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

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Learning Objectives:
- Explain the implications of the perceptions about health care among persons from diverse ethnic origins.
- Explain the ethical obligations and the strategies for caregivers to adapt their care to accommodate patients from diverse ethnic origins.

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)

FYI - Click to download article on legal framework for language access

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.

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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- 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 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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- Biomedicine (Western medicine)
- 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)

FYI - click for information on prana and yoga
http://en.wikipedia.org/wiki/Prana

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 curanderos (2)
http://www.youtube.com/watch?v=rwL-EvF_PU

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)

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

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
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

FYI - For more information, see RATS lesson on end-of-life issues

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
  - Others refuse to have it drawn (Mien, SE Asia)

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- 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
  - respira profundo
  - puta
  - merm
- 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'
- Compliments - evil eye
- Positive predictions, without saying, 'God willing'
- Inter-gender touching
- Left-handedness

Promoting Cultural Competency

FYI - click for video on what not to do (10 min)
http://www.youtube.com/watch?v=a2i5-eTPWGs&feature=related
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
FYI - click for information on cultural humility
http://www.uniteforsight.org/cultural-competency/module12

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
FYI - Link to CC Assessment for health practitioners
https://www4.georgetown.edu/uis/keybridge/keyform.cfm?formID=277

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
FYI - click to download article on ethnic profiles (116 pg.)

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

Potential resources
- Accommodations; e.g.:
  ◆ visiting privileges
  ◆ religious requirements, including integration of traditional healers
  ◆ traditional beliefs & practices
  ◆ traditional dietary requirements
FYI - Click to download indicators for organizational CC

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

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Managers' responsibilities
- Support all organizational CC efforts
- Schedule CC training and discussion groups

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

FYI - Click to download manager's guide to CC (54 pg.)

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
## References


## References

END