



Professionalism in Different Cultural Contexts

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Objectives



Students should be able to:

- Define culture.
- Describe the importance of culture/religion in people lives
- Discuss the possible ways that culture may impact patient care.
- Discuss and contrast the different models of the doctor/ patient relationship with regards to the role of the physician in each model and patient autonomy “the different consultation models”
- Understand the importance of Respect to others’ beliefs
- Describe how can doctors deal with traditional views and beliefs in the clinical setting.
- PEARLS concept.

Cultural Context In Under-graduate Medical Education Curriculum



The goal of the curriculum should be to prepare students to care for patients from diverse social and cultural backgrounds including racial, ethnic and gender biases

Characteristics of Professionalism

- **Competency**
- **Responsibility**
- **Attitude**
- **Conduct on the job**



Medical Professionalism

Three fundamental principles:

1. Patient welfare
2. Patient autonomy
3. Social justice



Patient Welfare Including Autonomy



Professional competence



Honesty with patients -- integrity



Patient confidentiality



Caring attitude



Scientific knowledge



Maintaining trust



Setting and maintaining professional standards.

Social Justice:

1. A fair distribution of resources
2. Managing conflict of interest
3. Improving quality and access to care
4. Respect for colleagues





What is Culture?

Culture can mean many things.

- ***Culture*** has been defined as the beliefs, customs, habits, & language shared by people living in particular time & place.
- ***Culture*** is the different ways of living exhibited by a particular group of people, that are transmitted from one generation to the next and which distinguish that group from others.

Cultural variation



- Cultural differences transcend geographical regions, ethnicity and nationality.
- Cultural variation may exist within people that share similar ethnic background and nationality and are influenced by;
 - Social class.
 - Region.
 - Religion.

(Cohen & Varnum. Current Opinion in Psychology.2016; 8 (5-9)



Why is it important to think about cultural differences at work?

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



Religion & Culture in our society



- Are potential sources of moral purpose and personal strength.
- Offer support and structure to cope with life's stressful events.
- Enhance positive experiences such as optimism and hope.
- Tell us how to behave, and what is right and wrong

However!



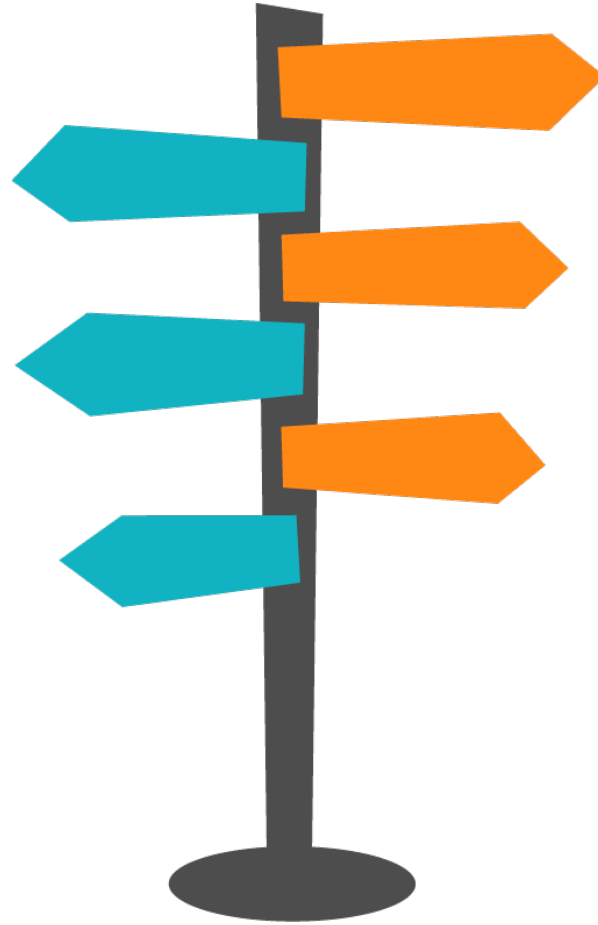
- Sometimes certain popular cultural practices or folk medicine may have a negative impact on the patient's well being.
- The doctors unfamiliarity of certain cultural or religious beliefs may cause unnecessary harm to the patients.

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

Cont.
Physicians must not exploit patient's vulnerability or lack of medical knowledge.



