

PROFESSIONALISM

Lecture 10: Professionalism in cultural context

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Please note that this file contains summaries and important notes only, your original source for studying is the full lectures file made by team 434, which will be revised by team 435 after each lecture. Link: [Lectures file \(revised\)](#).

Summary:

❖ Cultural Influences on Medical Professionalism:

Characteristics of Professionalism:

Competency, Responsibility, Attitude and Conduct on the job.

❖ Attitudes Central To Medical Professionalism In Cultural Context:

- Humility. • Empathy. • Respect. • Sensitivity. • Curiosity.
- Awareness of all outside influences including cultural on patients health.

❖ Cultural Context:

1. Focusing On Knowledge:

1. It is important for a medical student or post graduate trainee to **learn** about the surrounding community in which he/she practices or trains. e.g. Socio economic status, patterns of housing nutritional habits, healing practices and disease incidence and prevalence.
2. The knowledge taught has specific evidence-based **impact** on health care delivery. e.g. How Ramadan fasting affects Muslims who are diabetic.

3. Focusing On Skills:

It is crucial to understand health **beliefs** of those who come from different cultures or have different health care experiences.

❖ Medical Professionalism "Three fundamental principles":

1. Patient welfare.	2. Patient autonomy	3. Social justice
1. Professional competence. 2. Honesty with patients – integrity. 3. Patient confidentiality. 5. Scientific knowledge. 7. Setting and maintaining professional standards.	4. Caring attitude. 6. Maintaining trust.	1. A just distribution of resources. 2. Managing conflict of interest. 3. Improving quality and access to care. 4. Respect for colleagues

❖ Patient-Physician Relationship- 4 possible consultation models:

1. Paternalistic model physician as a parent/ imam	<ul style="list-style-type: none"> Physicians are in the best position to judge what is best for their patients. Culturally applicable in Chinese culture.
2. Deliberative model physician as a mentor	<ul style="list-style-type: none"> 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
3. Informative engineering model physicians as technicians	<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) Culturally applicable To certain sections of the West
4. Interpretive/ collegial model physicians as friends or counsellors	<ul style="list-style-type: none"> Physician's medical facts and patients personal values contribute to balanced (shared) medical decision making. Culturally popular in the West, Increasingly accepted in the East.

❖ Cultural Influences:

While providing professional care physician must not impose his / her view on a patient's:

- Life style, culture, beliefs & race.
- Sex, age/sexuality.
- Social status/economic worth.
- Physicians must be prepared to explain and justify his / her actions and decisions.
- Culture is **directly related** to health promotion, disease prevention, early detection, access to health care, trust and compliance
- **Confidentiality:** Confidentiality concept may not be the same in the East as in the West. However its principles are applicable in most settings.

❖ **Special Cultural Issues In Professional Care In Different Parts Of The World:**

- 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:
 - ✓ 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.
- Physicians must not exploit patient’s vulnerability or lack of medical knowledge.
- **Research :**
 - ✓ Research should not be contrary to the patient’s interest.
 - ✓ Research protocol should be approved by a research ethics committee. This committee may be non existent in many settings.
 - ✓ Your conduct in the research must not be influenced by payments or gifts.
 - ✓ Record your research results truthfully.

❖ **Professionalism in Different Cultural Contexts:**

1. **CRASH:**

- Cultural Competency • Respect. • Assess. • Sensitivity/ Self Awareness. • Humility.

2. **PEARLS:**

Partnership:	Working with the patient to accomplish a shared outcome
Empathy:	Recognizing and comprehending another’s feelings or experience
Analogy:	Being willing to acknowledge or express regret for contributing to a patient’s discomfort, distress, or ill feelings
Respect:	Non-judgmental acceptance of each patient as a unique individual; treating others as you would have them treat you.
Legitimization:	Accepting patient’s feelings or reactions regardless of whether or not you agree with those perceptions.
Support:	Expressing willingness to care and be helpful to the patient however you can