

A close-up photograph of a doctor's torso. The doctor is wearing a white lab coat over a light blue collared shirt. A blue stethoscope is draped around their neck, with the chest piece resting on their left breast. Their arms are crossed, and they are holding a pink folder or book against their chest. The background is a soft, out-of-focus blue and white gradient.

Voronezh State Medical University named after N.N. Burdenko

The Department of Foreign languages

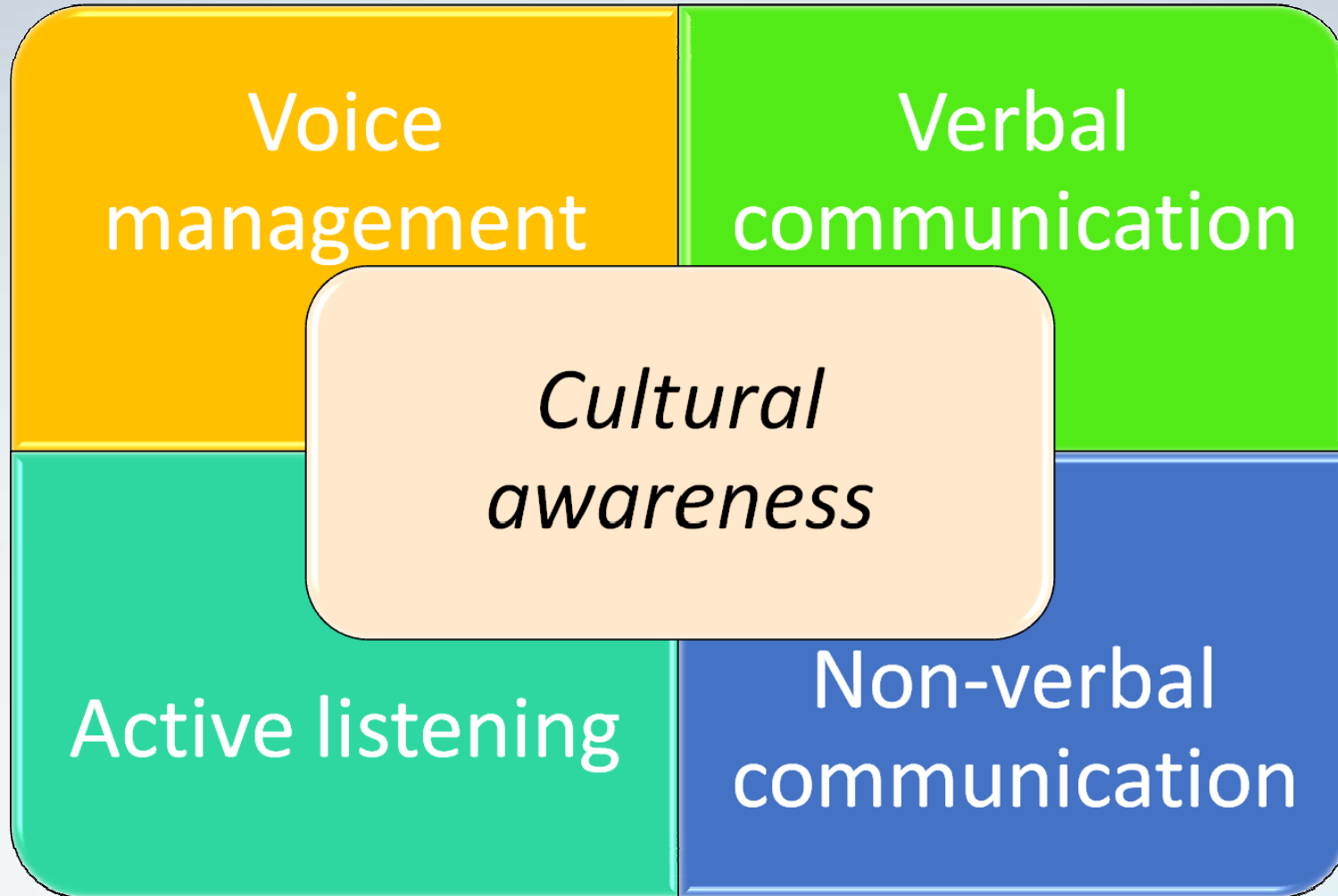
«Cultural awareness of a doctor: why it is important to be aware»

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«As individuals, we each have our own cultural background and biases. These do not simply slip away as we become clinicians. It is important to understand how culture shapes not just the patient's beliefs and behaviours, but also our own»

Bickley (2003)
Good Practice Introduction Unit

- **Components of communication between doctor and patient**



- What is cultural awareness?



Cultural awareness means recognising that your beliefs, habits and attitudes are inherently biased and can be puzzling to others. It also means *being tolerant of difference, being flexible and willing to embrace change*. However, cultural awareness does not mean having to leave your personal beliefs behind.

It means *realising that language and culture are inextricably linked and, as such, cannot be separated*. Lack of cultural awareness can result in unintentionally offending others.

