Ethical Issues in Clinical Practice: Adapting Care for Diverse Patient Groups

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Learning Objectives:

- Explain the ethical and legal bases for cultural competence among healthcare professionals.
- Explain the sociological and anthropological bases for variations in perceptions and practices pertaining to healthcare among ethnic.
- Describe the implications for various conceptions of disease, treatment and end-of-life among various ethnic and religious groups.
- Describe appropriate and inappropriate communications practices for caregivers attending patients from diverse ethnic groups.
- Describe mechanisms by which practitioners, managers and administrators can promote cultural competence.

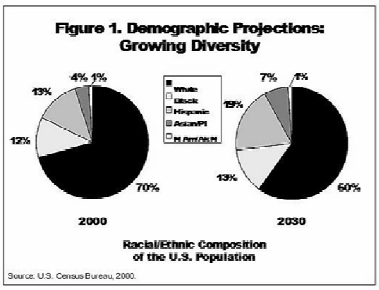
Rationale for lesson

- This is NOT about political correctness.
- Caregivers must be aware of the perceptions and practices of diverse cultures to communicate effectively and deliver effective care.

Click to see video showing medical culture shock (2)
http://www.youtube.com/watch?v=Py3vfCs-TcY

Rationale for lesson

- Diversity is a fact of life and will grow



Ethical and Legal Bases

Ethical basis for CC

- Principles of bioethics:
  - autonomy - patients are active in their care (may conflict with cultural tendencies);
  - beneficence - care must help the patient
  - nonmaleficence - do no harm
  - justice - fair distribution of healthcare resources

Ethical basis for CC

- It is simply the right thing to do

Legal basis for CC

- Federal law - No person may be subjected to discrimination on the basis of national origin in health and human services programs because they have a primary language other than English.
- Limited English proficiency (LEP)

Legal basis for CC

- Language assistance is mandated for any institution that accepts Federal funds, including Medicare.
- State laws also exist, with variable requirements

Legal basis for CC

- Mandated extent of language services is contingent upon:
  - number or proportion of Limited English Proficient (LEP) patients;
  - frequency of contact with a specific language;
  - nature and importance of service;
  - institutions with smaller budgets have lesser expectations.

Legal basis for CC

- Joint Commission proposed requirements (partial list):
  - Staff training on cultural sensitivity;
  - Staff training on the use of communication tools;
  - Provision of language access services and auxiliary aids;
  - Accommodation of patients' cultural, personal and religious beliefs

Results of cultural incompetence

- Caregiver anxiety and ineffectiveness, causing:
  - avoidance of certain patients and
  - disparate care
- Patient mistrust of caregivers, which impairs adherence to care;

Results of cultural incompetence

- Miscommunication, which impairs quality of care;
- Clinical errors;
- Litigation (lawsuits);
- Dissatisfaction of patient & family (reports to administration).

Medical Social Science: An Introduction

Terms

- Nationality - the legal status of belonging to a particular nation by origin, birth, or naturalization.
- Race - categorization on the basis of various sets of heritable characteristics - may impact diagnosis and treatment
- Ethnicity - group identification through a common heritage that is real or assumed.

Terms

- Culture - the set of shared attitudes, values, goals, and practices that characterize an institution, organization or group; including:
  - thought
  - behavior
  - morals
  - values
  - norms
  - art

Culture

- Another view - culture is how humans adapt to environments
  - plants & animals adapt physically to survive environments
  - humans adjust their environment to suit them; e.g., building houses
  - explains how cultures originate
- Cultures are not static entities; they change over time

Varieties of cultures

- Ethnic groups
- Religious groups
- Age groups or generations
- Occupations, including medical culture, and its subcultures

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- Ethnic groups
- Religious groups
- Age groups or generations
- Occupations, including medical culture, and its subcultures
- Disabilities; e.g., deafness
- Gender; e.g., feminists
- Sexual preference; e.g., gay activists
- Social groups; e.g., homeless

Functions of culture

- Enabling communication with others
- Enabling anticipation of how others in are likely to behave
- Providing the knowledge and skills necessary to survive in the customary environment
- Providing means to identify with others of similar background.

