion, age, gender, English language proficiency and the migration experience all have an impact on the culture of individuals.

To work with CALD communities, providers must be aware of cultural differences, be sensitive to their communication needs both verbal and non-verbal and be aware of common barriers to accessing and utilising services.

Culture

Culture refers to: “the integrated pattern of human behaviours that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious, or social group” (Wells & Black, 2000)

Culture provides us all with a guide for:

- How we see the world
- What we value
- What we believe in
- How we behave

The degree to which culture is taken on and expressed is different for every individual, family, community and society.

Culture is always changing. Over time we all have experiences—small, large, meaningful and seemingly meaningless. We learn from these experiences and change as a result.

While culture contributes to shaping an individual’s beliefs and attitudes, people of the same or similar cultural background do not necessarily have the same needs, preferences or beliefs.

They may be cautious of government funded services. This particularly impacts at times of disclosure and consent, when a relationship built on trust with the provider is critical (A.Campbell, 2001).

BARRIERS TO ACCESSING SERVICES FOR CALD COMMUNITIES

It is necessary to have a coordinated and planned response to service delivery for CALD clients, carers and families. A healthcare provider who has attempted to know something about the patient’s religious and cultural background gives great support to the patient and their family. It makes an enormous difference in the building of relationships. Some of the barriers to accessing services for CALD communities are:

- Lack of knowledge and information. Low familiarity with the service system and lack of information in the preferred community language.
- Lack of confidence to seek services. They may rely on family and friends who may not always be available or provide them with biased information.
- Social isolation. Many seniors from CALD backgrounds remain at home caring for their grandchildren or supporting the family.
- Requirements for receiving services are too demanding. The amount of forms to fill out or the type of information requested may seem very intrusive.
- Communication barriers. The use of interpreters is low and not widely promoted within the service.
- Attitudes to seeking or receiving outside help. Some cultures are reluctant to seek help as they feel they are not deserving or prefer to not have outsiders in the home.
- Programs offered are not culturally relevant.
- Migrants may originate from countries where they have experienced trauma and torture or coercion of medical practitioners.

CALENDAR OF CULTURAL CELEBRATIONS

Being aware of special days on a CALD client’s calendar may strengthen your relationship with the individual and give you some insight into their cultural and religious practices.

To find a calendar of cultural celebrations relevant for the individual that you are working with visit the Department of Immigration and Citizenship website or CTRL click on the link below.

Communication problems have been identified as one of the most significant barriers to clients and their families in accessing services. Families and clients don't understand what services are available to them and how the care will be provided.

Navigating language differences for a healthcare provider can be a very frustrating and challenging aspect of working with individuals from CALD communities. There are some points to remember to make the process easier.

**USING EFFECTIVE ENGLISH**
The establishment and maintenance of effective communication is critical to the provision of services to clients of non-English-speaking backgrounds.

- Use simple words: avoid jargon and acronyms
- Limit/avoid using medical terminology
- Speak at a slow pace
- Articulate words completely
- Repeat important information
- Use visual aids such as pictures and actions to support understanding
- Give small amounts of information and ensure your patient understands before moving on
- Always confirm the client understands the information, ask them to repeat back the main points

**Cue cards** can assist with English language difficulties, or problems communicating. They are visual symbols of commonly used words. They are not to be used instead of accredited interpreters. There are 11 categories you can print to use.


**LANGUAGE IDENTIFICATION**
It is important to identify the language and dialect spoken by the individual you are working with to ensure you obtain an interpreter who speaks the same language.

Tools to assist in identifying the language include:

**Language Identification Map**
These maps can be displayed to help clients indicate which language they speak. If a person is illiterate in their own language they can usually identify which language is theirs by the characters.


*Appendix 1 will assist you with determining language spoken for country of birth.

**National Interpreter Symbol**
This symbol provides a simple way to ask for language assistance when using government services. Individuals can carry a card with them to identify their language and dialect. Service providers can display this symbol at their reception to indicate they can assist individuals with an interpreter.

ARRANGING AN INTERPRETER
Interpreting is the action of translating the spoken word from one language into another. It is vital to use an interpreter at critical points in service provision. Accredited, professional interpreters should always be used.

It is better to book interpreters in advance. Interpreters can be used on site or by phone. To arrange an onsite interpreter, you need to provide the following information:

- Date/Time/Place of interpreting location
- Language (specify dialect)
- Gender of interpreter if required
- How the session will be conducted—will it be 1-on-1 or a group session
- Name of contact person and phone number
- Length of booking (minimum 1 ½ hours per session)
- Name of the person making the booking

Professional language services. The National Accreditation Authority for Translators and Interpreters Ltd (NAATI) is the national standards setting body for the translating and interpreting industry in Australia.

The NAATI website has a list of accredited interpreters http://www.naati.com.au/. The following organisations provide professional interpreting services:

TIS (Translating & Interpreting Service)
Ph: 131 450

VITS LanguageLink
Ph: (03) 9280 1955
Website: www.vits.com.au

ONCALL Interpreters and Translators Agency
Ph: (03) 9867 3788
Website: www.oncallinterpreters.com/newwebsite/

*Appendix 2 will assist with decision making associated with using interpreters and translating materials.

TRANSLATING INFORMATION
Providing translated information about your service is an important way of communicating with individuals from CALD backgrounds.

When preparing translations for your organisation:
- Use short, easily understood sentences
- Use simple terms & avoid double negatives
- Avoid official, legal and professional jargon
- Avoid culturally specific humour

Always have the translated material cross checked with the original material by a bilingual worker, community member or a second translator.

Translations Standards is a set of quality standards that provides guidance & focus for producing quality translations, to meet the needs of any target population group. The tick device is made up of ten circles representing ten translation standards. Translation Standards is a Licensed Trade Mark in Australia and New Zealand.

Royal District Nursing Service is offering use of the Licensed Trade Mark-Translation Standards, to relevant service providers via a non-exclusive, royalty free licence. If your organisation is interested contact Jaklina Michael, Cultural Liaison Coordinator—jmichael@rdns.com.au or (03) 9854 3444.

LANGUAGE SERVICES POLICY
It is important for organisations to have and staff to be familiar with a language services policy regarding access to and use of interpreters and translated information.

The DHS language services policy outlines the requirements for funded organisations to enable people who can not speak English, to access professional interpreting and translating services when making significant life decisions. This policy can be downloaded from www.dhs.vic.gov.au/multicultural/html/langservpolicy.htm
Many of the senior Cambodians living in Australia are survivors of the Pol Pot regime. They have suffered extreme emotional, social, educational and cultural dislocation. They have survived the killing, starvation and escape from Cambodia and deprivation in the refugee camps.

Many Cambodians have suffered enormous physical and psychological trauma in their country of origin. This may result in jumpy reactions to sudden noises, memory and concentration problems, and extreme reactions to minor stresses.

COMMUNICATING WITH THE PATIENT

Language
The national language of Cambodia is Khmer. Depending on their ethnic background, Cambodian born people may speak Cantonese, Mandarin, Teochew, Thai, Vietnamese and other languages.

English proficiency in the Cambodian community, particularly among the older generation, is very low. Many older Cambodians have had no formal learning in Cambodia and as a result many are not literate in their own language.

Communication Style
Cambodians prefer to be addressed using their correct title. For example Mr, Mrs and Dr. They will often not address people by name instead using the greeting for aunty or uncle. Cambodians may not recognise their names if they are pronounced incorrectly.

Cambodians have a tendency not to question instructions or authority. It is important to differentiate between a ‘yes’ that a Cambodian person is listening and a ‘yes’ that they agree/understand.

It may take time to develop working relationships, trust and rapport. Loud or over-familiar behaviour towards others is generally not favoured. Cambodians tend to avoid showing anger or getting involved in confrontation.

CUSTOMS & VALUES
- Traditional Cambodian values include a strong family identity and loyalty.
- Cambodian families tend to be very private and reluctant to discuss family issues or conflict with non-family members.
- Cambodian-born people have a respect for their culture and older people.

- Modesty, particularly for women, is very important.
- Stoicism is a highly valued Cambodian character trait. This brings about a reduced tendency to complain about their health or services they are receiving.
- Visitors to Cambodian-born people’s homes are often asked to remove their shoes.
- The refusal of food or refreshments when they are offered may cause offence.

Religion
Cambodians are primarily Theravada Buddhists. A small number are Christian. It is advised to ask what religion the patient follows and be mindful that spiritual needs may vary over the course of treatment.

Holidays and Special Days
Cambodians traditionally follow the Lunar Calendar.

- Treatment of the Monk
  Sept a number of weeks

- Chaul Chanam
  (Cambodian New Year)
  mid April
  In Australia the new year is celebrated on the 13th of April every year – people may continue celebrating for up to a fortnight.

- Bonn Phchum Ben
  (Ancestor’s Day)
  late Sept/early Oct
  Ancestor’s day is the most important holiday. Cambodians attend the temple on Bonn Pchum Ben day to make offerings to decreased members of the family.

