Chapter 14
Culture, Ethnicity, and Medicine

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Culture is a part of who we are and how we manage our health and illnesses. During training, most physicians are confronted with people who represent cultures and values that are remarkably different from their own background. This chapter offers information on approaching cultural differences.

At the end of this chapter, the reader will be able to

1. Discuss the definitions of culture and culturally competent care
2. Discuss ethnic factors that can impact on the epidemiology and presentation of common medical illnesses
3. Approach situations in which culture may impact upon help-seeking behavior and treatment adherence

Case Vignette 14.1.1 Pinky

“Pinky” is a 7-year-old female brought by her mother to the pediatrician for symptoms of acute gastroenteritis. The mother recently immigrated to the United States and speaks English as a second language. While the physician and patient share the same ethnic background, the physician was born and raised in the United States.

Mother: So what does my daughter have?
Physician: It seems that your daughter may have a stomach flu, and that’s why she’s having the stomach ache and diarrhea.
Mother: What medicine does she need?
Physician: Actually, she doesn’t need medicine at this time. Because it’s a virus, there’s no antibiotic that can treat this. She needs to drink a lot of fluids, though.
Mother: Is this normal, then?
Physician: Not necessarily “normal,” but certainly, this is “common.”
Mother: So she just needs to drink more? (almost crying)
Physician: I think that’s what would help her the most.
Mother: (silence, definitely crying at this point)
Physician: I’m sorry to see that you’re crying. Can you tell me what you’re thinking?
Mother: Nothing, really . . .

Please proceed with the problem-based approach!

Basic Principles and Definitions

Whether or not we believe that a patient is from a “culture” different from our own, it is important to recognize that in every patient encounter, we bring with us a set of assumptions and styles of communication that undoubtedly affect the care the patient receives. In the above case, in which the parent seems confused and upset over what would ordinarily be a routine explanation for a benign acute illness, any of the following may have occurred:

- Physician’s failure to elicit (or recognize the need to elicit) what the parent is most worried about and/or what the parent feels the child needs most at this time (e.g., medication)
- A language barrier, in which terms such as “virus” or “not normal but common” do not necessarily provide the intended reassurance
- Physician’s assumption that asking directly “what are you thinking” is the most effective way to elicit concerns or questions
- Parent’s fear that she will not be able to satisfactorily explain the child’s illness to the decision-maker or authoritative figure in the family (who was unable to make this visit)

Case Vignette 14.1.2 Conclusion

Concerned and perplexed, you consult with your front office receptionist, who is able to speak in the native language with the mother. As it turns out, Pinky’s mother is concerned that her own mother (child’s grandmother) will be upset if the child does not go home with a medication. The mother seemed relieved as further explanation was given while the grandmother was on the telephone.

Traditionally, culture has been defined along the lines of values, beliefs, and/or practices shared by populations of people. Obviously, culture is not the same as “ethnicity” or “race,” as there can be many different types of “culture” (e.g., the