Cont.

In Research...

- 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 non existent in many settings.
- Your conduct in the research must not be influenced by payments or gifts.
- Record your research results truthfully



Cont.

Accepting gifts or other inducements

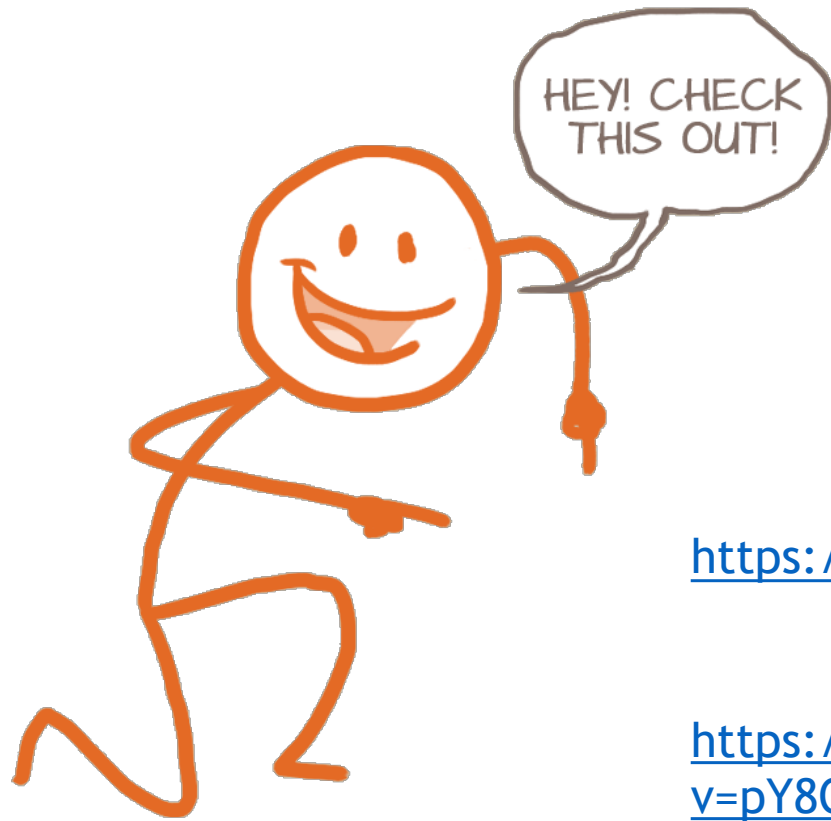
- You should not ask for or accept any material rewards, except those of insignificant value from representatives of pharmaceutical companies.
- Help with conferences and educational activities may be acceptable





what is cultural competency?

- Cultural competency refers to possessing knowledge, awareness, and respect for other cultures.



<https://www.youtube.com/watch?v=bo4pD6QZkWY>

<https://www.youtube.com/watch?v=pY8QsvAzBcw>

<https://binged.it/2CehB1Y>

Focusing On Knowledge In Cultural Context:



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

The Doctor-Patient Relationship



- Doctor-patient relationship & communication is central to effective patient care.
- The clinical reality has been formulated in a way that puts the physician in a dominant role in this relationship...

CONFIDENTIALIT

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- Confidentiality concept may not be the same in the East as in the West.
- However its principles are applicable in most settings.

