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CROSS-CULTURAL COMMUNICATION IN MEDICAL SETTINGS

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Today there is a strong tendency to incorporate the bioethical principle of social justice in healthcare in cross-cultural communication. Considering cultural differences makes it possible to ensure that the human right to medical care and wellbeing is fully respected. Several types of most vulnerable populations were identified – immigrants and social minorities. When seeking medical care they face a number of problems such as culture and language barriers, lower socio-economic status, lack of literacy, which impede effective communication and care provision. The most promising ways of coping with the problem are developing cultural competence and practicing a patient-centered approach. New curricula aiming at raising cultural awareness have been elaborated for practical use in medical schools.

Key words: bioethics, social justice, cross-cultural communication, immigrants, cultural competence, patient centeredness.

МЕЖКУЛЬТУРНАЯ КОММУНИКАЦИЯ В ОБЛАСТИ ЗДРАВООХРАНЕНИЯ

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В современных реалиях наблюдается устойчивая тенденция к актуализации в межкультурном общении в области здравоохранения такого принципа биоэтики, как социальная справедливость. Учет культурных различий пациентов, принадлежащих к разным этническим группам, становится гарантией соблюдения права человека на медицинскую помощь и сохранение здоровья.

Выявлены наиболее уязвимые группы пациентов – иммигранты и представители социальных меньшинств. Обращаясь за медицинской помощью, они сталкиваются с такими коммуникативными помехами, как культурный и языковой барьеры, низкий социально-экономический статус, недостаточный уровень образования, которые затрудняют предоставление им эффективной медицинской помощи. Один из основных способов решения данной проблемы состоит в повышении уровня культурной компетенции медицинских работников и применении пациент-центрированного подхода. Для этой цели разрабатываются учебные курсы по повышению культурной компетенции для студентов медицинских учебных заведений.

Ключевые слова: биоэтика, социальная справедливость, межкультурная коммуникация, иммигранты, культурная компетенция, пациент-центрированный подход.

One of the problems bioethics deals with today is the problem of social justice in healthcare. Within the context of how the human rights to healthcare and wellbeing are ensured in the modern world, it covers the complicated issues related to the provision of social minorities with medical care. Currently, it is indisputable, that effective communication is crucial in healthcare and the key prerequisite for positive treatment outcomes [7]. However, in today's global world the doctor does not only have to be competent when interacting with patients belonging to the same culture, but also has to be aware of other cultures' beliefs and values, i.e. to be cross-culturally competent.

Moreover, cross-cultural communication rules, norms and expectations are coming to the foreground due to the growing rate and scope of migration. This tendency affects all spheres of social interaction, with physician-patient communication becoming mainstreamed.

The aim of this paper was to review several papers on cross-cultural medical communication giving a brief outlook on the topic. The culture-based differences in patients' and physicians' interaction models influence the style of communicative behavior of the participants. This accounts for the fact that when ignored, these differences can give rise to a lot of misunderstanding. Many interaction aspects are culturally coded, especially in relation to norms and expectations. Up-to-date studies show that effective cross-cultural communication and patient centeredness are the ways to improve healthcare quality in every community.

Cultural differences include various dimensions of patients' lives, such as their beliefs, language barriers, behavior patterns, etc. This fact has given rise to a new concept relevant to cross-cultural communication – *cultural competence*. Its main tenets include the need to consider patient's health beliefs and incorporate them into the management plan, to view patients in a biopsychosocial perspective, to elicit patient's explanatory models of illnesses and educate them about the clinical perspective of their condition, to involve them in the discussion and selection of a treatment plan [6]. Being primarily applied to the interaction with immigrants, today the concept of cultural communication is also referred to when all minority groups are in question.

Unawareness of the major components of cultural competence can result in misunderstanding, lack of trust to the health care provider and finally, incompliance. However, some researchers point out, that such aspects as the patients' cultural views, language proficiency and age are more crucial for medical care standard than ethnic origin [4].

The field of cross-cultural medical communication also involves the ability to communicate effectively and ensure a *patient-centered approach*. Previous concepts of cultural competence and patient centeredness in the healthcare system have been developed and adapted to the current conditions. The overall aims of both patient centeredness and cultural competence are as follows: to enable the healthcare providing system to treat each patient as a unique person and to maintain positive regard to a patient from any ethnic group. A patient-centered doctor considers the stages and functions of a medical interview and attends to patients' physical comfort as a culturally competent professional. For example, patients may have a variety of facilities when interacting with the healthcare system: to e-mail their doctors, or to call their office, or engage into the written interaction. Patient-centered care also focuses on other aspects of care such as convenience of appointments, making appointments freely and quickly, providing services near patients' places of residence. Thus, patient-centered approach refers to all the aspects that patients might care about [6].

The urge to combine cross-cultural awareness and patient-centered approach is supported by the problem of immigrants facing barriers when getting healthcare: culture and language barriers, lower socio-economic status, lack of literacy, etc. As it is affirmed, physicians are often uncertain if patients comprehend what is told at the encounters due to limited language proficiency. Power difference between Western physicians and immigrant patients, influenced by culture, implies that physicians are treated as having enormous authority, which makes patients wait to be encouraged by the doctor to speak freely. This is especially typical for immigrants of non-European origin, Africans, Asians, and Pacific Islander Americans [1]. It is reported that immigrant patients have difficulties understanding medical terminology in their non-native languages. In such cases they are less likely to turn to Western physicians if they have the experience of being stereotyped by doctors [1].

