

Patient Management I: Doctors, Work & Cultural Beliefs

Jennifer Christian, MD, MPH
President

Weability Corporation

Robert D. Jones, MD

Consultant in Occupational Medicine

Case Vignette

- Juan, 42 y.o. undocumented construction worker who presented with his supervisor at the front door prior to the clinic opening.
- Juan & Supervisor only spoke Spanish, his supervisor some rudimentary English
- Left hand injured when steel beam fell crushing it
Almost complete severing of hand at the palm.
- Melissa, bilingual clinic staff member, arrived.
- Dr. Rodriguez made additional suggestions.

What is Culture?

- “An integrated pattern of human behavior including thought, communication, ways of interacting, roles and relationships, and expected behavior, beliefs, values, practices and customs of a social group”

(Taylor 1997)

Demographics

- 11% of the US population is foreign-born—highest since 1930
- Over 31 million foreign-born residents
 - 52 % from Latin America
 - 26% from Asia
- 18% of the US population does not speak English at home (11% Spanish, 4% Asian)
- Among Spanish speaking, 1/3 do not speak English well
- One out of every two people added to US pop in fiscal year 2009 was Hispanic.

Arizona Demographics

- At least one in five residents speak Spanish at home
- 31% of Arizonans are Hispanic
- Hispanics are largest minority group
- Between 2002-2007, Hispanic-owned businesses had increased business receipts by 55.5%
- Hispanic households:
 - 66% are married couples,
 - 41% have children under 18
 - 69% of children live with two parents

Why Do We Care About This?

AMA Principles of Medical Ethics

- I. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights
- VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.
- VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.

ACOEM Code of Ethics – Fundamental Beliefs

- Benevolence: Serving the patient's best interest overrules personal considerations such as business needs, societal expectations, and organizational pressures.
- Autonomy: The center of patient care is not in the physician's office or in the hospital; it is where people live their lives; the individual best understands his or its own best interests.
- Social Justice: The medical profession is called upon to promote a fair distribution of health resources and to work actively to eliminate discrimination.

ACOEM Ethical Principle III: An Obligation to Avoid Discrimination

- *Occupational and environmental health professionals should build a relationship of trust and confidence with the people for whom they provide services.*
- *All people with whom occupational health professionals come in contact should be treated in an equitable manner, without any form of discrimination with regard to age, sex, social status, ethnic background, political or religious opinions, the nature of the condition, or the reasons that they need medical interaction.*
- *Occupational and environmental health professionals should strive to identify and overcome bias or stereotypes which may affect medical care and decision making both in individual patients and in the populations served.*

Back to Cultural Issues!

Results of Poll #1

What is your culture?

- To what groups do you belong?
- How do you identify yourself with that group?
- What are the values you share and how did you learn those values?
- Does your group influence how you act, what you wear, what you eat, where you live, and with whom you live ?
- How does the group maintain its identity?

What is your culture's value on work?

- How is the value of work learned in your group?
- What is that value?
- How did your group impact job choices for you and for others?
- How is work related to your self worth?
- Are the jobs that are acceptable different for men, women, children, the infirm or elderly?

What are your health beliefs?

- What is your groups value on health?
- How does the group prescribe health practices?
- What happens if you don't comply?
- Who are the providers of health treatment?
 - “Mom knows best”
 - Is a doctor like a scientist? A priest? A shaman?
- How does your group think about folk/home remedies, alternative or traditional medicine?

How does culture impact the doctor-patient relationship?

- Seeking Health Care
- Preferred Treatment
- Acceptability of Health Care
- Health Behavior
- Interactions with Health Providers
- Adherence to Treatment, the Doctor's Advice

Predictors of Culture-related Medical Communication Problems

- Cultural differences in explanatory models of health and illness;
- Differences in cultural values;
- Cultural differences in patients' preferences for doctor–patient relationships;
- Linguistic barriers;
- Racism/perceptual biases.

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Your Turn Is Coming Up: 3 Ways to Communicate

If you have:

- a case vignette to share
 - a question to ask
1. Press 5* on the phone to “raise your hand”
 2. Enter message in chat box on Web-Ex
 3. Send an email to: info@webility.md

Specific Issues – Patient Behavior in Exam Room

- Seeking Care – Reaction to injury
- Symptoms, especially pain
- Eye contact
- Passivity
- Modesty

Doctor behavior in exam room -- What will the patient see as:

- Respect / courtesy – or lack thereof?
- Human concern – or lack thereof?
- Helpfulness – or lack thereof?

Talking and Translators

- Whose language will you use?
 - Start off in their language
- Who should translate?
- Ignore the translator!
- Beware of incorrect translation.
 - Delicacy
 - Medical vocabulary - Lay terms

Your Instructions to the Patient

- Simple words – step by step
- Writing it down
- Demonstrating
- Asking them to repeat / show you

The Knife Edge

- Sensitivity without stereotyping
- Culture vs. family vs. personality