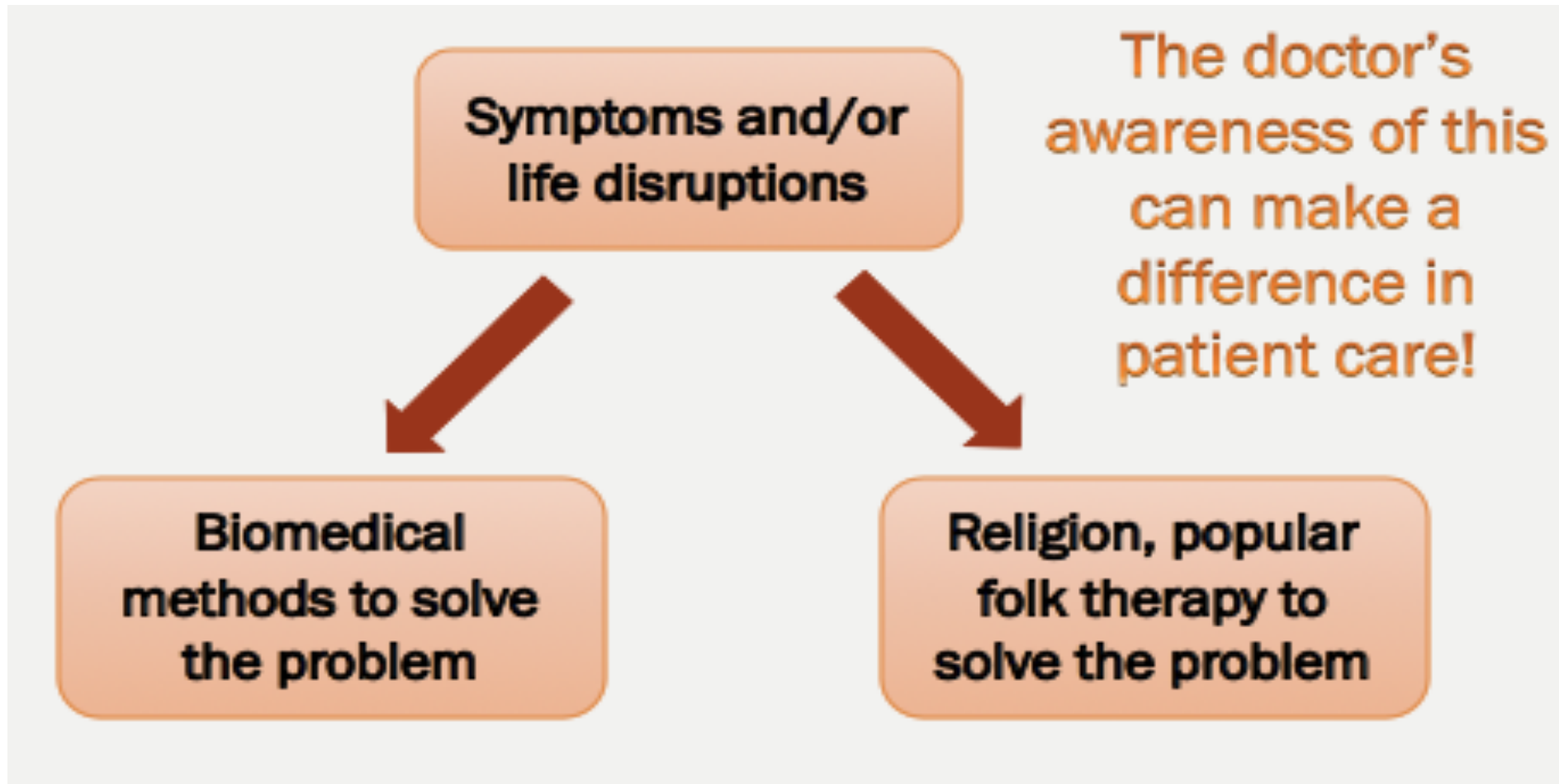


Physician Dominance in Patient Care

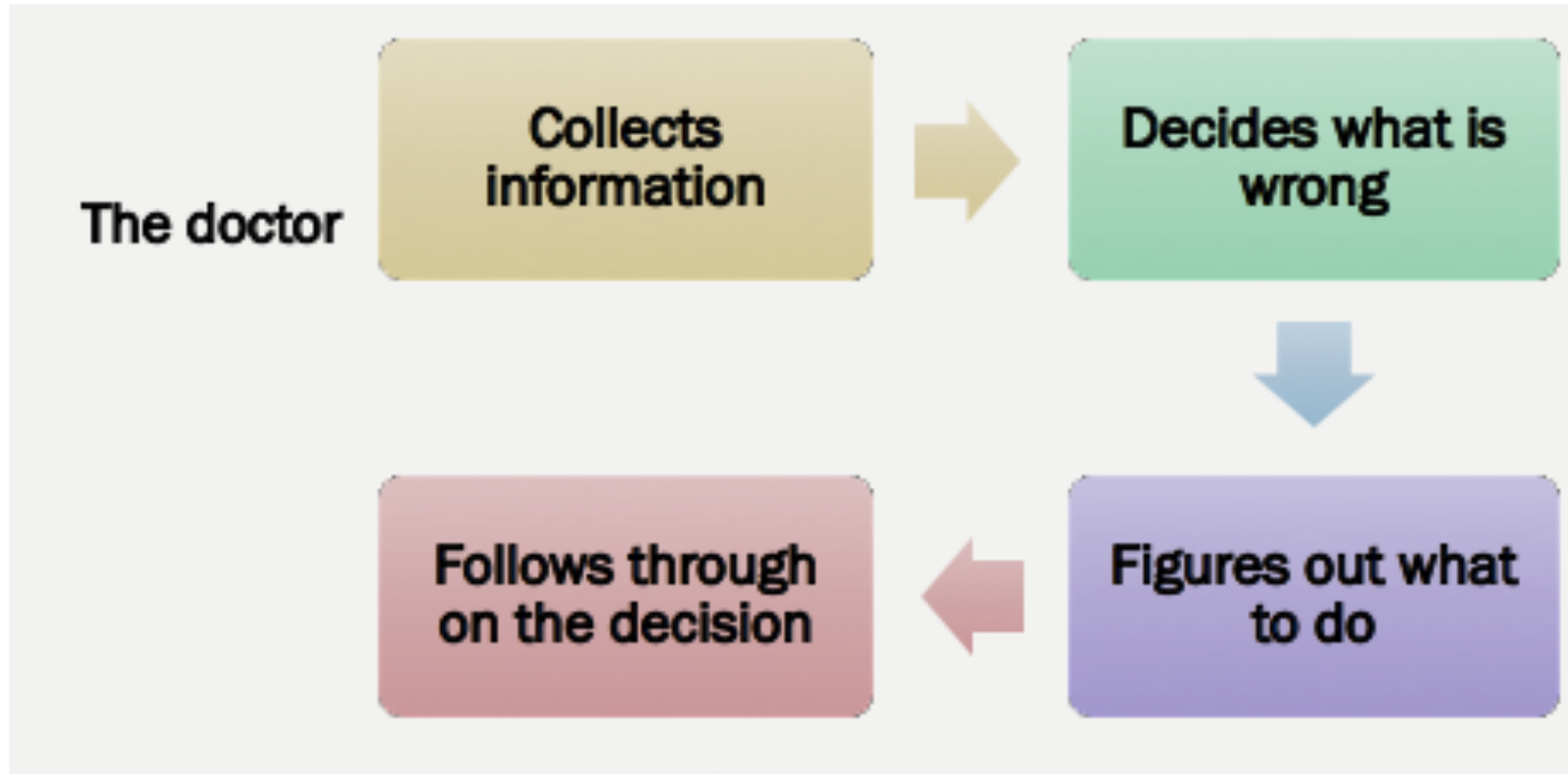


- The doctor is asked to help, diagnose and treat the patient in a socially acceptable way.
- The doctor organizes the discussion.
- The doctor molds the patient responses into recognizable patterns.
- The doctor determines what material is significant and what is not.
- The doctor describes the diagnostic and therapeutic actions.
- Doctor dominance introduces bias due to the doctor's personal background, values and social class
- Formal medical training creates a sense of “doctor knows best”.

Patients' Problem-Solving Approach



The Generalized Problem-Solving Model



Cultural differences can affect each step of the problem solving model.

