“Multicultural Perspectives”
Lecture Transcript
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SLIDE 1 INTRODUCTION
Cultural competence has been recognized by the American Society for Bioethics and Humanities (ASBH) as being integral for effective patient care. Shared communication, trust, and decision making, become more challenging when patients and caregivers do not share a common language, world view or set of core beliefs.

Every person approaches the world with certain cultural assumptions that guide their actions and their thinking. Because they are professionals, sensitivity to the cultural context of a given situation is the responsibility of the healthcare providers. Healthcare providers also have a professional obligation to recognize how their own cultural influences affect their ability to analyze, understand and respond to ethical problems.

Any approach to understanding the impact of culture on healthcare that divides people into a “normal us” and a “problem them,” not only makes providing effective patient care more difficult, it also shows disregard to the ethical principle of patient autonomy. As the ASBH recognizes, “healthcare providers are expected to educate patients about their options, engage them in conversations about their values and motivations, and enable patients to make their own treatment choices based on their unique understanding of their best interest” (ASBH 2009). Neglecting to account for cultural differences is not in the patient’s best interest by failing to address a barrier to patient decision making.

SLIDE 2 SHORT DEFINITIONS OF CULTURE
There is no widely agreed upon definition of culture. What can be said is that culture is a human creation; the result of human hands and minds. While human experience shapes culture, culture in turn, shapes humans.

Culture as a social phenomenon, establishes a shared foundation that allows people to live and work in community by establishing values, laws and customs. While no definition of culture captures the breadth of its impact on human life, it may be helpful to think of it as:

- Key beliefs and behaviors that are learned shared by members of a group.
- A lens through which individuals see the world.
- The context in which people construct ethical meaning.

Aspects of culture such as world view, tradition and religion all contribute to peoples’ understanding of health, sickness, and medical care. Such understanding guides health practices as well as healthcare decisions. Together these factors form the lens through which people make sense of their experiences, including their experiences as patients.
CULTURAL SENSITIVITY

Cultural sensitivity begins with becoming aware of one’s own culture and the natural biases built in to every lens. Culture is not something that only others have. The modern western practice of medicine can seem alien to anyone who does not work in the field. Healthcare professionals need to be aware of how the subculture of medicine shapes their thinking. Not accepting the limitations of one’s own culture can lead to an “us them” approach which sees “us” as the norm and “them” as a problem. Examples of this kind of thinking are statements or beliefs like: “We are rational, professional, sophisticated, and modern. They are superstitious, backward, irrational, uneducated.”

Accepting one’s own biases is a necessary step toward moving from a paternalistic to a more pluralistic approach to patient care. This does not necessarily mean that one must adopt a relativist view of the world. The goal should be to acknowledge the value of a variety of beliefs and a diversity of choices, while resisting the temptation to declare all values as relativistic.

Cultural sensitivity understands that there are natural cultural barriers that require skills to address and overcome. A culturally sensitive approach to healthcare is patient focused. This means that each patient is addressed as an individual and not as a stereotype. Cultural sensitivity recognizes patterns that can give insights into a patient’s needs and desires. It understands the importance of context without diminishing the individual. Stereotypes place the individual patient into a box. It assumes that all people from a culture share the same beliefs, values and practices and treats them accordingly.

AUTONOMY

Bias, in the descriptive sense of the word, is not a value term. It merely describes favoritism, preference, a tendency, or a “slant.” Western culture has a bias toward autonomy. The western philosophical tradition has a long history of making autonomy, often referred to as the respect for persons— a core ethical principle. In fact, Kant’s imperative to treat others as an end and never merely as a means is based on the respect due to all humans based on their ability to make their own, autonomous decisions based on reason. In Kant, the only moral acts are those acts that an individual chooses out of a good will, that is, autonomous acts that are freely chosen.

Autonomy is one of the most important moral principles in American healthcare ethics. It is the foundation of many values that are dearly held by patients and providers alike; self-determination, individual rights, privacy, and others. While in theory, the four boxes or four principles approach to ethics holds autonomy, beneficence, non-maleficence, and justice as being equally important, practically, autonomy tends to be given priority. In practice, autonomy means that patients have the right to make their own medical decisions, regardless of what family, physicians, or others think. When autonomy is not balanced with other values, the result is an impoverished ethic that does not fully serve patients or providers.

The cost of making autonomy the primary ethical principle is that other important values are minimized. People are more than individuals. People are family members, friends, and members of a community. People are, as Aristotle reminds us, social beings who have value beyond their values to themselves. In many cultures people’s self-identity is more balanced, tied to family, and community as well as to their individual self. In cultures where people have a broader understanding of self, it is common for healthcare decisions to be family or even community decisions.
Cultural sensitivity may require that the healthcare provider set aside their own cultural bias and accept that autonomy is only one of many principles that guide patients’ decisions.

