Conflict and Disparity Between Two Foreign Worlds

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 Despite our technological advancements and movements towards equality in care, cultural disparities are alive and well in today’s society. A classic example comes from Anne Fadiman’s book, “ The Spirit Catches You And You Fall Down,” where she highlights the depths of our disparities in caring for Hmong patients. There is a gap in languages creating communication barriers, lack of teaching and informed consent, difficulty combining western medicine with traditional Hmong medicine, rejection of traditional Hmong culture, and a lack of quality discharge teaching and follow up assessments.

 In Merced California there are an estimated 61,000 inhabitants, nearly 12,000 of which are Hmong, making nearly one in every five citizens Hmong, yet there were no stable translators available (Fadiman, 1997, p. 24). To add to this language barrier, the Hmong language was not formally converted to written language until the late 1960’s, and most of the older Hmong generation is unable to read or write their own language, which makes understanding written information from the hospital impossible in English or Hmong. There are an estimated 170,000 Hmong inhabitants In the United States, and Over 71,000 of these are California residents. Of these families, the “majority, 58.6%, do not themselves, and do not have family members that speak English well.” And “Only 4.4% of Hmong households report English as there only language used in the home” (Cobb, 2010, p. 80). With such vast language barriers it is no wonder there are communication problems faced by healthcare workers when Hmong patients present for care. Imagine being a healthcare worker and attempting to care for a patient with whom you were unable to communicate, it would be just as a physician at the Merced County Hospital said, “ I practice veterinary medicine” (Fadiman, 1997, p. 25). Communication is key to understanding the issues at hand, full body assessment, and determining the needs and values of your patient. Without the basic assessment and educational skills of verbal or written communication, the care process enters a world of chaos and chance. The only positive outcomes are completely by chance and all control is removed. Given this scenario it is no wonder that negative patient outcomes followed this type of situation. This highlights several care needs in multiple subcultural groups that share the communication barrier with the Hmong people in today’s healthcare system. As a nation we need to be proactive in improving these barriers and healthcare as a whole.

 Connected to the language barrier is the ethical issue of informed consent. Without the ability to understand written or verbal communication provided by healthcare professionals, one cannot be informed enough to consent for procedures, but due to the common occurrence of having to fill out and sign paperwork, the Lee family was forced by conditioning to consent to procedures they were not informed of. This compromises the code of ethics all healthcare workers follow and the role of nurses as patient advocates.

 Providing culturally competent care requires an understanding and companionate attitude towards a person’s cultural beliefs. In this example the Merced County Hospital shows an absolute lack of culturally competent care or understanding of cultural traditions. The Hmong people have a rich legacy of cultural traditions and practices that are still alive today. These include the use of Showmen, animal sacrifice, and traditional herbal remedies. None of these values were openly accepted and at times were shunned. Given the strong heritage the Hmong people come from and their strength in overpowering outside controlling forces one can clearly see there is no point in trying to overpower them. The ideal care situation is one of compromise. They displayed their willingness to accept western medicine by presenting to the local hospital. Once there they need compassion, understanding, and a compromise in care that includes western and their traditional medicine. Attempting to avert their cultural heritage and beliefs only widens the divide between western medicine and their origins. In order to care for this type of patient, the healthcare systems need thinking that goes outside the norm a western belief and has the plasticity to see the value in Hmong beliefs, e,, ,even when they themselves do not share their thought process.

 Discharge teaching is a key aspect that nursing school and hospital orientation emphasizes it, yet this aspect was completely overlooked in the Lee family’s care. Ensuring patients follow much needed care plans is of particular importance in continuing care, but they need to understand and acknowledge the care plan presented. In this situation the Lee family did not understand or acknowledge the care plan. This speaks volumes about the hospital and staff. The need for proper education and communication is expressed in the shortfalls of this healthcare establishment. It is a call to action to all other healthcare providers to provide the care necessary to improve the lives of those involved and what is necessary for future improvement. As healthcare providers we need to be proactive in providing care that is educated and matters to the care plan set forth. Without this set course of action, we are nothing. Our actions determine our outcome and we need to set forth our own destiny and that of our patients.

 In caring for diverse cultures, one needs to consider their background, the possible connections to traditional roots, and the realities this creates. This type of care is unique and has its own presets. Each culture must be treated with respect and care, traditions must be honored, and beliefs must be combined with culturally accepted concepts. In the example given, every aspect was forgotten and the desired medical path was followed without thought of the beliefs of the cultural group at hand. In the future more consideration needs to be given to the cultural diverse group being cared for. Physicians need to remember they are caring for a group of people with different beliefs and need to respect them. Once caring behaviors can be established, and caring can begin in the chosen method, finally the curing process can begin. This is multifaceted and much is needed, but when both parties realize there Achilles tendon, their healing can begin, and real change can start, it is only at this point that true health can be achieved between separate nations.

References

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