- Lunar New Year
  1st day of the 1st Lunar Month
  It falls between 21 January and 20 February.

ATTITUDES TO PALLIATIVE CARE
Nursing homes and hostels do not exist in Cambodia; the family is expected to be responsible for the welfare of their elderly. In Cambodia, children and family members will care for the elderly.

In the Cambodian community in Australia there is a lack of understanding of palliative care and many people will feel more comfortable to be treated in their home.

It will be important for a worker or a volunteer providing care to determine with the family what their role as a volunteer entails.
Health professionals are expected to clarify with the family the diagnosis and prognosis. Giving news to the family first or telling both the patient and family are acceptable. The guarantee of confidentiality is important within the Cambodian community.

Decision-making about the illness is likely to involve the client and the family. Theravada Buddhists generally do not oppose autopsy or organ donation.

Cambodian-born people regard disability as shameful and a strong cultural stigma is attached to mental illness in particular. Cambodian-born people may be unfamiliar with disability and mental health services, as they were not available in their own country.

**BELIEFS AND PRACTICES AROUND DEATH & DYING**

Buddhism generally shapes the lives and perspectives of Cambodia’s people. Theravada Buddhists do not require any specialist handling of the deceased.

Prior to death a monk is often invited to the home to pray for the release of the sickness. He reminds the dying person of all the good things that have happened in life and asks him to acknowledge them. Friends or relatives who have wronged the person are required to ask for forgiveness before death.

Friends, relatives and neighbours prepare food, clothes and other items which they show the dying person for approval. They give them to the monk when the person dies believing that when they pray these things will reach the person who has died.

The dying individual may like to prepare for death by giving away their belongings and organising practical household tasks and donating items to charity. They will benefit from this karma in the future life.

To help create a positive state of mind for death a practitioner may place a statue of Buddha insight, play recordings of chanting and invite a monk or nun to pray. It is important for a Buddhist to remember all of the good actions that they have performed over their life. The opportunity to confess a past karma or recite a purification prayer may be appreciated.

It is considered good luck if the family of the person is present at the time of death to witness ‘the departure’. The body of the deceased will be bathed and changed into new clothes. It will then be taken to the temple to be blessed by monks before burial or cremation.

After death family and friends bring incense sticks, rice, money and candles to the family of the deceased. Neighbours and family members prepare food for the immediate family. People sit around and express their grief and sadness. Many take comfort in the belief that they are losing identity in this life but gaining another.

**ATTITUDES TO PAIN MANAGEMENT**

Taking medication should not be a problem with the Cambodian community. Traditionally they have dealt with illness through self-care and self-medication. Spiritual healers may be sought for illnesses thought to be caused by spirits.

Herbal remedies may be used in conjunction with, or as an alternative to western medicines. Pinching, or rubbing (also known as coining) are common remedies for a range of ailments. They can result in bruises or marks on the forehead, the abdomen and the base of the nose, between the eyes and on the neck, chest or back. It is important not to mistake these marks as a sign of abuse.

**APPROPRIATE FOOD**

Food is generally blander and consists of more fish and gravies than food in Thailand or neighboring countries. Soup and rice are the two main dishes in Cambodia. Rice is the staple food. Seafood and fish are common.

The dietary rules of Buddhism, which is more of a life philosophy than a religious doctrine, depend on which branch of Buddhism is practiced and in what country. This includes: vegetarianism, days of fasting, cultivating, cooking, storing their own food and the reliance on alms (food donations).

**SUITEABLE MUSIC**

Traditional music from their home country may be appropriate to play. The practitioner must be mindful here to determine if memories of Cambodia are happy ones or should be avoided and music from their ancestry be used, for example Chinese.

For Buddhists chanting may be appropriate. It will help to prepare the mind for death and help the individual to remember Buddha.

Translated hymns may be appropriate for Christian Cambodians.
This Migrant Information Centre (Eastern Melbourne) CPP project, received funding assistance from the Australian Government Department of Health and Ageing under the Community Partners Program (CPP).

Palliative Care for CALD Communities  www.miceastmelb.com.au  June 2009

### Key Contacts

**Cambodian Association of Victoria**
The Cambodian Association of Victoria organises welfare and educational programs designed to assist Cambodian migrants settle into Australian society. It also provides home and community care services and a quality artistic program which is preserving the rich artistic heritage of Cambodia in Australia.

52 Queens Avenue, SPRINGVALE VIC 3171  Ph: 03 9546 3466  Fax: 03 9546 3604  http://www.cambodianassociation.com.au

**Cambodian Buddhist Association of Victoria Inc.**
The CBAV is a voluntary Cambodian community based organisation. It aims to preserve Cambodian culture and tradition; to foster and maintain good relationships amongst Cambodians in Australia and to provide information on Cambodian Buddhism in Australia. CBAV is based at Wat Budhharangsi Melbourne.

**Cambodian Community Welfare Centre**
The Cambodian Community Welfare Centre provides welfare and community support, casework, counselling and consultancy.

Ph: 9791 8344 or 9877 9732

**Khmer Community of Victoria**
Khmer Community of Victoria provides services to Cambodian community members to aid them with their settlement in Victoria. It runs community service information sessions and community development programs on key areas, such as health, income support and elderly services.

462 Springvale Road, SPRINGVALE SOUTH VIC 3171  Ph: 03 9574 1343 (president)

**Wat Budhharangsi Melbourne**
159 Clark Rd, Springvale Sth  Ph: 3546 2432  http://www.cbav.org/home/home.htm

### Related Information Available in Khmer
Visit the following websites to download information related to palliative care for Khmer speaking individuals and carers:

1) **Fruit and Vegetable Fact sheet**

2) **Help for common digestive problems**

3) **Home safety and the older person**

4) **How to cope with Stress**

5) **How to help your doctor help you**

6) **How to keep your blood pressure healthy**

7) **Organ Donation—Why you should think about it**

8) **Understanding Mental Illness**
Overseas-born Chinese speaking people migrated to Australia from a number of different countries—China, Hong Kong, Taiwan, Malaysia, Singapore, Vietnam, Cambodia, Indonesia, and other countries.

Many Chinese speaking people share the same cultural heritage although they migrated to Australia from different countries.

The Chinese community in Australia has a large and diverse population. This diversity is reflected through language, cuisine, and cultural values. This profile focuses on people born in China.

COMMUNICATING WITH THE PATIENT

Language
The official language of mainland China is Mandarin. In Australia Mandarin and Cantonese are the two main languages spoken by the Chinese speaking community. Other major dialects include Hakka, Hokkien, and Teochew.

There are two forms of Chinese written language: Traditional Full Form and Simplified Form. The Traditional Full Form is used by most of the Chinese publications in Australia. Government publications use both forms.

Communication Style
Emphasis is on the traditional order of importance or seniority in relationships. Chinese respect the elderly and the learned and address them with their titles rather than first name only.

Some Chinese people may feel that saying ‘no’ is impolite. They may answer ‘yes’ to questions, acknowledging that they are listening, rather than that they are in agreement or understand.

Hierarchy is evident with the Chinese family. The older son may be the main decision maker if the person is elderly. Whoever is supporting the family is seen as the decision maker most of the time.

The doctor should give information to the patient first, who will then generally pass it onto family/ friends. Always ask for permission to update the family.

Making decisions about treatment may depend on the individual’s position in the family. If the person is the ‘head’ of the family he/she may make the decisions, if not the head of the family may make the decision for the individual. At times families may support the doctor and override the patient’s refusal of treatment. Always ask the family who to consult.

Religion
In Victoria 60% of China-born people have no religion. China-born people may practice Mahayana Buddhism, Confucianism, Taoism or a mixture of these belief systems. There are a number of China-born people practicing Christianity.

The worship of ancestors may still be very strong in the belief system. Some older people born in China may have small family shrines or sacred spaces within their homes that only family members are allowed to touch or clean.

Holidays & Special Days
• Chinese (Lunar) New Year
  Chinese New Year is celebrated from the 1st day (New Year’s Day) of the 1st lunar month to the 15th day. It falls between 21 January and 20 February.
  • The Dragon Boat Festival
    5th day of the 5th lunar month.
  • Mid-Autumn Festival
    15th day of the 8th lunar month. This is also known as “Moon Cake Festival” because a moon shaped sweet cake is prepared.
  • Pure Brightness/ Tomb Sweeping Day (Qing Ming Jie)
    4th/5th or 6th of April.
    It is the day for sweeping a grave and paying respects to the deceased at their tomb/grave.

CUSTOMS & VALUES
• China-born people regard ‘saving face’, and not being publicly embarrassed or causing shame to oneself and the family as important.
• Emotional self-control is valued, arguments or disagreements are kept to a minimum.
• The family is the core unit. Family structure is traditionally hierarchal and patriarchal, with the eldest adult male the primary decision-maker in all matters. Older children have precedence over younger children and male children over female children.
• Hard work and discipline are important for success and to bring glory to the family.
• Families tend to be private and reluctant to discuss family issues or conflict with non-family members.
• China-born people prefer to display little emotion. Passivity is often a response to conflict.
• Some China-born people may interpret assertiveness as aggressiveness.
• Touching someone’s head is an offensive behaviour to Chinese elderly.
• Do not ask about money – this is a family issue.
ATTITUDES TO PALLIATIVE CARE

The individual’s age is a good indicator to determine if he/she is comfortable with health professionals in their home. The older generation may be uncomfortable with this but those who have adapted and grown older here may be more comfortable with the idea. There is a tendency to assume a passive sick role, relying heavily on other family members.

