

# Essay on cross culture healthcare

[Experience](#), [Belief](#)



Physicians who provide healthcare to patients from a different culture may face communication problems, because any medical information that the physician would find necessary to share with the patient would be filtered through the beliefs, values, and traditions of the patient's culture. The impact of cross-cultural communication may not be as great in the course of routine health care, but it can become critical when informed consent is required for life-saving therapeutic procedures.

In the Case Study of Justine, a refugee from Laos is having a difficult time reconciling her culture's religious beliefs with the healthcare need of her daughter. Justine Chitsena has a congenital heart defect that should be treated surgically before it becomes a life-threatening event; however, the grandmother is adamantly opposed to the surgery because the surgery would leave a scar and that would violate her culture's religious beliefs. The grandmother's concern regarding the negative impact of a scarred body on Justine's future "after-lives" overrides the present concern over her granddaughter's health in her current life.

Justine's mother is torn between her cultural beliefs and that of the Western doctors; she clearly wants to do what is best for her daughter, but she is reluctant to go against her traditions. Western medicine cannot give her the assurance she needs to choose a path that goes against her cultural beliefs. It is difficult for a physician to fight with his qualified medical assurance against a cultural belief that offers 100% assurance.

In the Case Study of Alicia, a Puerto Rican immigrant's strong belief on the therapeutic value of natural home remedies kept her from taking her prescription medications to treat her diabetes, even though she has a family

history of death as a result of diabetes, including that of her mother.

Understanding that a patient makes health care decisions within the context of the patient's culture can help healthcare providers formulate programs that enhance patient-physician communication. In both case studies, the doctors respected their patients' cultural beliefs and tried to deliver medical care within that context. However, neither patient was perceived as having been able to make the right medical choice, because their cultural beliefs acted as a barrier to communication and action.

The health care professionals showed remarkable patience in respecting their patients' cultures. They took great care in explaining the purpose and value of the therapeutic protocol they thought was best for their patients. In the Case of Justine, the healthcare team gave Justine's family time to process the information.

In the Case of Alicia, the doctors tried to determine why Alicia was not following her diabetes treatment, and tried to impress on her the consequences of non-adherence to therapy.

Although it was not clear whether Justine's family, or Alicia would in the end opt to follow the healthcare team's advice, it was evident that thanks to the patience and consideration of the healthcare team, the patients were getting closer to reaching "informed consent," whether to opt in or out of treatment.

The only other step that the healthcare professionals could have taken to improve their cross-communication skills with their patients was to have included a member of the same culture as the patient in the healthcare

team, other than the interpreter. A patient may feel more comfortable sharing concerns within the context of their own culture.

## **References**

“ The Case of Justine.” Film. Available at: <http://www.youtube.com/watch?v=jIFWxWG9I-s&feature=related>

“ The Case of Alicia.” Film. Available at: <http://www.youtube.com/watch?v=JlXd2ictsmY&feature=related>