Cultural Competence and POG

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ISPOG – a diverse group!

• Members from many countries, many cultures, many experiences
• Approaches to treatment and practice may vary
• Increasingly diverse populations (more immigration/emigration)
What is cultural competence?

• Understanding how people of different cultures and belief systems perceive health and illness, and how they respond to the experience and treatment of disease.

• Term “cultural competence” is controversial: false impression that culture is a skill that one can be good at. Other acceptable terms:
  • Cultural awareness
  • Cultural sensitivity
  • Cultural respect
Why is CC important?

• Provide good patient-centered care that involves the patient in decision-making to enhance compliance
• Improve relationships with patients and families
• Demonstrate respect for and validation of the others’ ideas
• Recognize own biases to eliminate stereotypes and discrimination
• Eliminate health care disparities that stem from bias and other barriers to care
CC and women’s health

- Women’s health in many ways relates to culture:
  - Women’s standing in society
    - May affect access to care
  - Reproductive rights differ in different cultures
  - Many topics related to women (eg, sexuality, menstruation) considered taboo in some cultures
CC and psychosomatic obstetrics & gynecology

• Many of the topics specifically related to POG are strongly influenced by social and cultural influences.
• A few examples:

  Sexuality
  Abortion
  Mental health
  Menopause
  Infertility
  End-of-life care
Sexuality

• In some cultures, intercourse is strictly for procreation; others acknowledge that women engage in sexual activity for pleasure
• Views often shaped by conservative religious beliefs
• Such religious beliefs may foster intolerance of specific sexual practices (premarital sex, masturbation) or populations (LGBTQ individuals)
• May also influence causes of sexual dysfunction
Abortion

- Controversial topic involving procedure that is banned in some countries and allowed in others
- Often determined by religious views that dictate when life begins
- Beliefs on women’s rights versus fetal rights often shaped by religious, political and social beliefs
Mental health/ depression

• Western cultures more likely to pathologize depression and attribute it to biomedical factors
• Eastern cultures more likely to view depression as part of spectrum of life experience
• Expression of depression differs across cultures, with some expressing more mood change, and others expressing in terms of bodily symptoms

Menopause

• Experience of menopausal symptoms may differ
• Women in societies where age is more revered and older women are valued for wisdom, menopausal symptoms are reported as less bothersome

Minkin MJ et al, Menopause 2015
Infertility

- In some cultures, childless women face discrimination and stigma
- Women unable to conceive (eg, after hysterectomy) may be ostracized and shunned
- In other countries, infertility is not viewed as a disease state, and treatment may not be covered by insurance that is provided for “health deficiencies”
End-of-life care

• Depending on belief about what happens following death, it may be viewed as fearsome or a welcome end to suffering
• Some cultures are more accepting of dying at home among family, and others encourage death in medical setting
• Treatment of terminal illness (eg cancer) may be influenced by cultural beliefs about delaying or hastening death
• Culture may play a large role in how family and friends grieve or mourn following death
Discrepancies between provider and patient cultures

• Discussions on taboo or sensitive topics need to incorporate the wishes of the patient
  • Do not force own values on patients or couples regarding reproductive issues

• However, any situation that puts patient’s health or well-being in jeopardy is unacceptable regardless of patient’s culture:
  • Interpersonal violence
  • Reproductive coercion
  • Deprivation of human rights
Becoming culturally sensitive:

• Ask questions and learn about patient beliefs and values

• Incorporate patient characteristics in planning treatment::
  • Education level/ health literacy
  • Medical knowledge
  • Belief system/ values
  • Barriers to care

• Explain medical information so it is understandable and appropriate

• Be cognizant of own beliefs and how they may differ from patient’s
Overcoming cultural barriers:

• Providing interpreter services when needed
• Provide referrals to appropriate social services to ensure needs such as stable housing, access to food and safe drinking water, immigration status
• Recognize the biases and discriminations that may impact patient care
• Advocate for policy changes that promote safe and healthy environments
Approaches to CC: ETHNIC

- **Explanation**: How do you explain your illness?
- **Treatment**: What treatments have you considered?
- **Healers**: From whom have you sought advice/treatment?
- **Negotiate**: What are mutually acceptable options?
- **Intervention**: What is the agreed on treatment?
- **Collaboration**: Involve family, other healers in patient care

Approaches to CC: LEARN

• **L**isten with sympathy and understanding to the patient’s perception of the problem
• **E**xplain your perceptions of the problem
• **A**cknowledge and discuss the differences and similarities
• **R**ecommend treatment
• **N**egotiate treatment

Conclusions

• Be aware of how patient beliefs may differ from your own
• Be respectful of other cultures and beliefs during patient interactions
• Acknowledge patient values and use them to find treatments that are acceptable and foster compliance