Nursing homes and hostels do exist in China, however the elderly staying here may feel like they have been left by their family. Negative emotions are associated with hospitalization such as waiting to die, no hope, feelings of loneliness, carelessness and anxiety. Residential and hospice care may be perceived negatively. If situation permits, elderly people prefer to stay with the elder son as they approach death and dying.

Family members may be reluctant to tell the patient their prognosis out of respect for the individual. There are no words which are taboo to use with China-born individuals, however the words ‘death’, ‘dying’ and ‘cancer’ are words the family may not want to hear considering them to be bad luck. Discussing the ‘term of the illness’ will be the most sensitive issue, not disclosure of diagnosis.

BELIEFS AND PRACTICES AROUND DEATH & DYING

The principal aim of loved ones is to create a calm state of mind and to help the individual to overcome any fears. The family supports them to focus on the positive things that they have achieved during life. Buddhists may like to set up a simple shrine and to call a monk to bless the dying person.

Some consider a good death is one which happens in the home, with family present, controlled pain, a clear conscience and close to the family alter which symbolically allows the deceased to join his/her ancestors. Others believe that dying in the home is bad luck. Conflict may arise if the individual and the family have different beliefs.

Most China-born individuals in Australia will prefer to die in hospital – this may depend on how long they have been in Australia. Taoists may prefer to lie on the floor as death approaches. Organ donation and autopsy may be accepted.

China-born Buddhists may want you to avoid touching the person and avoid resuscitating the person. This is because Mahayana Buddhists request that a body not be handled for 8-10 hours after death.

Buddhists may be bathed and dressed in particular clothes. Taoists may prefer to be cleaned with a white cloth and placed with the head facing south.

A Buddhist or Taoist priest will perform the burial ritual for an individual practicing Confucianism. The corpse will be washed and placed in a coffin with food and significant objects. A willow branch is used to symbolise the soul of the deceased.

Do not suggest burial details – this is family business. Bereaved parents of the deceased do not normally attend funerals. People of a certain age are not permitted to see the body and/or at a certain time of the day. Check with the family.

If you choose to attend the funeral- do not wear bright colours. Red is forbidden as it is a colour of happiness. White is commonly worn by mourners in South-East Asia. As a mark of respect money is given at this time.

After the death of a family member visiting friends or family members is restricted and celebrations such as weddings can not be attended.

ATTITUDES TO PAIN MANAGEMENT

All medications are acceptable. China-born people consider health to be a state of harmony between forces of Yin (negative) and Yang (positive), and that illness is a result of disharmony or imbalance between these forces. The purpose of traditional treatment interventions is to assist in restoring harmony and balance.

Pain medication may be refused when offered, offer again if initially refused. It can be more useful to ask a China-born client the level of pain experienced, rather than how much pain.

China-born people may use a combination of traditional and biomedical practices. Traditional health practices include acupuncture, acupressure and Chinese herbs. Cupping is a remedy used for a range of ailments. It is usually performed on the forehead, the abdomen, and the base of the nose, between the eyes and on the neck, chest or back. This practice can result in bruises or marks, it is important not to mistake the resulting marks as a sign of abuse.

APPROPRIATE FOOD

Popular dishes among the sick and elderly are minced pork/ beef and rice porridge (congee) and warm or hot (never cold) fruit juice, especially orange. China-born Buddhists may wish to have vegetarian food.

Many China-born individuals believe in food therapy. Dishes that should be avoided include: hard foods, lamb, beef, prawns, cold, hot, spicy, and oily foods (always ask first).

The dietary rules of Buddhism, which is more of a life philosophy than a religious doctrine, depend on which branch of Buddhism is practiced and in what country. This includes: vegetarianism, days of fasting, cultivating, cooking, storing their own food and the reliance on ‘alms’ (food donations).
**SUITABLE MUSIC**

Recordings of chanting monks are typically played continuously for the dying to prepare the mind for death. If this is unavailable simply repeat Buddha’s name.

**KEY CONTACTS**

**Chinese Cancer Society of Victoria Inc**
The Society aims to improve the wellbeing and quality of life of Chinese migrants who are affected by cancer. It delivers services to help ease suffering, fear and distress, as well as providing psycho-social support.

784 Station Street
BOX HILL NORTH VIC 3129
Contact: Dorothy Yiu
Ph: 0411 109 919 and 9808 9575 Fax: 03 9898 9575
Email: ccsv@netbay.com.au
Website: www.ccsv.org.au

**Chinese Health Foundation of Australia**
The aim of the Chinese Health Foundation of Australia is to promote health amongst Chinese individuals to make informed decisions about their own health to achieve social, mental and physical wellbeing.

Suite 12, 27 Bank St
Box Hill Town Hall Hub
Box Hill
Ph: 9285 4812

**Chinese Community Social Services Centre Inc.**
The CCSSI is an ethno-specific organisation providing community support services to aged, children, young people and families within the Chinese community in Victoria.

Suite 11, level 1
Centro Box Hill North
17 Market St
Box Hill
Ph: 9898 1965 Fax: 9899 8547
Email: admin@ccssi.com.au
OR
16 Livingstone Crescent
BURWOOD
Ph: 9888 8671 Fax: 9888 8673
Email: hacc@ccssi.com.au

**Elderly Chinese Home**
This is a non-profit hostel service for the Chinese aged. Established in 1986, it is the first Chinese hostel service for the aged in Australia.

125-129 Manningham Street
PARKVILLE VIC 3052
Ph: 0408 528 835 Fax: 03 9328 2700
Email: wahyeo@bigpond.com

**On Luck Chinese Nursing Home**
This nursing home provides high care for Chinese residents. There are 60 beds available and 15 secure dementia beds.

177—179 Tindals Rd
DONVALE VIC 3111
Ph: 03 9844 3813

**RELATED INFORMATION AVAILABLE IN CHINESE**

Visit the following websites to download information related to palliative care for Chinese speaking individuals and carers:

1) **Help for common digestive problems**

2) **Falls Preventions—Your Home Safety Checklist**

3) **Using Medicines, Herbal Medicines and Vitamin Preparations Wisely**

4) **Information For Carers**

5) **Fruit and Vegetable Fact Sheet**

6) **How to Keep Your Blood Pressure Healthy**

7) **Organ Donation Why You Should Think About It**
People of Indian background may be from India, Singapore, Malaysia, Sri Lanka, Fiji and Africa.

Many Indians living in Australia are experienced and well qualified professionals.

Sport is a unifying force for Indians.

According to the Hindu religion, violence or pain inflicted on another living thing rebounds on you (Karma). In keeping with the aim to avoid violence or pain to any living thing, vegetarianism is advocated, but not compulsory.

Religion
Of the Indian-born population in Victoria at the last Census (2006) 42% were Hindu, 28% Western Catholic, 12% Sikh, 4% Anglican, 3% Muslim, 6.6% followed other religions.

Holidays & Special Days
The Indian culture is very diverse celebrating many traditions and special days which are influenced by religious beliefs and the class system.

Key national days are:
- Republic day, 26th Jan
- Independence day, 15th Aug
- Mahatma Ghandi birthday, 2nd Oct

There are various religious festivals such as for Hindu, Muslim and Christian faiths.

ATTITUDES TO PALLIATIVE CARE
There is a general acceptance of western medicine practices by the Indian community. Health professionals are seen to minimise discomfort and are therefore welcomed in the family home by the Indian-born population.

Home, hospice and hospital are all accepted by the Indian community. However, residential care may cause stress to some seniors as it is generally reserved for the very poor in India.

Physical examination by members of the opposite sex may cause distress and should be avoided if possible. Culture demands that there is close family involvement in the care of the aged.

BELIEFS AND PRACTICES AROUND DEATH & DYING
The imminent loss of life involves the whole family and community. Indians tend to be very emotional and expressive and will share their feelings – carers must be sensitive to this. An Indian patient will receive many visitors when hospitalized as a mark of respect.

COMMUNICATING WITH THE PATIENT

Language
The national language of India is Hindi although there are over 300 known languages of India. Most Indians in Australia will speak English. Other languages include Punjabi, Tamil, Telugu, Marathi, Gujarati, Bengali, Urdu and many more.

Communication Style
Indian people often prefer to be addressed using their title (Dr., Mr., Mrs. etc.) and family name, although individual preferences may vary. The elderly are respected and cared for by their families. The father is the head of the household.

Male/female handshaking is usually considered inappropriate. A handshake may be appropriate if a woman is educated or in a profession. Handshakes should be gentle, not firm.

In India, shaking the head means agreement. If an Indian person in Australia shakes their head it may be in agreement or they may be adopting the western action for a negative response.

