**Towards a New Paradigm for Understanding Cultural Competence in Medicine**

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**ACKNOWLEDGMENTS**

Thank you to Dr. Jane Mainschein for her guidance and support. Without the efforts of the Andes and Amazon Field School, Barrett Honors College, and Santo Urco Community, this project would not have been possible. Drs. Ted Humphrey and Janet Buke of the Barrett Honors College, along with Dr. Ted Swan of the Andes and Amazon Field School, facilitated my experience. Thank you also to my fiancé, Emily Cole, for her help with revisions and continual encouragement and support throughout my research project.

**Thesis**

In order to reach the best health outcomes, physicians must communicate effectively across cultures and strive to integrate patients’ cultural healing traditions and the allopathic care of the mainstream medical establishment.

**Case Studies**

Journal entries from fieldwork in Ecuador. The manners in which people used opinions regarding medical care differ across cultures.

The most interesting encounter of the day was an impromptu interview with Mama Carmen. Initially trying to find out how to survey the community’s opinion of the various medical options available to them, Dr. Dekett has spent time in surveying communities, and she thought a visual analog scale [Figure 2] might work with the Quichua. In order to test the scale, we asked Mama Carmen to answer some questions for us. When comparing chacá (shamans), pharmacists, nurses, doctors, and curanderas (folk healers), she simply told us that they were all great and placed an “X” directly between “muy mala” and “muy bueno” on our linear scale. She also rated all of them ten on a one-to-ten scale. However, when we probed deeper for whom she would trust, she actually told us that she had a wealth of information and didn’t want to give others credit, despite her preferences that were apparent in conversation.

**Shamanism and Allopathy?**

Treatment with the shaman and physician. Efforts to integrate can include both cultural and allopathic medicine. Physicians need patients to arrive at the hospital early in the disease process.

After our conversation with Bartolo, we made a house call in which Dr. Agosta was to collaborate with him. The patient was a young boy with a fever and four ulcers on his left leg. The ulcers started a week ago when the boy thought he was bitten by bugs. In the U.S., Dr. Agosta would give oral antibiotics and topical antiseptic ointments to the ulcers. However, after discussion regarding how to approach the boy’s method before adding it to the questionnaire, we asked Mama Carmen to answer some questions for us. When comparing chacá (shamans), pharmacists, nurses, doctors, and curanderas (folk healers), she simply told us that they were all great and placed an “X” directly between “muy mala” and “muy bueno” on our linear scale. She also rated all of them ten on a one-to-ten scale. However, when we probed deeper for whom she would trust, she actually told us that she had a wealth of information and didn’t want to give others credit, despite her preferences that were apparent in conversation.

Once physicians have a clear grasp of the best strategies by which to communicate with patients of different cultural backgrounds, they can approach how to integrate allopathic medicine and cultural healing traditions.

**Cultural Clash with Allopathic Medicine**

Dr. Agosta examined the boy’s leg (left). Bartolo applied a plant juice to the sore (right).

Both physician and patient work together. Dr. Agosta examined the boy’s leg (left). Bartolo applied a plant juice to the sore (right).

The boy was (initially) very hesitant to show us his sores. When first asked how he was doing, he responded that he was fine and had nothing beneath the bandage on his leg. However, after Bartolo [spoke to him], he removed the bandage from his leg, [and the boy opened up to us. […] Walking is painful for him. The boy is ending his school year at his high school, and he is missing exams, because he cannot make it to school with his ulcers. The boy may even be held back because he is missing all of his exams.

The young child’s ulcers soon healed. He returned to school and passed his exams, moving on to the next grade.

**Steps Toward Cultural Competence**

The results from surveying the Quichua parallel the findings of a recent study on the diagnosis of diabetes in people of different cultures. The study suggests, during interactions with minority patients, “dialogue about patient’s linearexpressions and social context are crucial” [6].

The same study indicated the need for physicians to truly understand the social and cultural context of their patient rather than to generate based upon the culture of the patient. For example, several physician in the study incorrectly reported a “suffering woman” condition to Indians of Middle Eastern descent [7].

The integrative approach towards the treatment of culturally diverse patients has already shown initial success in    California, where Hmong shamans work closely in the hospital with medical doctors [8].

While in allopathic medicine the therapeutic relationship between physician and patient may play a minor role in comparison to the goals of diagnosis and treatment [9], the therapeutic relationship represents a central focus of alternative medicine, including cultural healing traditions [9].

Due to this emphasis on non-allopathic approaches place on the therapeutic relationship, current efforts at cross-cultural medicine like the tuberculos questions from the Tera Hospital in Ecuador (Figure 3) are not sufficient.

**Conclusions**

Tolerance and “cultural competence” alone will not yield the best medical outcomes for patients. Attempts at cross-cultural communication should not become stereotyping.

Every patient possesses a unique perspective on health.

Focus should not be upon categorization and so-called integration. Rather, physicians need to identify good medicine that will improve the health of patients [10].

Good medicine is different for each patient.

By communicating effectively with patients and their healers and striving to include the patients’ own healing traditions, physicians can provide the best possible care to all patients.