# PRACTICING CROSS-CULTURAL MEDICINE

## Merced doctor learns important lessons in first year of practice

By DR. DAVID SIMENSON
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Outside my office window, a man with a cart sold "paletas," the Mexican version of "Popsicles." Nearby, some Laotian children played underneath a shady mulberry tree to escape the summer heat.

Across the street, I could see an irrigation canal running beside a field where many of my patients earned their living as seasonal farm workers. The sounds coming through my window — people speaking Spanish and Laotian dialects — became familiar to me

English. She and my translator talked for a while until she understood the question. The young woman and her mother talked back and forth in Mien. The daughter gave an answer in Lao to my assistant, who then told me, "It hurts at night." If I had been concentrating, I would be able to remember the original question I asked. And with luck, the answer would relate to the question.

Cultural differences between my patients and me had an important effect on my practice of medicine. I faced many questions that were not included in my medical training: What are the typical occupational

through my window — people speaking Spanish and Laotian dialects — became familiar to me as my first year as a family practice physician unfolded. Language was sometimes an impenetrable barrier, but it also enriched my experience.

I moved to California to fulfill my obligation to the National Health Service Corps, which gave me a full scholarship for medical school. When I accepted my assignment at a nonprofit community health center, I did not realize how much the area was truly a melting pot. Two-thirds of my patients were migrant workers and their families. They labored in the fields, orchards, dairies and canneries of the fertile San Joaquin Valley.

In addition to Mexican-American farm workers, I also saw a large number of patients who were Laotian immigrants. In this area, there are actually three different ethnic groups who have emigrated from Laos: the lowland Lao, and two hill tribes, the Hmong and Mien. Members of each group have their own language, history and dress.

Even with a Hmong translator in our clinic, I would sometimes have great difficulty communicating with my patients. One day, an elderly Mien woman who did not speak Lao or Hmong came in with her daughter, complaining of indigestion. The interview went something like this:

"Does she have a burning stomach pain?" I asked. My assistant translated into Lao for the daughter, who did not speak

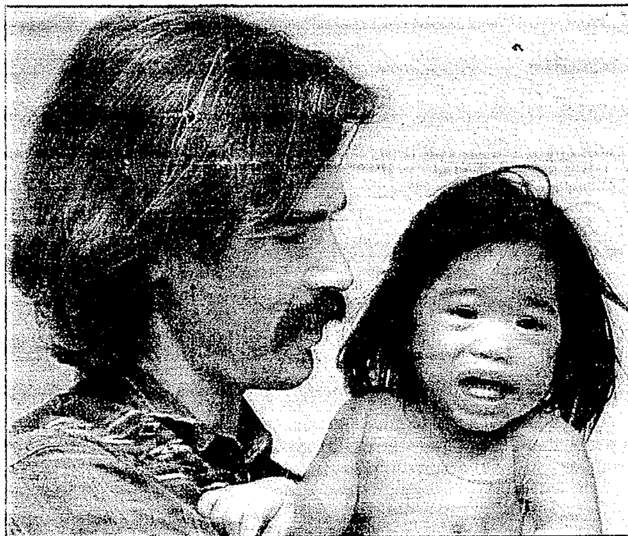
faced many questions that were not included in my medical training: What are the typical occupational health problems of migrant or seasonal farm workers? How do culture and living environment affect a disease process and its treatment? And why is it that, even with a translator, I sometimes still could not communicate effectively with my patients?

It was not just a matter of a different language. My patients thought differently in the way they viewed the world and even their illnesses. I learned the difference between a disease and an illness. A disease is a medical condition with a cause, a specific set of symptoms, a typical progression and a treatment. An illness is a person's subjective experience and is modified by culture, social class and personal experience.

My patients asked me about conditions I had never heard of; many are culture-bound syndromes, folk-defined illnesses that exist within the context of a particular culture. However, when examined by someone trained in Western medicine, there is no correlation with modern medical definitions or known diagnoses.