Family issues are frequently discussed within the immediate family before seeking outside help. All news should be given to the head of the family. The patient together with his/her family will make decisions regarding treatment.

CUSTOMS & VALUES
- Modesty is highly valued in the Indian culture.
- Many Indian’s do not wear shoes in the home.
- Respect for the elders in Indian families is very important. Indian culture values older people being cared for by their children and grandchildren.
- ‘Karma’ is believed to be the spiritual load we accumulate or relieve ourselves of during our lifetime.

- Value is placed on independence and privacy in Indian culture.
- There is a desire in the Indian culture to ‘save face’.
- Indians see punctuality as a sign of respect.
- Simple courtesies or services may not be greeted with much expressed appreciation, but abundant gratitude may be expressed in favours Indian people see to be important.
Death and cancer may be taboo words for some. Mental illness is also a taboo topic. Some Hindus may see disabilities as a result of past and current life actions, the result in one's Karma.

**Hinduism**

Hindus worship one God in the form of many idols or manifestations. The Atman is the soul, and this shall never die. Hinduism preaches the concept of reincarnation. The Atman will come back in another form based on the Karma a person performed during life on earth.

When death is near, the person is given water from the River Ganges and the family or a priest reads from the holy books of Hinduism.

After death the body of the deceased is placed on the ground with the head pointing south. The body is anointed with sacred items such as sandalwood paste and holy ashes, basil leaves and water from the river Ganges. Chapters from the holy Bhagavad-Gita or Garud Purana are recited.

To prevent impurity when the body of the deceased lies in state, minimal physical contact with the body is observed.

Traditionally the body has to be cremated within 24 hours after death, as keeping the body for longer is considered to lead to impurity and hinder passage into the afterlife.

Hindus consider the funeral as the final ritual of life. Cremation is generally mandatory for all Hindus. During cremation the five elements of fire, water, earth, air and space are satisfied and returned to the elements by being poured into the river Ganges or the sea.

A priest is called to lead the formal religious rituals, then the body is taken to the cremation ground. The eldest son normally lights the funeral Pyre—this is the most important duty of a son which leads his parents from this world into the afterlife.

After the cremation, family members are to take a purifying bath and observe a 12 day mourning period. On the 13th day the mourning period ends and a ceremony is conducted which involves giving offerings to ancestors and other gods to ensure an after life for the soul of the deceased.

**Sikhism**

The Sikh religion believes in one God. It is a belief system that promotes equality among gender, race and religion. The Sikh religion believes in reincarnation.

All Sikh men and women must wear the five signs of Sikhism: kesh (uncut hair and beard); the kanga (a semicircular comb which holds the hair in a bun); the kara (a steel/ gold bangle on the right wrist); the kirpan (a symbolic dagger worn under the clothes) and the kaccha (long under shorts/ underpants to the knees). Sikh men may wear their turban after death.

Kaal is a term frequently used for death. The spiritual care of the dying is important. Family, friends or pastoral workers may read prayers to the dying. Meditation may also be used.

The five articles of faith of the individual must not be removed after death. No hair should be cut or trimmed. The eyes should be closed and limbs straightened. The body will be washed according to Sikh tradition and covered in a clean sheet. Cremation takes place as soon as possible. The ashes may be scattered at sea.

Death is a reunion with the Creator for a Sikh, therefore it is not an occasion for grief. Sikhs are discouraged from wailing and crying. They have a 10 day mourning period where visitors are accepted at the home.

**ATTITUDES TO PAIN MANAGEMENT**

There is general acceptance of western medicine, treatment and procedures. Those Indians who are vegetarians (many Hindus) may not want medications that are derived from animals.

Ayruveda is the traditional system of medicine in India. Herbal medicines, aromatherapy, nutrition, massage and meditation are used to create a balance between the mind and body. Some people rely on Ayruveda as the principal means of preventing and curing illness.

Discomfort and pain may be clearly expressed by an Indian patient, particularly if it is felt that adequate attention is not being given. An Indian senior may become quite demanding if he/she feels that they are being treated unfairly. These are typical responses to sickness and should not be seen as negative.

The Sikh religion does not prohibit any medication.
**APPROPRIATE FOOD**

Food choices vary per region. Rice is a staple in the south and roti is a staple in the north. Meals are usually very spicy. People may eat with their hands rather than utensils.

Certain spices may be used in the treatment of conditions. Beliefs about restorative powers are attached to certain foods based on Ayurveda practices. For example cold foods will be consumed to bring down a fever. Sick people prefer to eat soft foods – vegetable curry may be offered. Diet is also closely linked with religious practices – always seek information from the family.

‘Food is God (Brahman)’ is a common Hindu saying. Food is thought to be an actual part of Brahman, rather than simply a Brahman symbol. People who practice the Hindu religion don’t eat meat. They also avoid foods that may have caused pain to animals during manufacture. Animals are believed to have spiritual awareness. If a Hindu consumes animal flesh, they accumulate the Karma of that act - which will need to be balanced through good actions and learning in this life or the next.

Depending on the level of adherence to karma, beef is often forbidden, while pork is sometimes restricted or avoided. Prohibited animal products tend to vary from one country or region to the next. Protein is obtained through dairy and pulses. Dairy products including milk, butter and yoghurt are considered to enhance spiritual purity.

Beetle leaves and nuts are commonly eaten after meals to aid digestion.

**SUITABLE MUSIC**

Traditional Indian music may be appreciated at this time. For those practising Sikhism recordings of prayers may be appropriate.

Music can be ordered from the Centre of Melbourne Multifaith and Others Network (COMMON) at [http://commonaustralia.com/index.html](http://commonaustralia.com/index.html) or contact Jessiee Kaur Singh at [jessieeks@hotmail.com](mailto:jessieeks@hotmail.com).

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**KEY CONTACTS**

**Centre of Melbourne Multifaith and Others Network (COMMON)**

COMMON aims to contribute to building a society where there is respect and understanding between all those of belief or faith. The president of COMMON will support palliative care providers by offering practical tips when working with individuals of Indian ancestry.

Ph: 9547 8958  
Email: jessieeks@hotmail.com

**Federation of Indian Associations of Victoria**

An umbrella organisation representing member associations to support the welfare of the Indian community living in Victoria.

217 Chapel St, Prahran  
Ph: 9521 2300

**Guru Nanak Sat Sangh Sabha (Sikh Temple)**

127 Whitehorse Rd, Blackburn  
Ph: 9894 1800

**Vedanta Society of Australia**

The society teaches the Hindu language and promotes cooperation between all age groups within this community and between other communities. It also offers counseling services in Hindi.

4 Lilac Court  
MILL PARK VIC 3082  
Ph: 03 9404 3059 or 0418 536 962

**RELATED INFORMATION AVAILABLE**

Visit the following websites to download information related to palliative care for individuals and carers in Hindi:

1)  **What you need to know about hand hygiene**  
The Iranian community may be made up of several ethnic groups. Migration to Australia tended to be because they were displaced by war and political unrest, or the desire for economic and professional advancement. 

Visiting the sick and dying is a strong cultural practice—it is essential that health providers and facilities are prepared for up to twenty visitors at one time.

COMMUNICATING WITH THE PATIENT

Language
The official language in Iran is Persian/Farsi. Other languages spoken may include Kurdish, Luri, Arabic and Turkish.

Communication Style
A handshake is the customary greeting in Iran. A slight bow or nod while shaking hands shows respect. Formal titles and last names are used as a sign of respect.

Out of respect a proper distance is kept between genders. A man does not shake a woman’s hand unless she offers it first. Men and women do not always make eye contact during conversation.

Iranians generally stand when someone, especially an older or more prominent person, enters the room for the first time and again when someone leaves.

It is proper etiquette when greeting another person to ask about the family and health of others. To tilt the head up quickly means ‘no’ and to tilt it down means ‘yes’.

The father is the head of the family. The elderly are respected and cared for by the younger members of the extended family.

CUSTOMS & VALUES

- Iranian-born people consider family issues as private.
- Iranians value education, culture, intelligence and wisdom.
- Iranians do not stress punctuality over the needs of individuals. Individuals are more important than schedules.
- Iranian culture is traditionally male-oriented. The male is the head of the family and household.
- Iranians dress formally and conservatively in public. Modesty is highly valued.
- Personal cleanliness is important.

- Muslim women are fully clothed at night and will expect to remain fully covered in hospital or hospice.
- Muslim men are required to be covered from the waist to the knee, and nudity is seen as offensive.
- Muslim Iranians may wish to postpone care to ensure that the prayer times are adhered to—after dawn, at noon, mid-afternoon, just after sunset and at night.
- Muslim Iranians may wish to be washed before or after prayer in running water.

Religion
Shi’ite Islam has been the state religion in Iran since the 1500’s. It is the main religion practiced by Iranians. 5 sessions of prayer daily and modest dress are required. Sunni Muslim, Christianity, Bahá’í, Judaism, and Zoroastrianism are also practiced in Iran.

