



## Food as Medicine: The Importance of a Culturally Humble Approach to Bereavement Care

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*Editor's Note: Claire Castellano will be graduating from Emory University School of Medicine this spring and starting her pediatric residency. In addition to her M.D., Claire pursued a Master's in Public Health at Emory, focusing on global epidemiology. She spent this past summer living and working in Dar es Salaam, Tanzania. Claire hopes to combine her interests in medical education and global health in her career as a pediatrician.*

*-Rachel Y. Moon, MD, Associate Editor, Digital Media, Pediatrics*

Food provides nourishment for both our physiologic and emotional needs. Given that many cultures incorporate food into traditions of grieving, some institutions provide “bereavement trays” to families who have just lost a child to provide comfort through food. Although the intent is sincere, the execution can be problematic: during an already challenging and vulnerable time, families may receive a food item forbidden in their belief systems or practices. This highlights how generalizations and systemic racism are laced into the structure of our healthcare system.

An article being early released this week in *Pediatrics*, by Dr. Arshia Madni from St. Jude's Children's Research Hospital and four colleagues, entitled “Feeding the Family: Cultural Humility in Bereavement Care,” beautifully outlines the complexities of this issue and calls us to action ([10.1542/peds.2021-055874](https://doi.org/10.1542/peds.2021-055874)).

The article begins with a story of a Muslim family who lost a child days before the start of Ramadan, and were given a bereavement tray with pork, a forbidden food under halal rule. As stated in the article, “this

oversight, though not at all malicious, constitutes a microaggression on the part of the hospital system.” There is very little research investigating how we navigate dietary preferences in clinical environments. Dr. Madni and her multidisciplinary team investigated what went wrong with this case and uncovered multiple findings:

- In the US, two-thirds of children’s hospitals do not have bereavement programs in place.
- Even at institutions with bereavement programs where palliative care specialists are well-trained to discuss preferences, fears, and worries with families, there remains a need to expand discussions to encompass additional personal beliefs, including dietary preferences, which could affect care of the patient and family.
- There are institutional barriers that make culturally sensitive care difficult. For example, the electronic medical record has very simple, binary options for dietary options such as “no pork,” ignoring the nuances of many patient’s and families’ belief systems.

Lastly, although we can (and should) try to find system-level ways to note the preferences of our patients, approaching our patients in a culturally and contextually sensitive manner cannot be reduced to mechanisms and metrics: it takes an institution-wide cultural shift to change the way we all approach patients and families.

The article ends by calling us all to action. Please read the article and think about how you can incorporate cultural humility training for all members of the healthcare team. Asking about dietary preferences may be one example of a starting point. There are many other ways in which we can be more inclusive and comprehensive in our care. This article calls all of us to utilize a systems-level approach to promote a climate of continual self-reflection and open questioning.