



Professionalism TEAM

Professionalism In A Cultural Context

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Objectives

1) Define the following terms:

Race, ethnicity and culture.

2) Describe the basis for understanding the cultural differences.

3) Describe the importance of understanding of cultural differences in professionalism.

4) Describe the different consultation models.

Race:

Genetically there is only one race, which is the human race. Society makes judgments about the varieties of biological characteristics. Eventually, biological characteristics are seen as socially constructed which often leads to stereotyping¹.

Ethnicity²:

An individual's identification with a particular cultural group to which they are biologically related.

Culture:

A set of beliefs, values and traditions that are socially transmitted from one generation to another. It defines a group

¹ An example of stereotyping is all Latinos are loud, all Irish people are alcoholics, all New Yorkers are crass and loud, all Southerners are prejudiced, all Sicilians are not members of the Mafia.

² Ethnicity can mislead as for example all Latinos do not necessarily share the same cultural values as they come from different countries. Even though one may identify with a certain cultural group, they may not share all the values often associated with that group. For example all Italians are not Catholic.

Characteristics of medical professionalism

- 1- Competency.
- 2- Responsibility.
- 3- Attitude.
- 4- Conduct on the job.

- Cultural differences should be evaluated carefully to improve healthcare outcomes and prevent:

- 1- Misunderstandings.
- 2- Stereotyping.
- 3- Barriers.
- 4- Conflict.

Professionalism in Different Cultural Contexts

- Recognizing the role of culture in health means an acknowledgment of the importance of shared values, perceptions, and beliefs related to health.
- Culture is directly related to health promotion, disease prevention, early detection, access to health care, trust and compliance.
- Respect implies that each individual has a right to receive respect according to his or her own personal, individual, family, and socio-historical perspective.
- We must learn to demonstrate our respect to individual patients in ways that each person will receive or perceive as being respectful.
- Help students and others to incorporate elements of cultural competence into their practice.

Attitudes central to medical professionalism in cultural context

Humility	Empathy	Respect
Sensitivity	curiosity	Awareness of all outside influences including cultural on patients health

Essential components of culturally competent health care

Cultural Competency

- The importance of shared values, perceptions, and connections in the experience of health, health care, and the interaction between patient and professional.

Respect

- Understanding that demonstrations of respect are more important than gestures of affection or shallow intimacy, and finding ways to learn how to demonstrate respect in various cultural contexts.

Asses

- Understanding that there are tremendous “within-group differences,” ask about cultural identity, health preferences, beliefs, and understanding of health conditions. Assess language competency, acculturation-level, and health literacy to meet the individual’s needs.

Affirm

- Recognizing each individual as the world’s expert on his or her own experience, being ready to listen and to affirm that experience. Re-framing cultural differences, by identifying the positive values behind behaviors we perceive as “different.”

Sensitivity

- Developing an awareness of specific issues within each culture that might cause offence, or lead to a breakdown in trust and communication between patient and professional

Self awareness

- Becoming aware of our own cultural norms, values, and “hot-button” issues that lead us to mis-judge or miscommunicate with others.

Humility

- Recognizing that none of us ever fully attains “cultural competence,” but instead making a commitment to a lifetime of learning, of peeling back layers of the onion of our own perceptions and biases, being quick to apologize and accept responsibility for cultural mis-steps, and embracing the adventure of learning from others’ first-hand accounts of their own experience.

The centrality of patient physician relationship to medical professionalism

Four possible consultation models:

Physician as parent, imam or priest (paternalistic model)	Physician as a mentor (deliberative model)	Physician as a technician or contractor (engineering model)	Physician as a friend or Counselor (interpretive/collegial model)
<ul style="list-style-type: none"> - Physicians are in the best position to judge what is best for their patients. In a strong form of this, physicians authoritatively order patients to assent (with coercion if necessary) - Culturally applicable in Chinese culture and partially in other Far East and South Asian cultures. 	<ul style="list-style-type: none"> - Physician objectively knows and prioritizes patient's personal and medical values. - The physician mentor's grip on decision making is more relaxed than the physician / parent model but autonomy-conscious patients find it unsatisfactory. - Culturally this is an option for some of the patients in Eastern countries 	<ul style="list-style-type: none"> - Physicians only provide value neutral medical information and leaving patients to make decisions independently based on personal values (total patient autonomy) - Physicians treat diseases rather than patients and sick persons are "Consumers". - Culturally applicable To certain sections of Western and relatively less eastern population. 	<ul style="list-style-type: none"> - Physician's medical facts and patients personal values contribute to balanced medical decision-making. - This approach upholds patient autonomy without undermining the physician's duty of beneficence. - Shared decision making culturally popular in the West, increasingly accepted in the East.

Cultural issues:

Issue	Comment
Signing certificates and other documents	<ul style="list-style-type: none"> - One must not sign certificates or documents which one believes to be false or misleading. - Same principles apply with references.
Advertising	<ul style="list-style-type: none"> -Physicians must not exploit patient's vulnerability or lack of medical knowledge. -Only factual information should be provided.
Research	<ul style="list-style-type: none"> -Research should not be contrary to the patient's interest e.g. exploitation of developing countries patients. -Research protocol should be approved by a research ethics committee. -This committee may be nonexistent in many settings. -Your conduct in the research must not be influenced by payments or gifts. -Record your research results truthfully.
Conflict of interest	<ul style="list-style-type: none"> -Patients best interest—lack of appropriate referral system may have adverse effects on patient care. -Inducements / incentives for referrals.
Consultation/Confidentiality	<ul style="list-style-type: none"> -Insistence on eye contact? -Uncovering of face in some females -Undressing of female patients? -Sharing of confidential information with spouses, relatives? -History taking of female adults from parents or husbands? -Giving information to patients in a way they can understand.
Accepting gifts or other inducements	<ul style="list-style-type: none"> -You should not ask for or accept any material rewards, except those of insignificant value from representatives of pharmaceutical companies. -Help with conferences and educational activities may be acceptable.

Summary

"Doctor's summary"

“- An integrated pattern of learned core values, beliefs, norms, behaviors and customs that are shared and transmitted by a specific group of people.

- Some aspects of culture, such as food, clothing, modes of production and behaviors, are visible .

- Major aspects of culture, such as values, gender role definitions, health beliefs and worldview, are not visible

- Recognizing the role of culture in health means an acknowledgment of the importance of shared values, perceptions, and beliefs related to health

.- Culture is directly related to health promotion, disease prevention, early detection, access to health care, trust and compliance

- Respect implies that each individual has a right to receive respect according to his or her own personal, individual, family, and socio-historical perspective.

- We must learn to demonstrate our respect to individual patients in ways that each person will receive or perceive as being respectful.

Quiz questions

Q1: List three (3) fundamental principles of medical professionalism.

Q2: Give three (3) characteristics of professionalism in a cultural context.