Over one third of the Iranian community in Melbourne are Muslims (35.4%), 26.6% are Bahá’í, 6.1% Western Catholic and the remaining spread across other religions.

Iranians follow the lunar calendar for religious celebrations and festivals.

Holidays & Special Days
Ramadan is a Muslim religious observance that takes place during the ninth month of the lunar calendar. This is the month in which the Qur’an was revealed to the prophet Muhammad. It is the month of fasting when those participating do not eat or drink from dawn until sunset. This teaches the person patience, sacrifice and humility.

- Friday is the Holy day for Muslims.
- Zoroastrian Era (Fire Festival) Tuesday night before 21st March
- Norouz (Iranian New Year) 21st March
  Norouz is a 12 day period, where families visit each other and children are given gifts. It is customary to visit the family elders on the first day of Iranian Norouz.
- Picnic Day The 13th day after Norouz.
- Mehregan (End of Harvest Festival) 12th October
ATTITUDES TO PALLIATIVE CARE
In general, information should be given to the family first, not to friends of Iranians. It can be felt that the patient may not be able to deal with negative news.

Often the patient will decide on the type of treatment used. The words death, dying and cancer may be considered taboo.

Hospital is the preferred place to receive treatment and/or die for members of the Iranian community. Organ donation is rarely permitted. Muslim Iranians will want treatment from same gender practitioners if possible. An Iranian patient always likes to have a glass of drinking water by their bed.

The Baha’i faith has no priesthood and few formal rituals. Baha’i Iranians do not hold health superstitions, they are exhorted by Bahá’u’lláh to seek the advice of a qualified medical practitioner. Science and religion must go hand in hand.

Some Iranians may attribute the cause of health problems to superstitions, such as the ‘evil eye’, emotional and spiritual distress. This is not often noted in Australia and is rarely seen in those coming from a highly educated background.

BELIEFS AND PRACTICES AROUND DEATH & DYING
There is much local variation in the expression of loss and mourning within Islam. The family should always be warned of imminent death and be advised to bring an Imam. Death is seen as the fulfillment of life for a Muslim, as the ending of a fixed term only known by God.

Most Muslims will consider it important when death approaches that the dying are helped to sit up or face Mecca (North West in Australia). This is the direction of prayer and it is the final time they offer the confession of faith.

It is not good to leave the dying alone, often 15–20 people will be assembled by the dying patient’s bedside. Allow space for this as it is very important for people to come to forgive the dying of their sins and to ask for forgiveness themselves if needed.

According to the Muslim religion handling of the body should only be done by Muslims of the same gender. If a non-Muslim must touch the body it may be preferred that they wear gloves. Once the body has died, be aware that it will be viewed—close the eyes and mouth. Never cross the dead person’s hands on his or her breast.

Traditionally, as soon as death has occurred the body is laid on a hard surface, on the floor of the room or on a board placed on the bed. The feet are put together, the arms straightened along the sides, the eyes closed and the chin wrapped with a piece of cloth.

The body is then washed in a fixed fashion by close family members or by professional washers who are paid for the service. It is important to acknowledge that this washing is not part of a routine but a significant step in the handling of the deceased. A Qur’an reader often recites chants from the holy book while the deceased is prepared for what awaits them in the next life.

The washing can be done in the home, the mortuary or in specially equipped washing rooms attached to Muslim cemeteries. When the washing is complete the deceased is considered ritually clean and ready for whatever awaits them. Before they can go on their journey they are covered from head to toe in a clean white cloth.

Cremation is forbidden by Islamic law as preparations are made for the continuation of a bodily existence after death. A coffin will not be used to bury the body in, the body being wrapped in cloth and carefully laid in a dug-out cavity in the ground positioned to face Mecca. The greatest service one can give the deceased is to bury them immediately—if possible on the same day.

Expressions of loss of a loved one in an Iranian context is a very acceptable practice. The community support the deceased’s loved ones by staying with them, cooking and caring for them. It is expected that people will not attend functions, meetings and weddings after the death of a loved one.

Mourning is expressed by women with clothing appearance. It may be that they wear black and prepare special food for special days—the third, seventh and fortieth days after the funeral are seen as the most fitting. Sweets and sugary foods are often served and those who eat them offer up sweet thoughts for the departed.

ATTITUDES TO PAIN MANAGEMENT
No medications are taboo. Euthanasia is against the Muslim religion and may require some discussion to appease patients/family when strong medications are being used.

During Ramadan (which is the religious month of fasting) pain management can be difficult as patients will not want to take anything into their bodies by mouth, nose, injection or suppository from dawn to sunset.

Alcohol in drugs may be problematic.
**APPROPRIATE FOOD**

Rice and wheat bread are the most common staple foods of Iran. Rice is often served with a meat and vegetable stew. Yogurt is generally served with rice or other foods. Fresh fruit is a favourite desert. White cheeses are also popular for breakfast. The midday meal is the most important meal of the day.

Muslims do not eat pork or drink alcohol. In Islam the concept of ‘Halal’, meaning ‘lawful or permitted’, is applied to all areas of a person’s life including regulations surrounding food. Prohibited foods are called ‘Haram’.

- The list of Haram foods includes pork, alcohol, foods that contain emulsifiers made from animal (pig) fats, frozen vegetables with sauce, particular margarines, and bread or bread products that contain dried yeast
- Gelatine can be made from pig, so products containing gelatine are forbidden

Iranian Muslims in hospital or hospice will often request vegetarian food unless ‘halal’ meat is available. Meat which has been slaughtered in a specific way using a ritual of slaughter. Food that has touched “unclean” (Haram) food cannot be eaten and utensils not shared.

The month of Ramadan requires mandatory fasting during sunlight hours. In the evenings, families eat together and visit friends and relatives. Fasting is also practised on dates of religious significance, such as the ninth day of Zul Hijjah. Fasting is not necessary for unwell Muslims for the whole month but they are expected to fast a little if they can. When seriously ill, Ramadan is likely to be of considerable importance for those with strong faith and any days of fasting missed may have charitable gifts donated in their place.

**SUITABLE MUSIC**

There is no specific music that should be avoided when working with an individual of Iranian descent.

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**KEY CONTACTS**

**Iranian Senior Citizen Society of Victoria Inc**

ISCSV is a non-religious and non-political organisation which brings together Iranian senior citizens. It provides opportunities for its members to socialise, enjoy sporting activities and outings and promote Iranian (Persian) culture.

Contact: Javad Macsood
Ph: 03 9841 8421

**Iranian Society of Victoria**

The Iranian Society of Victoria is a non-profit, non-political, and non-religious organisation with the goal of providing social welfare, social services, and support to the Iranian community and liaise with agencies to enhance their understanding of the Iranian community needs.

Whitehorse Community Resource Centre
Forest Hill Chase Shopping Centre
Forest Hill
Ph: 9894 2644 Fax: 9894 4686
Email: info@iranian-vic.org.au

**RELATED INFORMATION AVAILABLE IN Farsi**

Visit the following websites to download information related to palliative care for Farsi speaking individuals and carers:

1) **Home Safety for Falls Prevention**

2) **What you need to know about hand hygiene**
The Sri Lankan-born community in Australia is made up of three main ethnic groups; the Sinhalese, Tamil and the Burgher communities.

Around 52 years of civil unrest in Sri Lanka, which ended with an uneasy truce in 1995, has led to hostilities between the Sinhalese and Tamil extremists.

In Sri Lanka there is a caste system amongst the Tamil and Sinhalese community but it is not as powerful in Australia. Here it is most influential in marriage arrangements.

### Communicating with the Patient

**Language**
The national Sri Lankan language has been the centre of political controversy since the adoption of Sinhalese as the official language in Sri Lanka in 1956.

The main languages spoken at home by the Sri Lankan-born population in Victoria are Sinhalese (44%), English (37.1%) and Tamil (16%). Both Sinhalese and Tamil are official languages spoken in Sri Lanka.

**Communication Style**
Sri Lankans have a respectful and courteous communication style. It is important to use titles when addressing elderly Sri Lankan individuals.

**Customs & Values**
- Handshaking (soft) has become the norm in Australia, although with older women and orthodox Hindus this may not be appropriate.
- The traditional greeting, of placing ones hands together and bringing them up towards the chest is still practiced.
- The most important social unit is considered to be the nuclear family, even when extended family members live together.

**Religion**
Sri Lankans may practice Buddhism, Hinduism, Islam, Christianity or Sufi.

Generally the majority of Sinhalese are Theravada Buddhist with a minority of them being Christians.

Generally the majority of Tamils are Hindu. There is a minority Muslim community that is Tamil-speaking.

### Holidays & Special Days

#### General Sri Lankan Significant Dates
The Sri Lankan culture is very diverse celebrating many traditions and special days which are influenced by religious beliefs and the class system.

- **National Day**
  - 4th February

- **Kataragama**
  - July/August

Additional Buddhist, Hindu, Muslim and Christian holidays are observed.

