Cultural Beliefs & Health Care: Searching for Balance

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Searching for balance between two extremes

Considering cultural factors as irrelevant to medical practice

versus

Relying on cultural stereotypes and false assumptions that cultural groups are homogeneous.
Every person is in some respects

a. like all other people
b. like some other people
c. like no-one else

Adapted from Kluckohn and Murray 1948: 35
Cultural context must be acknowledged

“There is no such thing as a [universal] human nature independent of culture. Men without culture … would be unworkable monstrosities with very few useful instincts, fewer recognizable sentiments, and no intellect: mental basket cases.

“We are incomplete or unfinished animals who complete or finish ourselves through culture.”

Geertz 1973: 49
But cultural context can be overstated

- Cultures are not inescapable cages
- Cultural groups are not internally homogeneous
Searching for balance: case study from palliative care

A bioethics consultation was called at a hospital in Los Angeles. Mrs. Kim is a 65 y. o. Korean-American woman. Upon admission to a hospital, she is found to have advanced colon cancer. The cancer has spread to her liver, and her physicians do not expect her to survive longer than a few weeks. Other than a course of antibiotics, which she is just about to complete, no active treatment is indicated or intended. She is alert.
All she knows about her condition is that she has an infection. Her family does not want to inform her that she has cancer. Mrs. Kim’s physician considers it his obligation to tell her the diagnosis and the likely course of the disease. When he asks the family members for their permission, they steadfastly refuse. They tell the physician not to ignore “Korean customs” and not to “force the truth on her”.
Health care team’s standpoint

- Fundamental human desires/rights create base-line clinical obligations… regardless of cultural beliefs
Family’s standpoint

• Cultural patterns and traditions are all-encompassing.

• They must be respected, especially in matters of life and death.
Measuring the effect of cultural beliefs on patient’s decision-making

• 800 patients > 65 y.o.

• 4 ethnic groups:
  – European American
  – African American
  – Korean American
  – Mexican American
Diagnosis: Cancer
Should the physician tell patient that s/he has cancer? (Yes/No)
Should the physician tell the patient’s about the cancer?

Prognosis: Terminal
Should the physician tell the patient that s/he will probably die?
Should the physician tell the family that the patient will probably die?
Should a patient with metastatic cancer be told the truth about the diagnosis?

Yes:
- Korean Americans: 47%
- Mexican Americans: 65%
- European Americans: 87%
- African Americans: 89%
Should a patient be informed about a terminal prognosis?

Yes: Korean Americans: 35%
   Mexican Americans: 48%
   African Americans: 65%
   European Americans: 69%

Conclusion: Patients’ cultural identity influences but does not determine their decision-making
How do patients’ cultural beliefs affect baseline clinical obligations?

“The approach called here ‘offering truth’ represents a brief dance between patient and health care provider… When offering truth to the patient with cancer, rather than simply explaining all aspects of his or her condition and treatment, … I attempt to ascertain from the patient how much he or she wants to know” Freedman 1997
Useful questions for “offering truth”

• You remain very ill; do you understand that?
• Do you have any questions that you want to ask?
• Some patients want to know all about their disease – its name, what is going to happen to them in the future, treatment choices – but other patients don’t want to know so much.
• What would you like?
• Some patients want to have all the information, so they can make all the decisions. Other patients want to leave all the decisions in the hands of their family or the physician.
• What would you like?
Questions for finding the balance

• Which of your community’s beliefs do you accept, which do you modify, which do you reject?

• Which cultural viewpoints, patterns, and beliefs are most important to you, as you manage your illness?
Conclusions

• Cultural beliefs influence, but do not determine patients’ choices and decisions

• Cultural identity and beliefs are abstractions at best, stereotypes at worst

• Obligation: determine the personal salience of cultural beliefs for each patient
Works cited

• Blackhall, Leslie et al. Ethnicity and attitudes towards patient autonomy. JAMA 274(10): 820-825, September 13, 1994