Terms

- Ethnocentricity - one believes in the superiority of his or her own group.
- Cultural relativism
  - one does not judge the behavior of others using the standards of his or her own culture; rather, one analyzes each culture on its own terms
  - cultures are neither good nor bad; only different

Terms

- Cultural competency - the ability of systems to provide care to patients with diverse values, beliefs and behaviors, meeting individuals':
  - social needs
  - cultural needs
  - linguistic needs

Diverse Perceptions of Healthcare

Conceptions of disease

- Biomedicine (Western medicine)
- Chinese - imbalance of Yin/Yang, hot & cold qualities (not just temperature)

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- Chinese - imbalance of Yin/Yang, hot & cold qualities (not just temperature)
- Ayurvedic - imbalance of air, heat, moisture, prana (life energy)
- African/Haitian - natural, vs. supernatural (spiritual possession or breach of taboo)

Conceptions of disease

- Native American - disharmony with nature
- Hispanic traditional
  - hot & cold balance
  - folk diseases; e.g., evil eye (mal de ojo), fallen fontanel (caida de la mollero)

Conceptions of treatment

- African-Americans
  - may distrust the medical system
  - may adhere to African concepts
- Hispanic - healers (curanderos) use diet, herbs, massage, rituals
- Native American - spiritual and herbal healers

Click for video on African-American viewpoint (1)
http://www.youtube.com/watch?v=p8u0fx7sa-Q&feature=related
Click for video on curendaros (2)
http://www.youtube.com/watch?v=vrwL-EvF_PU

Conceptions of treatment

- Asians; e.g., Hmong - spiritual
- African/Haitian; e.g., Voodoo rituals
- Hot & cold - may believe opposite effects of biomedicine

Click for video on Native American viewpoint (5.5)
http://www.youtube.com/watch?v=aHcPyID-8rU
Click for video on Asian Buddhist viewpoint (2)
http://www.youtube.com/watch?v=-MkOiWJdoTI&feature=related
Click for video on Haitian Voodoo healing (6)
http://www.youtube.com/watch?v=kpeLdXeIbwA&feature=PlayList&p=075CFB149C23401D&index=15

Traditional treatments

- Herbs; e.g., curanderos - effective, vs. toxic
- Massage
- Acupuncture
- Coining - heated coin over area
- Cupping - warm glass over area

Click to see lesions from coining
http://childabuse.stanford.edu/images/child%20coining.jpeg
Click to see cupping
http://www.carecentreindia.com/images/cupping.jpg
Click to see lesions from cupping
http://www.asiatuinawholeness.com/images/web_gwyn_photo_zxq1.jpg

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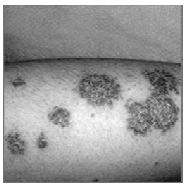
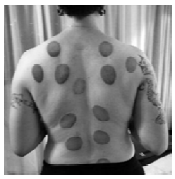


coining lesions



cupping lesions

End-of-life issues

- To tell or not to tell (the patient)
- DNR - may imply lack of faith
- Discontinuation of life support - disloyalty
- Organ donation, autopsies

End-of-life issues

- Vigils required for some cultures
- Special preparation of body
- Rapid burials - some religions
- Rom (Gypsies) - death bed carried outside for spiritual release
- Expression of grief varies

Religious issues

- Religion may be integral part of healing
- Sacred objects:
  - candles
  - amulets, rosaries
  - images (Saints)
  - threads (Hindus)
  - medicine bundles (Native Americans)

Religious issues

- Access to clergy, spiritual healer may be an absolute necessity.
- Blood
  - Jehovah's Witnesses will not receive blood
  - Others refuse to have it drawn

  (Mien, SE Asia)

Religious issues

- Access to clergy, spiritual healer may be an absolute necessity
- Blood
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  - Others refuse to have it drawn
- Modesty - critical to some faiths
- Inter-gender touching is forbidden by some faiths
- Accommodations for prayer required for some faiths