#### Key Sinhalese Significant Dates
- **Duruthu Perahera**
  - (First visit of Buddha to Sri Lanka)
  - Full moon day in January

- **Sinhalese and Hindu New Year Festival**
  - 14th April (Solar Calendar)

- **Vesak**
  - (Birth, Death & Enlightenment of Buddha)
  - Full moon day in May

- **Poson**
  - (Buddhism brought to Sri Lanka)
  - June full moon

- **Esala**
  - (A month of cultural celebrations)
  - July/August

- **Unduvap**
  - (Sangamitta’s memorial day)
  - December full moon

#### Key Tamil Significant Dates:
- **Tamil New Year Festival**
  - 1st January

- **Thaipangal**
  - (Farmers Festival) 14th January

- **Vel**
  - (Honours the War God Skhanda)
  - July/August

- **Deepavali**
  - (Festival of Lights) November
Navarathri Festival

(Festival of nine nights)  
**Sept/Oct:**

Day 1, 2, 3 of the festival Hindus pray to Saraswathy (Goddess of Education)

Day 4, 5, 6 of the festival Hindus pray to Laxshmy (Goddess of Wealth)

Day 7, 8, 9 of the festival Hindus pray to Durka (Goddess of Braveness)

It is considered lucky if the family of the person is present at the time of death to witness the death. The body of the deceased will be bathed and changed into new clothes. It will then be taken to the temple to be blessed by monks before burial or cremation.

After death, family and friends bring incense sticks, rice, money and candles to the family of the deceased. Neighbors and family members prepare food for the immediate family.

People sit around and express their grief and sadness. Many take comfort in the belief that their loved one has lost their identity in this life but will gain another.

**ATTITUDES TO PALLIATIVE CARE**

Sri Lankan-born people are generally familiar with government provided services and resources for the elderly.

General barriers to accessing services for the elderly may not be as significant within the Sri Lankan community as English language proficiency is generally higher than in other groups. This is also because similar services are provided by the government in Sri Lanka.

**BELIEFS AND PRACTICES AROUND DEATH & DYING**

Traditionally elderly Sri Lankan people have been supported by their extended families during this time. This support has reduced in recent times in Australia.

It is likely that senior Sri Lankans will prefer to die at home. Family is very important, especially at this time. Traditionally it is the youngest son’s responsibility to care for his parents.

**Theravada Buddhists**

Prior to death a monk is often invited to the home to pray for the release of the sickness. He reminds the dying person of all the good things that have happened in his life and asks him to acknowledge them. Friends or relatives who have wronged the person are required to ask for forgiveness before he dies.

The dying individual may like to prepare for death by giving away their belongings, organising practical household tasks and donating things to charity. They will benefit from this karma in the future life.

Friends, relatives and neighbours prepare food, clothes and other items which they show the dying person for approval. They give them to the monk when the person dies believing that when they pray these things will reach the person who has died.

For a practitioner to help the client to create a positive state of mind for death place a statue of Buddha insight, play recordings of monks chanting and invite a monk or nun to pray. It is important for a Buddhist to remember all of the good actions that they have performed over their life. The opportunity to confess a past wrong doing or recite a purification prayer may be appreciated.

**Hinduism**

Hindus worship one God in the form of many idols or manifestations. The soul shall never die—Hinduism preaches the concept of reincarnation. The soul will come back in another form based on the Karma a person performed during life on earth.

After death the body of the deceased is placed on the ground with the head pointing south. The body is anointed with sacred items such as sandalwood paste and holy ashes, basil leaves and water from the river Ganges. Chapters from the holy Bhagavad-Gita or Siva Puranas are recited.

To prevent impurity when the body of the deceased lies in state, minimal physical contact with the body is observed.

Traditionally the body should be cremated within 24 hours after death. Keeping the body for longer than 24 hours is considered to lead to impurity and hinder passage into the afterlife.

Hindus consider the funeral as the final ritual of life. Cremation is generally mandatory for all Hindus. In this way the five elements of fire, water, earth, air and space are satisfied and returned to the elements by being poured into the sea.

A priest is called to lead the formal religious rituals, then the body is taken to the cremation ground. The eldest son normally lights the funeral pyre—this is the most important duty of a son which leads his parents from this world into the after life.

**ATTITUDES TO PAIN MANAGEMENT**

Sri Lankans mostly practice a western model of medicine in conjunction with traditional remedies. Herbal remedies are also used, such as Ayurveda, which is a traditional system of medicine practiced in India and Sri Lanka.
Ayurveda places great emphasis on treatment by herbal medicines, aromatherapy, nutrition, massage and meditation to create a balance between the mind and body.

Those Sri Lankans who are vegetarians (many Hindus) may not want medications that are derived from animals.

**APPROPRIATE FOOD**

Rice is the staple in the Sri Lankan diet and is present in most meals. Mild to spicy curries are popular. Typically little meat and small amounts of pulses are eaten. Tea is served with most meals. Home made meals are much preferred to fast food. The different religions practiced by Sri Lankans play a large role in food choices – always seek information from the family.

Sri Lankan Buddhists whom adhere to strict Buddhist guidelines do not eat flesh of any kind; some may eat fish or eggs. The dietary rules of Buddhism, are more of a life philosophy than a religious doctrine. This includes: vegetarianism, days of fasting, cultivating, cooking, storing their own food and the reliance on ‘alms’ (food donations).

‘Food is God’ (Brahman) is a common Hindu saying. Food is thought to be an actual part of Brahman, rather than simply a Brahman symbol. People who practice the Hindu religion don’t eat meat. They also avoid foods that may have caused pain to animals during manufacture.

Animals are believed to have spiritual awareness. If a Hindu consumes animal flesh, they accumulate the Karma of that act. This karma will need to be balanced through good actions and learning in this life or the next. Depending on the level of adherence to karma, beef is often forbidden, while pork is sometimes restricted or avoided. Protein is obtained through dairy and pulses. Dairy products including milk, butter and yoghurt are considered to enhance spiritual purity.

Muslims will not eat pork.

**SUITABLE MUSIC**

Suitable music may be dependant on the religion that the individual is affiliated with. It is best to ask the individual or the family about appropriate music to be played to avoid offence. Generally, music should be soft and soothing. Traditional eastern music is preferred over western styles of music.

**KEY CONTACTS**

**Dhammadeepa Meditation Centre**
43 Hemmings St
DANDENONG VIC 3175
Ph: 9794 9492 Fax: 9708 0264
Email: info@dhammadeepa.org.au

**Sri Lankan Elders Welfare Association (SEWA)**
This group meets weekly to provide social activities and a number of classes for its members including computer skills and strength training. Members are very happy to offer advice and support on topics such as Sri Lankan culture and tradition.

Ph: 0417 331 232 President Tissa Amarasekera

**The Sri Lankan Study Centre for the Advancement of Technology and Social Welfare (SCAITS)**
This organisation aims to preserve Sri Lankan cultural traditions among Sri Lankans in Australia and to promote Sri Lankan culture to the wider community. It organises social welfare programs for the benefit of youth, elderly and disadvantaged Sri Lankans living in Australia. It also runs an intercultural youth exchange program between Sri Lanka and Australia to encourage the international transfer or knowledge and skills.

Ph: 03 9565 1140 Fax: 03 9565 1199
Email: senakep@yahoo.com

**Tamil Senior Citizens Fellowship**
This group meets monthly to provide guest speakers, cultural performances and excursions for the Tamil community in Victoria. They are also able to provide some health information translated in Tamil on; dementia, aged related eye disease and accessing HACC services.

Ph: 5940 2106 or 9543 6096

**RELATED INFORMATION AVAILABLE IN SINGHALESE**
Visit the following websites to download information related to palliative care for Sinhalese speaking individuals and carers:

1) **Blood Transfusions**

**RELATED INFORMATION AVAILABLE IN TAMIL**
Visit the following websites to download information related to palliative care for Tamil speaking individuals and carers:

1) **The Australian Guide to Healthy Eating**

2) **What you Need to Know About Hand Hygiene**
There are over 150,000 Vietnamese-born people living in Australia including people of Chinese ancestry and ethnic Vietnamese in addition to a number of smaller minority groups including the Khmer and Hmong. As a result there are many different cultural influences on people who were born in Vietnam.

COMMUNICATING WITH THE PATIENT

Language
The national language of Vietnam is Vietnamese. Depending on their ethnic background, Vietnamese-born people may speak Chinese (usually Cantonese), English, French and Khmer.

Communication Style
In general, the Vietnamese culture values respect for authority and avoidance of conflict. Most Vietnamese women do not shake hands with each other or with men, they greet by bowing slightly to each other.

Vietnamese people tend to be polite, guarded and non-confrontational. Disagreement may be expressed in the form of non-compliance, or not answering a question. Modesty and privacy are important cultural values.

Respect for elders is an important cultural value. The traditional Vietnamese family is patriarchal; the mother is considered the home minister (noi tuong) and is responsible for family harmony, the family budget and family schedules. In the Vietnamese community the benefit of the family and community comes before the individual.

