

Letter to the Editor

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Strengthening and expanding cross-cultural care: The strategic role of chaplains in palliative care

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Dear Editor,

We carefully read the recently published article entitled “Healthcare chaplains’ perspectives on working with culturally diverse patients and families” (Bang et al. 2024). The study highlighted the valuable role of chaplains in providing care in culturally sensitive settings and recommended increased education and training to improve care to multicultural patient populations. We would like to highlight the aspects that have been successful as well as areas for improvement and compare them with the practice of other religious leaders.

Chaplains in the United States show great sensitivity to the cultural diversity of their patients. Chaplains use a variety of cues and methods to build trust with patients from different cultural backgrounds. Their ability to customize approaches based on patient needs and preferences is a significant strength in palliative care. Collaboration and negotiation with other health professionals to accommodate patients’ cultural needs demonstrates the chaplain’s dedication to providing holistic and integrated care (Semlali et al. 2020). This creates a good synergy within the healthcare team, which ultimately improves the quality of care provided.

Although chaplains demonstrate a high level of comfort in working with diverse populations, there are still gaps in the training they receive. Development of training curricula to ensure that chaplains have more in-depth knowledge and skills on multicultural and religious competencies (Klitzman et al. 2023; Liefbroer et al. 2019). In addition, the topics of diversity, equality, and inclusion still leave a dynamic space to broaden and deepen the reach of patients from diverse backgrounds, especially the approaches used in various generations in today’s digital era (De Clercq and Gamondi 2023). Therefore, continuous improvement and adaptation in chaplaincy training are crucial to meet the evolving needs of a diverse patient population.

In many parts of the world, other religious leaders also play an important role in palliative care, such as Imams in Muslim communities (Muishout et al. 2022), *Guru* in the Sikh community (Landa et al. 2022), and Pastors in Christian communities (McDonnell and Idler 2020). While each of these religious leaders has different approaches and methods, there are some similarities and differences that can be learnt from them. Religious leaders in many countries already have strong ties to their communities, making it easier for them to build trust and provide emotional and spiritual support (Pohan and Astuti 2024). This could serve as an example for chaplains in the United States to further strengthen relationships with local communities. Other religious leaders usually have in-depth knowledge of specific religious traditions and practices, which can provide more appropriate support for patients (Pohan et al. 2024; Sulistyawati et al. 2019). Chaplains could benefit from increased knowledge of various religious traditions to enrich the care they provide.

In closing, chaplains in the United States have demonstrated many strengths in providing culturally sensitive palliative care, but there is still room for improvement. By learning from the best practices of other religious leaders around the world, chaplains can further improve the quality of care they provide to patients from diverse backgrounds.

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