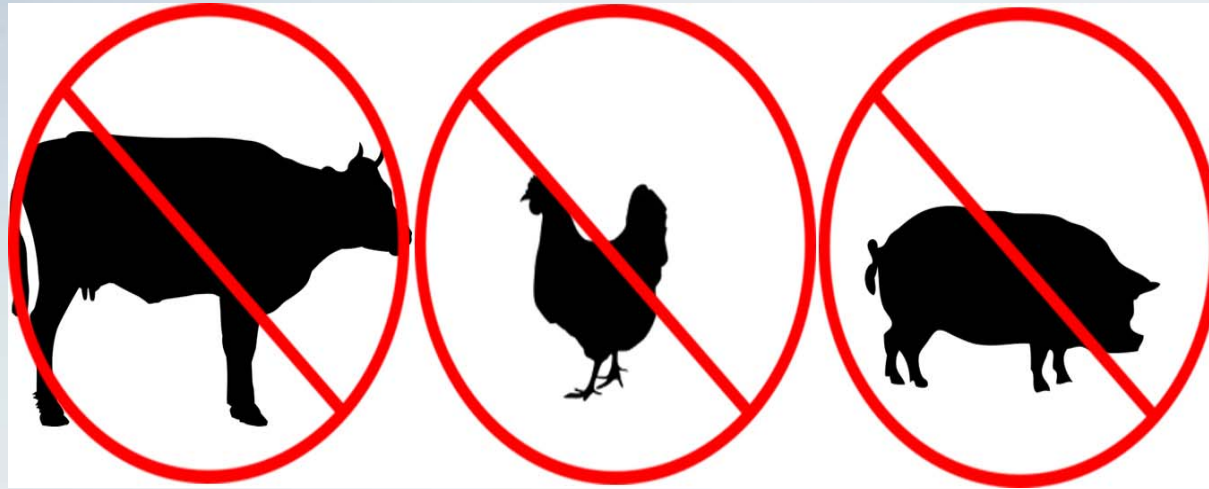


- Heightened awareness of cultural issues *can help you* to make a more accurate assessment of the patient's behavior, to improve the therapeutic relationship and to enhance treatment.
- Besides there are certain cultural groups, particularly new arrivals of refugees, that may have multiple psychological and physical concerns, and *these may need to be discussed when there is a sense of trust and safety*; i.e. assessment may take longer than with someone with full command of the language, culture and system.

- The patient may be part of a particular culture, but they will have adopted some aspects of it and rejected others. **The doctor must carefully assess each patient's individual and cultural needs** before deciding on an appropriate treatment.



For example, some Muslims may refuse to take their medication during Ramadan, besides, Muslims should adhere to the rule of gender separation: a woman should be treated with female doctors, a man with male doctors. Hindus, Muslims and Sikhs can't take any tonics.

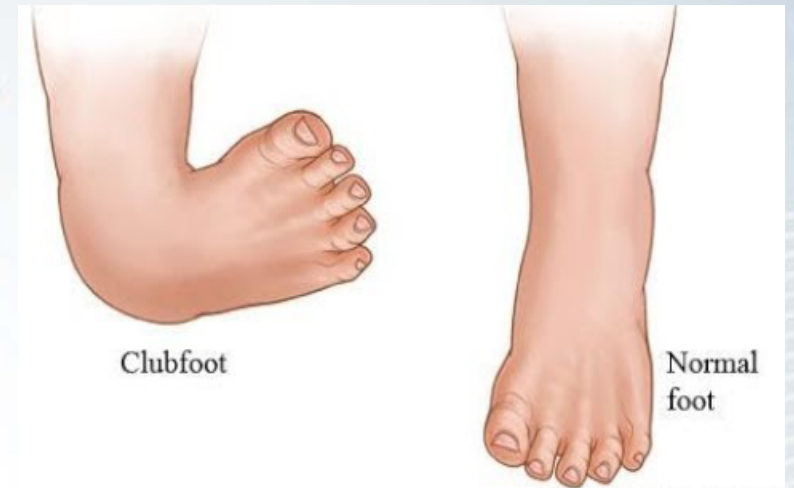


It is necessary to
know that
**different
nationalities have
rules in their diet.**

For example, Hindus don't eat beef or veal, the cow is sacred, that is why they cannot take beef insulin. Muslims don't eat pork, Jewish don't eat pork, rabbit and shellfish. In religion of Sikhs beef is forbidden and most of them are vegetarian.

- Some patients feel **uncomfortable answering intimate questions** even though doctor had explained that everything between them is confidential. Some patients may refuse the necessary treatment.

Case from medical practice: a child from the Hmong community (originating in South-East Asia) living in the USA was born with a clubfoot. Doctors felt that this would not only cause social embarrassment, but also make ambulation difficult for the child, and so recommended an operation to reshape the foot. However, the family believed that by 'fixing' the foot, it would bring shame and punishment on both the family and the Hmong community and so refused treatment. The family went to the Supreme Court to defend their right to refuse treatment.



- **Patients can send specific signals to the doctor.** But doctors have traditionally controlled the interview via closed questions which limit patients' contributions and render them more passive. When doctors pick up on patients cues, perhaps they feel that they are being taken off pre-planned flight path and are uncertain of where they might be led – they start to feel out of control.
- Checking doctors' interpretations and assumptions encourages patients to talk further about what they are thinking or feeling and has a double pay-off – both doctor and patient **avoid possible misinterpretation and discover more information.**
- **Cues are usually a short cut to important areas that require doctors' attention.** Emotional problems only hinted at through non-verbal channels are often the root cause of physical symptoms.

taken from Skills for Communicating with Patients, Silverman et al. 2005

«The single most important rule is to maintain a non-judgemental approach. Reactions that betray disapproval, embarrassment or boredom block communication, as do behaviours that condescend, stereotype or make fun of the patient»

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Thank for your attention!



Take care of your health!