The family plays a strong role in communication and decision making. Traditionally the eldest male, being the father or the eldest son will make any important decisions – the patient will accept the authority of the family. However, in Australia this is changing and the daughter may also take the responsibility of looking after the parents.

CUSTOMS & VALUES

- To show respect, Vietnamese people bow their heads and don’t look a superior or elder in the eye.
- It is disrespectful to touch another person’s head. Only an elder can touch the head of a child.
- Vietnamese people may say ‘yes’ to indicate that they are listening, this may not indicate that they agree. If a Vietnamese person does not understand something they may also smile or laugh to hide this and mask their embarrassment.
- Speaking in a loud tone with excessive gestures is generally considered rude.

Religion
The majority of Vietnamese people follow Buddhism and Catholicism. Vietnamese also practice Taoism, Islam, Protestantism, Cao Dai, and Hoa Hao.

Holidays & Special Days
- Liberation of Saigon 30 Apr
- Labour day 1 May
- National day 2–3 Sept

Many other holidays and special days follow the lunar calendar.

- Vietnamese Lunar New Year Jan–Feb
- Trung Thu Moon Festival 8th month
- Vu Lan Buddhists pray for deceased 15th of the 7th month

ATTITUDES TO PALLIATIVE CARE

Health professionals are welcome into the home – particularly if sent by their doctor. It is very important to use subtle methods to provide emotional support to Vietnamese carers as they may be reluctant to open up.

Generally a Vietnamese patient will not question a doctor’s authority. Use open ended questions to avoid the individual/ carers answering yes when they really mean no.
Information should be given to the family member not the patient. It may be felt that if the patient knows the diagnosis and prognosis they may lose hope and the condition may worsen.

Stigma is attached to cancer. This stems from the Buddhist belief that the person must have done something wrong in a present or past life to have attracted the disease. Due to this reason many family members prefer it if their loved ones do not know their diagnosis.

Buddhism has given the Vietnamese the ability to accept what has happened no matter how horrific the event may be.

**BELIEFS AND PRACTICES AROUND DEATH & DYING**

Home is strongly preferred. Nursing homes and hostels do exist in Vietnam, but they are very small in number. They are only used when living at home is impossible or not recommended. The elderly will tend to feel abandoned or depressed as if they have been left by their family. Vietnamese workers are much preferred by Vietnamese seniors.

Hospitalisation is generally accepted by the Vietnamese elderly. It is considered to cause bad luck for the family if the patient does not die at home. It is important for relatives and friends to see the face of their loved one in the last minutes of life. Organ donation may be seen as meritorious in future lives, creating good karma.

To Buddhist Vietnamese death is not the end of life, it is merely the end of the body we inhabit in this life. The spirit will continue to exist in a new body and a new life.

Prior to death the individual may want to delegate household responsibilities to others and give away material things. This will assist them to let go of this world and gain good karma.

The final moments of consciousness are important in the re-birthing of the soul—reading prayers and chanting should be facilitated at this time through monks, nuns or friends. This is a time for the individual to let go of negative attachment and think about the teachings of Buddha.

It is preferable for the body not to be touched for 3-8 hours after death. The corpse must be treated gently and respectfully. Families may wish to bath the deceased in incense and spiced water.

Families decide how they will mourn for their loved one. Beliefs and practices are according to the religion. However the body of the dead is normally taken home for 2-3 days before the burial. White is often the colour worn to a funeral by family and friends of a loved one.

Prayer or consultation with monks will be commonly employed. The family should be offered the opportunity to have a priest present to administer Communion and the Last Rites or a Monk to perform Buddhist rituals.

Many Vietnamese Buddhists prefer cremation, storing the ashes in a temple below a photo of the deceased.

For 49 days after the person has died Vietnamese Buddhists will pray to ease the transition into the next life. After death the person may reach nirvana or be reborn.

Stoicism may be viewed as an indicator of strength of character and displays of emotion are avoided.

**ATTITUDES TO PAIN MANAGEMENT**

Pain medication is generally well accepted by the Vietnamese.

Self-medication in the Vietnamese community is common. Many use traditional remedies in conjunction to western health care. Chinese medicines such as herbal remedies, tonics and massage are used. Acupuncture, pinching, pulling on the skin, rubbing oiled skin with the edge of a coin or spoon (cao gio), or cupping may also be used. These practices may result in bruises or marks. Be sure not to identify these as signs of elder abuse.

**APPROPRIATE FOOD**

Rice is the staple food of Vietnam. A fermented fish sauce called nuoc mam is the main seasoning used to flavour dishes.

Pho is often thought of as the national dish. It is a thinly sliced meat and rice-noodle soup dish which can be eaten for breakfast, lunch or dinner.

Spring rolls, summer rolls and steamed or fried rolls with varied fillings are eaten in different seasons and for special occasions.
Sticky rice cakes, watermelon and preserved fruits are all enjoyed by seniors.

Full moon cakes are eaten on Ancestor’s Day (Full moon festival). Vietnamese Buddhists may fast on specific days in the lunar calendar months. Catholic Vietnamese may fast on Good Friday and on Ash Wednesday.

**SUITABLE MUSIC**

Vietnamese practicing Buddhism may choose to listen to chanting. Monks, nuns or friends may read and chant prayers. Repeating the name of Buddha “ Namo A Di Da Phat” and playing tapes of this being chanted will be appreciated. This is the mantra of determination to take birth in the pure land.

It is especially important to avoid rough music and avoid music which may stimulate unsavoury thoughts.

**KEY CONTACTS**

**Australian Vietnamese Women’s Association**

AVWA operates to assist the settlement of Vietnamese-speaking refugees and migrants in Victoria. It provides material aid, practical assistance, emotional support and counselling. AVWA provides information on life in Australia to Vietnamese and information on Vietnamese culture and concerns to official bodies and the general public.

30 — 32 Lennox St
Richmond, Vic 3121
Ph: 03 9428 9078  Fax: 03 9428 9079
www.avwa.org.au

**Hoa Nghiem Buddhist Temple (The United Vietnamese Buddhist Congregation of South Eastern Melbourne)**

The Hoa Nghiem Buddhist Temple provides religious, educational and cultural activities and ceremonies for Buddhists and non-Buddhists alike. Its aim is to preserve and practice Buddha’s teachings and share this understanding with others so that people may lead a peaceful, happy and beneficial life.

442-448 Springvale Road
Springvale Sth Vic 3172
Ph: 9548 2215 Fax: 03 9540 3087
Website: www.hoanghiem.org.au

**Hoang Thien Catholic Community**

Father San Huynh
Lot 7 Hutton Rd, Keysborough
Ph: 9701 6033

**Springvale Indo-Chinese Mutual Assistance Association Inc**

SICMAA aims to assist refugees and migrants from Cambodia, Laos, and Vietnam and facilitate the integration of the Indo-Chinese community into Australian society. It provides free practical assistance and counselling services to its members to promote their wellbeing and participation in society.

They have a Vietnamese bi-lingual worker.

9 Hillcrest Grove
Springvale, VIC 3171
Ph: 03 9547 7939 Fax: 03 9558 5742
Email: siemaa@satlink.com.au

**RELATED INFORMATION AVAILABLE IN VIETNAMESE**

Visit the following websites to download information related to palliative care for Vietnamese speaking individuals and carers:

1) Healthy Eating with Type 2 Diabetes

2) Help for Common Digestive Problems

3) How to cope with stress

4) How to Keep Your Blood Pressure Healthy

5) No Thin Soups Allowed due to Swallowing Difficulty

6) Organ donation why you should think about it

7) Using medicines, herbal medicines and vitamin preparations wisely
USEFUL LINKS

GENERAL INFORMATION

Alzheimer’s Australia
Has multicultural news and information in other languages to inform service providers and individuals about a range of initiatives and programs for people living with dementia, their families and carers from CALD backgrounds.

Centre for Cultural Diversity in Ageing
Information on culturally appropriate aged care. This resource has been developed to guide and promote best practice standards of care that address cultural diversity across all levels of service design and delivery. They also offer professional training.

Centre for Culture, Ethnicity and Health
http://www.ceh.org.au
The CEH maintains an extensive resource library with a number of videos and resources focusing on specific cultures and general access and equity issues. This website contains links to the CEH library, the training calendar, a centralised register of health promotion projects in Victoria focusing on CALD communities and more.

Infoxchange Service Seeker
Australia’s most extensive directory of community support services providing access to 116,390 health, welfare and community service records with the ability to search for health practitioners by language spoken.

Migrant Information Centre (Eastern Melbourne)
http://www.miceastmelb.com.au
This website provides information on the activities of the Centre and resources for agencies e.g. demographic data, cultural resources. The home and personal care kit may be of particular interest to working with individuals from CALD backgrounds.

NSW Multicultural Health Communication Service
Provides information to assist health professionals to communicate with non English speaking communities throughout NSW. There are over 450 multilingual resources published in over 60 languages on the website endorsed by the NSW Department of Health.

Palliative Care Council of South Australia—Multicultural Palliative Care Guidelines
The Multicultural Palliative Care guidelines booklet offers guidelines to healthcare providers on how to work with individuals from CALD backgrounds.