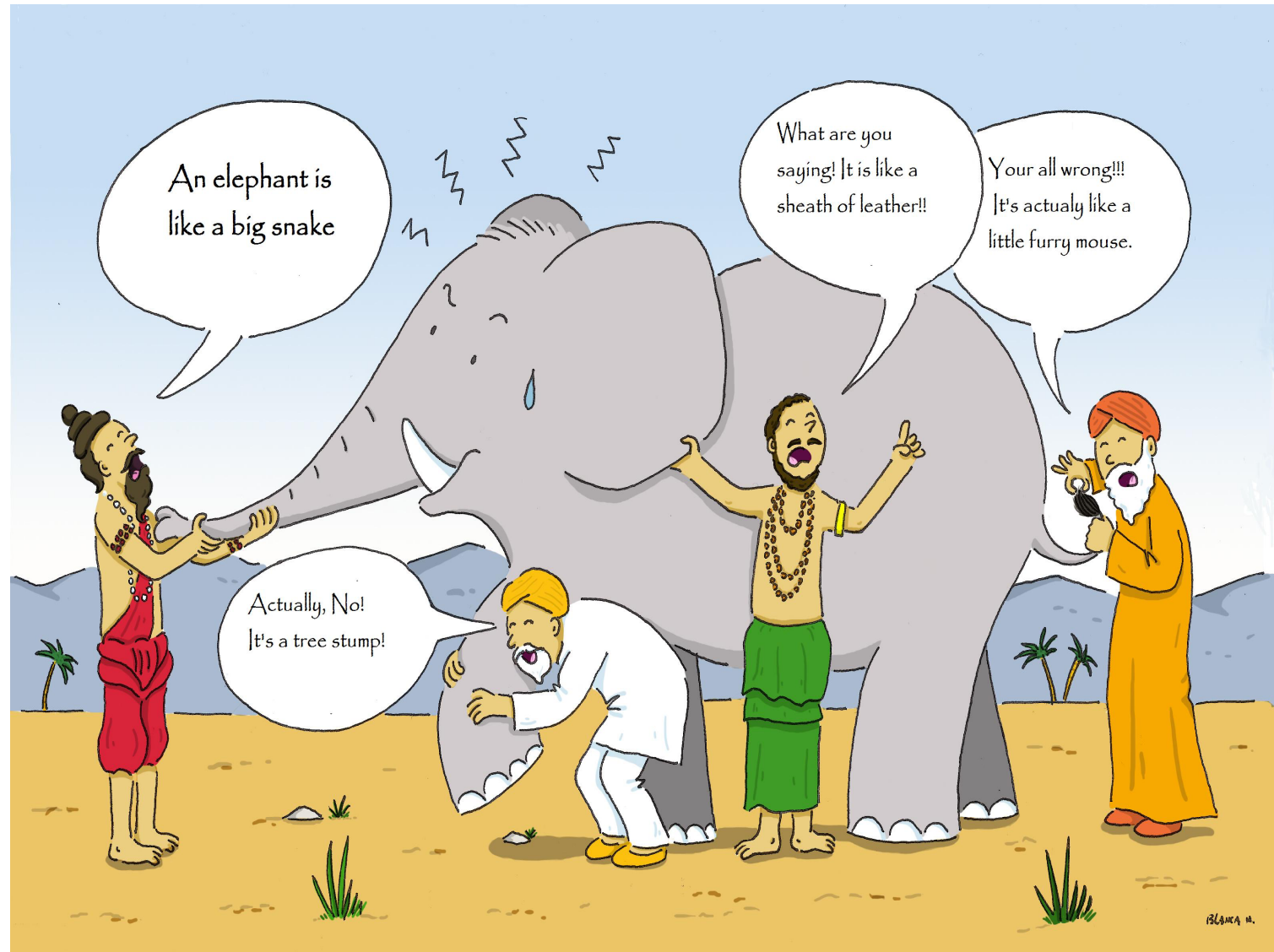
In Data Gathering



The problems that may arise during data gathering due to cultural differences	Suggestions to minimize the effect of cultural differences in data gathering
<ul style="list-style-type: none">■ Patient may withhold personal views and/or therapeutic actions that have already been done.■ Patients may report their illness differently depending on the behavior, ethnic background, seniority..etc of the physician.	<ul style="list-style-type: none">■ Broaden inquiries about the family history.■ Look for alternative explanation for the illness.■ Take language and communication style into account.

Problem Description

- A doctor's view of "what is wrong" may differ from the patient's view.
- The goals of problem description should be directed at finding a balanced management of biological & psychosocial issues rather than merely the classic diagnostic and therapeutic end point.



Plans for care



Biomedical management may greatly differ from traditional management that have been put by a folk healer.

There is no simple formula for establishing plans in such a setting.

The physician may compare illness explanations with the patient and try to mold therapeutic plans to accommodate special beliefs.

Negotiation with the patient and his/her family over issues related to how both see the illness.



Follow up

- Assessment of outcome varies among cultures, e.g:
- Therapy works because none of the patients came back.
- Therapy works because his patient always come back.
- Listen nonjudgmentally when patients and families ascribe treatment success to a traditional therapy.