Family issues

- Locus of decision-making
  - patient
  - family
  - male authority
  - eldest female
- Extended family may visit, especially Rom (gypsies)

Communication and Caregiving

Spoken language

- Appropriate greetings
- A little language can hurt
  - respire profundo
  - puta
- Avoid using 'positive & negative;' e.g., results

Spoken language

- Translators
  - not family, especially children
  - medical translator (certified)
  - fluent colleague
  - telephone translation

Body language

- Eye contact with authority figure may be considered disrespectful or have sexual connotation
- Common gestures may be offensive (thumbs up, OK)
- Gestures from patients may be different; e.g., nodding may mean, "No," and vice-versa

Potential blunders

- Stereotyping - there is variability among individuals within groups
- Gestures; e.g., 'thumbs up, 'OK'
  - come here with forefinger
  - soles of feet
- Compliments - evil eye

Potential blunders

- Stereotyping - there is variability among individuals within groups
- Gestures; e.g., 'thumbs up, 'OK'
- Compliments - evil eye
- Positive predictions, without saying, 'God willing'
- Inter-gender touching
- Left-handedness

Click for video on cultural competence vs.incompetence (7.5)
http://www.youtube.com/watch?v=Dx4la-jatNQ

Promoting Cultural Competency

Bedside practitioners

- Ethnocentricity - NOT
- Self-awareness
  - practice cultural humility to recognize the limitations of your cultural viewpoint and work toward overcoming these limitations
  - recognize that achievement of CC takes time and effort - an ongoing process

Bedside practitioners

- Respect the patient, including their culture
- Care for the patient as an individual (patient-centered care)
- Seek information about issues and alternative viewpoints
- Avoid assumptions about individual patients' cultural tendencies

Bedside practitioners

- Match genders for care
- Ask before touching
- Take caution with body language
- Avoid gestures
- Learn greetings in patients' language
- You can't know everything about all cultures - locate and use resources

Potential resources

- The patient - ask them
- Family members
- Social workers
- Chaplains
- Colleagues

Organizational responsibilities

- Establish CC as core value
- Establish resources:
  - translators
  - CC trainers - healthcare professionals with sociology/ anthropology backgrounds
  - communications to staff about cultural values

Organizational responsibilities

- Accommodations; e.g.:
  - visiting privileges
  - religious requirements, including integration of traditional healers
  - traditional beliefs & practices
  - traditional dietary requirements

Managers' responsibilities

- Support all organizational CC efforts
- Schedule CC training and discussion groups

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- Schedule CC training and discussion groups
- Identify, utilize and reward human resources within the department as potential:
  - trainers
  - translators
  - advisors on specific cultures

Summary & Review

- Rationale - quality care
- Ethical basis - justice
- Legal basis - language, Joint Commission
- Terms - nationality, race, ethnicity, culture, ethnocentricity and cultural relativism

Summary & Review

- Diverse perceptions of healthcare
  - disease
  - healing
  - end-of-life
- African-American
- Traditional Hispanic
- Native American
- Traditional Chinese
- Ayurvedic
- African/Haitian

Summary & Review

- A little language can help or hurt.
- Translator - family, vs. medical translators
- Body language- gestures
- Common blunders - compliments, positive predictions,

Summary & Review

- Promoting cultural competence
  - Practitioner - self-awareness, cultural humility and respect.
  - Organization - core value and providing resources
  - Manager - support organizational efforts and develop human resources
  - Additional resources

Web sites for specific cultures

- http://en.wikipedia.org/wiki/Ayurveda
- http://en.wikipedia.org/wiki/Curandero
- http://www.webster.edu/~corbetre/haiti/voodoo/overview.htm
- http://www.amfoundation.org/tcm.htm
- http://www.answers.com/topic/native-american-medicine
- http://www.childrensmn.org/web/clinicsanddepts/025019.asp
- http://www.religioustolerance.org/roma2.htm

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