



The Importance of Cultural Competency and Communication in Medical Care

By Paul Bracken and Terrence G. Hurst

We continue to provide articles and support to physicians particularly in the interest of improving and strengthening communication skills. It is clear that good technical training and skills are important, as is the recognition that communication skills are sacrosanct to the delivery of high quality, safe medical care.

As America's profile changes, we should prepare to deal with a diverse community. Texas is no stranger to diversity; the 2005 Census reports 13.9% of Texans are foreign born, and 31% of Texans speak a language other than English in their home. Texas is 34.6% Hispanic or Latino, 11.7% Black, 3.2% Asian, and 49.8% non-Hispanic White. Federally funded initiatives have been established to address culturally based barriers to the provision of health care which imply or even require certain cultural competencies. Regardless of Federal mandates it just makes good sense that the patient/physician relationship be as free as possible of any communication barriers.

Acknowledging and delivering medical care while recognizing the risk associated with cultural competencies requires understanding the definition. "Cultural Competency" (a working definition) is defined as: a set of congruent attitudes and policies, coming together in a system among professionals enabling effective delivery of medicine in a cross cultural situation.

(Cross, T., Bazron, B., et al Georgetown University Child Development Center 89)

Paul Bracken, a very experienced defense attorney in El Paso, states, "Having represented physicians for over twenty years in El Paso, where cultural diversity has always been the norm, understanding its impact on the patient/physician relationship is second nature to us."

El Paso is west of what most consider West Texas. It is a city rich in cultural diversity. It is a diversity that all parts of Texas are beginning to see. Does this diversity affect the practice of medicine? Attorney Bracken says that, "If you don't recognize and appreciate the effect of cultural diversity in your practice, you may be likely to be sitting in an attorney's office defending your medical actions, even when all the standards of care have been met."

Risk related to a lack of culturally competent care usually involves cultural differences that create conflicts and misunderstandings, which could result in inferior care. These risks can occur at any point in the care of a person with different religious and cultural customs and beliefs and more often when the person has limited English proficiency. According to research, these differences manifest themselves in the acceptance of the cause of an illness, a prognosis, how a patient expresses pain, and the patient's approach to life and death in general. Additionally, different beliefs and customs regarding the roles of men and women further complicate the delivery of healthcare when cultural barriers exist.

The effect of cultural diversity on communication may also be a contributing factor leading people to seek legal advice and a review of their medical treatment.

Simply put, and not based on any scientific research, “bed side manner” and effective communication is the biggest non-medical predictor of whether you are likely to be sued if there is an unexpected outcome. Take a few extra minutes to make sure your patient or family members fully understand what the plan of care and treatment is, and why. Integrate this into the patient’s particular culture and be able to translate it in their language or have translation service available. If you are a specialist, do not leave it to the attending physician to explain your involvement and recommendations; you must do this to ensure effective communication and good medical care.

Attorney Bracken goes on to say, “I know that most doctors are very busy, and seem to have to work harder and faster with the never-ending reductions from health care insurers and the federal government. However, taking time to understand cultural biases and differences and communicating with a patient can save you time and money in the long run. Effectively controlling risk by avoiding a lawsuit will save you from a great deal of avoidable and lengthy claim and lawsuit processes.”

Attorney Bracken provides this list of recommendations:

1. Have your medical forms, including consent forms, translated into Spanish or other appropriate languages. Currently there are many video presentations used to explain physical anatomy, conditions, and treatment options.
2. Document your discussions, including that the patient understood, and how you made sure they understood.
3. Consider bilingual staff assistance to assure communication.
4. With older patients, consider having an adult child present to hear explanations of conditions/treatment and to answer questions with both present. Older patients are less likely to ask questions, and more likely to say they understand when they don’t. In some cultures, it is even considered impolite to question a doctor.
5. Older patients, especially first generation Americans, require more questioning and prodding to obtain information and are less likely to complain. They generally need to reach a certain comfort level with the physician before they open up.
6. Remember your patient is a human being with feelings.
7. Your staff should consider these same recommendations. Your patients will likely have more contact with your staff than with you. The patient’s contact with your staff reflects their perceptions of you as their physician.

Remember, in a “jury trial of your peers,” the jury make-up will in all likelihood more closely reflect your patients than your peers. I have yet to see a doctor serve on a jury, and most ask to be excused from jury service (but this is a topic for another day).