Doctor-Patient Relationship models

Models of Doctor-Patient Relationship

There are generally four models of doctor-patient interaction (decision-making);

- The Paternalistic model.
- The informative model.
- The interpretive model.
- The deliberate model.

“Dependent on community’s social values and moral norms”

Trust me



The Paternalistic Model

physician as a parent

- The physician acts as the patient's *guardian*.
- The physician uses his/her skills to determine what is wrong with the patient and implements the best course of management for him/her. "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
- Patient is expected to agree on what the physician has decided for him/her.
- Excludes the patient from the decision-making process.
- Culturally applicable in Chinese culture and partially in other Far East and South Asian cultures.



The Informative Model

“Engineering model”

physician as a technician

- The physician informs the patient of all the medical facts related to his/her disease and the available interventions to deal with it. (The patient takes decisions independently based on personal values (total patient autonomy)).
- The patient decides what medical intervention he/she wants.
- The physician executes the selected intervention.
- Physicians treat diseases rather than patients and sick persons are “Consumers”.
- Excludes the doctors values from the decision making process.
- Culturally applicable To certain sections of Western and relatively less eastern population.



The Interpretive/ Collegial Model

- The physician tries to understand the patient's values and what he/she actually wants and help him/her choose the intervention that fulfills these values.
- The patient ultimately decides the intervention to be taken.
- The physician acts as a counselor, advisor or a friend
- Physician's medical facts and patients personal values contribute to balanced and shared medical decision-making.
- Upholds patient autonomy without undermining the physician's duty of beneficence.
- Culturally popular in the West & Increasingly accepted in the East



The Deliberative Model

physician as a mentor

- The physician acts as *teacher*
- Physician objectively knows and prioritizes patient's personal and medical values.
- The physician discusses with the patient what course of action would be best.
- The physician not only discusses what the patient could do, but acting to the benefit of the patient, he/she will also discuss what should the patient do “The physician mentor’s grip on decision making is more relaxed than the physician / parent model but autonomy- conscious patients find it unsatisfactory.”

Comparing the Four Models

	Paternalistic	Informative	Interpretive	Deliberative
Physician's obligation	Promoting patient's well-being independent of the patient's preference.	Provides relevant facts and information to the patient and executes the patients wishes.	Provides relevant facts and information to the patient while trying to understand the patients values to help the patient choose the intervention that suits his/her values.	Informs and guides the patient to the intervention that is best suited for his clinical situation.
Patient's autonomy	Consents to the doctor's choice.	Patient controls the decision making.	Patient understands him/herself better to help her in making the choice.	Self-development.
Physician's role	A guardian/parent	A technical expert.	Counselor or advisor.	Friend or teacher.

How Should Doctors Approach Differences in Cultural Context?





- Good doctors will have an awareness of their own beliefs and an understanding of the beliefs and commitments of others.
- Conflicts between clinical judgement and culture or beliefs should be approached sensitively and nonjudgmentally.
- Doctors should treat patients fairly and with respect whatever their life choices and beliefs.
- A doctor's own religion, culture or beliefs should not adversely affect patients' well being.
- 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



A Doctor Should Approach Cultural Differences with

- competency
- Humility.
- Empathy.
- Respect.
- Sensitivity.
- Curiosity.
- Awareness of possible external influences.

PEARLS Concept



- **Partnership:** working with the patient to accomplish a shared outcome.
- **Empathy:** Recognizing and comprehending another's feelings or experience.
- **Analogy:** Willingness to acknowledge or express regret for contributing to the patient's discomfort or distress.
- **Respect:** Non-judgmental acceptance of each patient as a unique individual.
- **Legitimization:** Accepting patients feelings or reactions whether or not you agree with their perceptions.
- **Support:** Expressing willingness to care and be helpful to the patient however you can.

Conclusion

Patients are entitled to good standards of professional practice and care in all cultural settings.

The essential elements of this medical professionalism are:

- 1 -Professional competence
- 2 -Good relationship with patients and colleagues
- 3 -Observance of professional ethical obligations

Medical teachers should be a role model' in application of these essentials





A close-up photograph of a person wearing blue medical scrubs and a blue stethoscope. The person is holding a rectangular piece of brown cardboard with both hands. On the cardboard, the words "thank you!" are written in a black, casual, handwritten font. The background is plain white.

thank you!