SLIDE 5 TRUTH TELLING

Anecdotally, there was a time when it was normal to withhold bad news from patients. This was especially true in the case of a terminal diagnosis. A generation ago it was considered proper to withhold key information from patients with a poor prognosis as a matter of non-maleficence, the duty to refrain from increasing harm. The assumption was that such knowledge would only make things worse. Family and the healthcare team together believed that withholding a terminal diagnosis was in the best interest of the patient. The patient would become depressed, even frightened and might give up hope. Instead of encouraging and supporting the patient, friends and family would begin to mourn in the patient’s presence making everyone needlessly uncomfortable and increasing everyone’s suffering.

Today, such information is seldom withheld from patients with the capacity to understand. This is largely argued on the basis of the autonomy expressed by individual’s right to control their own medical care. Autonomy is predicated on the ability of a patient’s capacity to make decisions. Regardless of a patient’s emotional condition, it is impossible to make informed decisions without knowing the diagnosis, the prognosis, and the possible treatments available. Autonomy is dependent on having the best available knowledge and therefore, truth telling is a requirement for autonomy.

In Western culture the primacy of autonomy means that there is a bias toward self-determination and self-awareness. Some cultures see life without hope as being a poor trade-off for self-awareness. People from these cultures may prefer no disclosure of a hopeless situation. Other cultures may give priority to protecting the vulnerable, a practice that could seem paternalistic in Western culture.

A culture that values beneficence and non-maleficence over autonomy places decision making in the hands of family rather than in the hands of the patient. While cultural sensitivity is aware of these sort of differences, one must be careful not to stereotype. A patient may be perfectly comfortable with the family taking over decision making but it is important to remember that the patient is both part of a culture and an individual at the same time. Ask, don’t assume.

SLIDE 6 COMMUNICATION STRATEGIES

Cultural sensitivity recognizes patterns but communicates with individuals. Having a basic understanding of cultural patterns is extremely helpful because the patterns suggest some issues to explore and the ways to approach these issues. Cultural consultants can be helpful here in suggesting strategies and facilitating communication.

First, it is important that there may be great reluctance to speak about some topics, even to physicians and other healthcare professionals. Patients and families may be well aware of a grave prognosis and be unwilling to acknowledge or speak of it openly. This silence on matters crucial to the healthcare team can be very frustrating. Navigating through the vast diversity of cultures that exist in clinical settings is a challenge but it is one that should not be neglected.
Health care workers need to be flexible and show respect for beliefs that differ from their own, even when those beliefs make their job more difficult. Never blame patients and their family for their beliefs and don’t label them as a “problem.”

A good way to begin communication is by acknowledging differences and expressing respect. This can later become a foundation for future conversations. Ask patients and their families questions about their view of the situation. “What is the problem? What do you think caused it? How severe is the sickness. What sort of treatment do you expect? What results do you hope for? What is your greatest fear?”

Asking these sort of questions can give insight into how the patient understands illness and establishes the healthcare provider as someone who listens, is willing to consider other perspectives, and takes the patient seriously. It may also be helpful to ask questions about religion, traditional treatments, and who the appropriate decision maker is.

Working in a multicultural environment means being open-minded, taking time to listen and to establish trust, patience and a focus on communication.

**SLIDE 7 ASSESSMENT AND ANALYSIS**

The American Society for Bioethics and Humanities recognizes cultural skills as core competencies in healthcare ethics. These skills fall into two basic categories, assessment and contextual skills as well as skills related to the beliefs and perspectives of local patients and staff populations.

Assessment and analytical skills include:

- Recognizing the various assumptions that the various parties bring when discussing issues of power, gender, religion, ethnicity, etc.
- Identifying relevant beliefs and values of involved parties
- Identifying the relevant moral values that the health care providers and the institution bring to the case.

It is desirable to be in communication with professionals from other disciplines such as social workers and religious leaders as well as professionals from other medical disciplines to make sure that issues that arise from cultural differences are dealt with holistically.

**SLIDE 8 KNOWLEDGE OF BELIEFS AND PERSPECTIVES**

In addition to assessment and analytical skills, Knowledge of the beliefs and perspectives of patients and staff within the local context is also a core competency for providing crucial for effective healthcare. The two primary competencies identified by the ASBH are”

- Knowledge of the basic beliefs and perspectives that bear on the healthcare of ethnic, cultural and religious groups served by the facility.
- Familiarity with the resources available for understanding and interpreting cultural and faith communities. Having resource persons with advanced knowledge and experience available is particularly useful.
The multicultural nature of healthcare institutions and facilities makes cultural sensitivity and cultural competency a core competency and not an afterthought. Developing resources and training should be an ongoing expectation.

References