Royal District Nursing Service
The Royal District Nursing Service provides comprehensive, professional nursing and healthcare to people in their home and in the community. This site offers free publications in a variety of languages covering the services of the Royal District Nursing Service and Workplace words and Phrases.
AGED CARE LINKS

Aged care links

Australian Department of Health and Ageing
Links to multilingual publications on Ageing produced by the Department of Health and Ageing in 17 different languages.

Australian Institute of Health and Welfare
This site contains the report “Projections of Older Immigrants - People from Culturally and Linguistically Diverse Backgrounds, 1996 -2026, Australia”. The report contains detailed projections for the 50 most common countries of birth, 34 languages and 30 religions for older immigrants in Australia.

Australian Multicultural Foundation (AMF)
http://www.amf.net.au
This website has links to the Multicultural Aged Care Training Institute and the Culturally Appropriate Aged Care Project.

Cancer Council Victoria
The Cancer council has a multilingual cancer phone line and multilingual brochures available in over 15 languages.

Health Translations Directory: HACC Program Brochure
Information for home carers on the range of services and support available in multiple languages.

Health Translations Directory: HACC Rights & Responsibilities
Information about the rights and responsibilities of HACC services users in multiple languages.

Office of Senior Victorians
http://www.seniors.vic.gov.au
This site includes an extensive list of links to other ‘senior’ websites and a link to “A guide to Services for Senior Victorians” which can be downloaded in 13 different languages.

Queensland State Government
This website leads you to ‘Falls Prevention in Older People’ where information and brochures are available in Chinese, Greek, Italian, Spanish and Vietnamese.
CULTURAL AND RELIGIOUS PROFILES

Refugee Health Research Centre
http://www.latrobe.edu.au/rhrc/documents/seniors2.pdf (Chapter 9 & Appendices)
A Profile of Victorian Seniors from Refugee Backgrounds: Health and wellbeing needs and access to aged care health and support services. This report can be downloaded in two sections.

Victorian Multicultural Commission
The Victorian Community Profiles 2006 Census Series consists of 75 reports, each focusing on a particular birthplace or community group.

DEMOGRAPHIC LINKS

Department of Immigration & Multicultural & Indigenous Affairs (DIMIA)
The Department of Immigration and Citizenship collect settlement data based on the residential addresses given by people when they first land in Australia. The data can be extracted by state, local government area, statistical division etc and by country of birth, language, gender, migration stream, English language proficiency.

GUIDELINES FOR INTERPRETING & TRANSLATION

National Accreditation Authority for Translators and Interpreters (NAATI)
NAATI is a national standards body owned by the Commonwealth, State and Territory Governments of Australia. You can search for a translator and interpreter through the online directory and also have access to various publications.

LANGUAGE SERVICE LINKS

Eastern Health: Cue Cards
‘Cue Cards’ are a visual resource of over 200 most commonly used words to assist health professionals and clients / carers who primarily have English language difficulties, or problems communicating with each other.

Health Translations Directory: Find Your Language
Find Your Language allows you to create a poster or flip chart that will assist you to identify the languages that people from culturally and linguistically diverse communities speak.

Health Translations Directory: Translated Health Information
This directory links to online multilingual health resources from government departments, peak health bodies, hospitals, community health centers and welfare agencies.

ONCALL Interpreting
An easy to use flow chart on the ONCALL Booking Processes.
This Migrant Information Centre (Eastern Melbourne) CPP project, received funding assistance from the Australian Government Department of Health and Ageing under the Community Partners Program (CPP).

Palliative Care for CALD Communities www.miceastmelb.com.au , June 2009

Victorian Multicultural Commission: National Interpreter Symbol
The National Interpreter symbol provides a simple way of indicating where people with limited English proficiency can ask for language assistance when using government services; order forms or downloadable resources.

Victorian Multicultural Commission: Victorian Interpreter Card
The Victorian Interpreter Card is a wallet-sized card that aims to help Victorians with limited English access government services by: helping them request interpreter assistance and making it easier for staff to arrange language assistance in the correct language; order forms and downloadable resources.

Victorian Office of Multicultural Affairs: Language List
A list of most (but not all) languages spoken in Victoria for which an interpreter may be required, to help identify the language spoken by a client.

LEGAL INFORMATION

Eastern Community Legal Centre
Eastern Community Legal Centre offers free legal assistance from its offices in Box Hill and Boronia, during the day and at night and also through various outreach locations across the East, with a priority being given to those who are disadvantaged.

Office of the Public Advocate Victoria, Australia
The Office of the Public Advocate Victoria, Australia has fact sheets in a range of languages covering topics such as Power of Attorney, Refusal of Treatment, Consent to Medical Treatment of a Family Member and Guardianship fact sheets.

TRANSLATED MATERIAL ON GOVERNMENT SERVICES
The following sites have information on government services in community languages.

Centrelink
Centrelink delivers services, programs and payments for Australian government departments. This site has information in a large number of community languages about these services and benefits.

Department of Human Services
The consumer privacy information brochure 'Your Information - It's Private' has now been translated into a total of forty community languages. The translated brochures can be downloaded on the Primary Health Knowledge Base via the section on Service Coordination. Service providers can use the brochure for information provision to consumers at the time of information collection.

Equal Opportunity Commission Victoria
From this site you can download brochures on ‘Your right to be treated fairly and equally’ and other resources in 20 different languages.
When seeking the assistance of an interpreter or translator, it is vital that the appropriate language be identified. Some people may use a non-standard variety of a language such as a dialect, e.g. Hokkien (Chinese), Lebanese (Arabic). However, the distinction between some dialects and languages is not always clear, for a variety of reasons. The following information is intended to provide useful general information regarding countries and the major languages/dialects spoken in those countries. It should be stressed that the listing provides general guidance only and it is not intended to be inclusive of all the languages and/or dialects that may be spoken.


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<th>DIALECTS &amp; OTHER LANGUAGES SPOKEN</th>
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<td>Denmark</td>
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This Migrant Information Centre (Eastern Melbourne) CPP project, received funding assistance from the Australian Government Department of Health and Ageing under the Community Partners Program (CPP). Palliative Care for CALD Communities [www.miceastmelb.com.au](http://www.miceastmelb.com.au), June 2009
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<th>Country</th>
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<td>Tigrinya, Tigre</td>
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The Language Services Policy Department of the Department of Human Services in 2005 published the ‘Decision Tree’ flowcharts to assist providers when a client refuses an interpreter, when an interpreter is not available and in the preparation of translating resources in languages other than English.

This flowchart is available from the Department of Human Services (DHS) websites and found in the Language Services Policy on page 26: http://www.dhs.vic.gov.au/multicultural/downloads/language_service_policy.pdf

**Decision tree 1:**
when a client refuses to use an interpreter

1. **Can the client speak some English?**
   - Yes
     - Try to explore with the client the reason for their refusal to use an interpreter. Explain to the client the disadvantages of not using a professional interpreter.
   - No
     - Try to explore with the client the reason for their refusal to use an interpreter, using a telephone interpreter or a bilingual staff member. If these options are unacceptable to the client, use a family member or friend of the client to interpret. Do NOT use a child or relative under 18 years of age to interpret. Explain to the client the advantages of using an accredited professional and the disadvantages of not using one.

2. **Can the client’s concerns be addressed?**
   - Yes
     - Use an interpreter
   - No
     - If appropriate, continue interview without an interpreter. If necessary, use a family member or friend of the client to interpret. Do NOT use a child or relative under 18 years of age to interpret. Record the reason for doing so in the client’s file.
Decision tree 2:
when an interpreter is not available

Can the appointment be postponed?

Yes

Postpone the appointment until a time that an interpreter is available.

No

If an onsite interpreter was required and is not available, would a telephone interpreter be appropriate? Remember to make sure you tell them it is urgent when you call; an interpreter can usually be located in an emergency.

Use an interpreter

Yes

No

Is an interpreter available who is accredited at a lower level?

Use an interpreter

Yes

No

Is a bilingual staff member available?

Use the staff member

Yes

No

Use a family member or friend of the client to interpret. Do NOT use a child or relative under 18 years of age to interpret. Record the reason for doing so in the client’s file.
Decision tree 3:
translating resources

Is the same or similar resource available on the Health Translations Online Directory
www.healthtranslations.vic.gov.au

Use the existing material

Yes

No

Do other organisations need similar information translated?

Yes

Develop the material cooperatively to maximise resource use

No

Develop material

Make the translated resource available on your internet site, along with an English version, and forward link to the Health Translations Online Directory for wider access
REFERENCE LIST


Campbell, D., Small, D and Moore, G., 1997. Improving Palliative Care in a Multicultural Environment. Hope Healthcare Ltd and North Sydney Area Health Service, NSW.


Gardner, H and Aroni, R (eds)., 1988. Dying with Dignity Ethical, Religious and Cultural Perspectives Implications for Health Professionals. Lincoln School of Health Sciences, La Trobe University and the Multi-Faith Resource Centre and the National Association for Loss and Grief, Victoria.