"Empacho" is a perceived blockage of the intestines, and "caida de mollera" is a sunken anterior fontanelle, or soft spot, in an infant's head. Their folk-health beliefs explain causes for these conditions, and give nonmedical treatment.

A mother brought in her young son complaining of abdominal pain. I gave him my typical greeting for children, "Hola, Miguel, gimme



Sun-Star photos by Marci Stenberg

Dr. David Simenson moved to California to fulfill his obligation to the National Health Service Corps, which gave him a full scholarship for medical school. Simenson listens as Gilda Garcia, above, discribes what ails her 19-month-old daughter Grace. Comforting patients like Grace, left, is a skill Simenson claims is not taught in medical school.

five!" We slapped palms, and he gave me a big smile. I try to make children feel comfortable. I ask them about their pets, their bikes or their teachers; I like them to think that I am a friendly rather than a scary doctor with a big needle.

"He doesn't want to eat, and his belly swells up," the mother said. She looked worried. "He has pain in his stomach." Her happy little son sat on the table without any evidence of distress.

"Does he have any vomiting, any diarrhea or fever?" I asked.

"No, but sometimes he's constipated."

I examined Miguel but could find nothing wrong. His abdomen was soft and not tender.

"Do you think he might have empacho?" I asked.

The mother looked relieved to have me voice her concern.

"Well, yes, he might," she said.

"I don't think he has empacho," I said. I suggested that he drink more liquids and eat fresh fruit and vegetables and whole wheat bread. Miguel's mother accepted this treatment plan without my having to compromise her cultural beliefs.

It takes more than just patience for me to deal with these cross-cultural misunderstandings. I have learned three steps to effective cross-cultural medicine. The first is respect for the patients' cultural values, their way of dress, and their concerns. What is the ideal family size? What is a normal

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Heart: Doctors fight continuing infant organ shortages

# **Lessons:** Doctor's fear

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breakfast? Should children wear shoes, socks, or underwear? The American way is not the only way, and I can tell you that I often saw different answers to each of these questions in my first year in practice. I had to believe each person's cultural context offered answers just as valid as mine.

The second step is understanding. What do my Mexican patients eat for breakfast? Some eat scrambled eggs with cactus (delicious), and others eat corn flakes.

What caused that perfectly circular ecchymosis (or hickey) on a Laotian woman's forehead? It can be the result of suction applied under a small cup, which is a common treatment for headaches.

What does "Shuhab," the name of a Sudanese-American infant, mean? It means "falling star." As I increased my understanding of each patient's way of life, I was better able to improve his health. But understanding is only the foundation of respect. Why learn how others deal with the problems of life if you have no respect for their solutions?

The third step is true caring for the patient and his health. During medical school, my closest relationship was with my textbooks. During residency I was closest to the other residents with whom I worked each day. As I started medical practice, I began to develop stronger relationships with my patients. I better understood my patients — their different languages, dress, foods and beliefs, and I saw many qualities to admire.

People who were at first strange and incomprehensible became individuals. I tell my patients that they are in charge of their own health and their health problems. My job is not to dictate their behavior but to give them advice on how they can improve and maintain their health. When I found myself arguing with a patient, or when communication was closed off because I had offended him or her, it was usually because I had neglected respect or understanding.

My first year of medical prac-
... turning point in many
ways. Learning to adjust to cultural differences was part of the process. As a medical student and resident I admired and was awed by the authority and responsibility assigned to a physician.

During my medical training, the breadth and depth of medical knowledge would sometimes overwhelm me. We were all striving to build a fully functional base of medical knowledge. As I started practice, it was intensely painful to face a situation I did not know how to handle. There was the fear that others would think I was incompetent. There was also the fear that something terrible would happen to the patient because I did not order the best treatment or test.

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***Dr. David Simenson***

I no longer expect to know everything. I have learned where to turn for help, what texts or journals to read, and what consultants can give useful advice. I found out how rewarding it is to have patients give you their trust. I have also learned to accept and respect their culture and their concerns. It is enriching to understand the beauty and variety of other ways of life. Above all, I have learned to meet patients on their own terms.

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