One of the central problems arising in cross-cultural communication is whether the patient's ethnic and cultural communication norms and expectations are taken into account by the physician and how it influences the communication strategies employed by the latter and his behaviour. The evidence for this was provided in the study by G. Gao et al. Their findings demonstrated that when the discussion of colorectal cancer screening (CRC) occurs at a cross-cultural

medical encounter, the potential of misunderstanding between patients and doctors increases. This happened due to different ideas of African American, Chinese, and Latino patients of what effective communication is in medical encounters where a CRC screening is recommended and discussed. The following aspects of verbal interaction were found to be culturally bound: style of discussion (direct or indirect), power distance (which affects the physician behavior), trust rate, health beliefs (some of them made patients reluctant to go through the procedure) and the ability to listen (which deeply affects the relations between speakers). The study findings showed that most of the patients preferred direct style of communication, doctor-centered encounter style, and were eager to listen carefully [3]. However, in western cultures doctors are proponents of patient centeredness, which may become an obstacle in communication with patients from other cultures [6].

Researchers point out that many immigrant patients are reluctant to interact through online healthcare helplines. The reasons are language barriers and the fact that immigrant patients prefer direct conversation with physicians. What is more, immigrant patients are likely to want physicians of their ethnic origin, expecting them to share the same culture and language. Immigrants are often afraid that providers will misunderstand their concerns because of their limited language proficiency [1]. Even coworking with interpreters can be challenging, because immigrant patients may find unacceptable to reveal their health problems in front of an unknown person. If they ask a family member to be the interpreter during encounters, such family members may not have necessary knowledge and competence to accurately communicate information given by a physician [1].

In order to eliminate this sord of difficulties it is vital to draw parallels between patients' health beliefs, competence, experience and values and the communication experience of their care providers. The findings of the studies based on patients' surveys revealed that the most significant points to build up better rapport are detailed instructing of a patient, developing trust, and culture awareness, as well as open and direct manner of communication, comprehensive treatment, and discipline. These instruments are crucial for both patients and healthcare providers to achieve better future decision making and quality of care [5].

One of the key bioethics principles suggests that all racial and ethnic groups are to be provided with the same standard of care. The standard of cross-cultural communication and care can be raised, as proposed by modern researchers, by the development of the cross-cultural curricula for medical instructors and students. Such a curriculum teaches detailed methods to analyze the individual patient's social context, sociocultural backgrounds, cultural health beliefs and behaviors and to avoid misunderstanding and misdiagnosing.

One of the attempts to suggest this type of a curriculum was made in a study by J. E. Carillo et al. [2]. They specified several main aspects of interaction in medical encounters: physician's authority, physical contact, communication styles, gender, and family concepts. The proposed curriculum modules are to cover the following spheres: basic sociocultural concepts, potentially problematic cultural issues, patient's understanding of the illness, patients' social context and negotiating across cultures. At the beginning of education students are equipped with diverse descriptions of illness that patients may present. Then students are taught to ask about patient's preferences and gain a high level of cultural sensitivity to avoid situations that make a patient uncomfortable. The next two modules of the curriculum elaborate on the health provider's ability to collect and analyze the data on patients' social backgrounds, beliefs, individual explanatory models and take the right decision when diagnosing. The final module teaches future physicians to negotiate with different ethnic groups efficiently to engage a patient into the right treatment. The researchers believe that though providing quality care to cross-cultural populations is quite challenging, such curricula can be successfully adapted and put into medical practice [2].

This review of medical cross-cultural communication studies has made it possible to yield a number of important results, which suggest the main ways of developing effective interaction in this sphere:

1. Low level of health providers' cultural competence leads to misdiagnosing and misunderstanding when dealing with immigrant patients with limited English proficiency and other social minorities;

2. The key strategy to enhance communication and provide effective healthcare in cross-cultural settings is to develop cultural competence and employ a patient-centered approach, which will help physicians adapt their verbal behaviour to the changing sociocultural conditions.

3. These requirements can be met by introducing specially elaborated curricula. These curricula making physicians culturally competent can become part of both graduate and refresher postgraduate training.

As we can assume, effective cross-cultural communication between healthcare providers and patients is crucial to every modern community, which makes further studies in this field necessary.

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MEDICAL SCIENCE AND BIOETHICS (NAREKATSI IN FRAMES OF BIOETHICS CURRICULUM)

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In this article we analyse the ideas of outstanding Armenian thinker of X century Gregory of Narek and their connection with ideas of V. Potter. The power of Narek as a remedy for diseases is explained also by the viewpoint of Word Remedy.

***Key words**:* sins and diseases, the sense of pity and sense of shame, objectivation of the non-objective, self-criticism.

МЕДИЦИНСКАЯ НАУКА И БИОЭТИКА (НАРЕКАЦИ В РАМКАХ УЧЕБНОЙ ПРОГРАММЫ ПО БИОЭТИКЕ)

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В данной статье анализируются идеи гениального армянского мыслителя X века Григора Нарекаци и их связь с идеями В. Поттера. Сила «Нарека» анализируется также словесным лечением.

***Ключевые слова*:** грех и болезнь, стыд и совесть, опредмечивание беспредметного, самокритика.

While talking about medieval Armenian thinkers we first of all mean philosophers, thinkers, who created works since the fifth century a.c., who appreciate wisdom and who have had a great contribution in Armenian and international heritage. Among them we can mention the name of Narekatsi (Gregor of Narek).