

Cultural awareness – the Latino community

COMPETENCY: The resident should attain an increased understanding of translation issues, guidelines for interpreter services and a raised awareness regarding Latino culture and medical beliefs.

CASE: A Latino mother brings in her daughter to your clinic for a checkup. You immediately recognize that she understands very little English. You have a difficult time obtaining any of the patient's past medical history from the mother. But you suspect that the daughter's left ear is hurting because the mother is pointing to it.

Questions:

- 1) You suspect that the daughter has an ear infection. You contemplate bringing your receptionist to help translate. Is this a good idea? Why or why not?
- 2) If you do decide to obtain the help of an interpreter, what are some good guidelines to use?
- 3) As a physician, what aspects regarding Latino culture should you be aware of?
- 4) What Latino medical beliefs/practices should you be conscious of and ask about?

References

- 1) Flores, et al. Errors in medical interpretation and their potential clinical consequences in pediatric encounters. *Pediatrics*. 2003;111:6-14.
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COMPETENCY: The resident should attain an increased understanding of translation issues, guidelines for interpreter services and a raised awareness regarding Latino culture and medical beliefs.

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Introduction:

Practicing pediatrics in the United States today necessitates an ability to communicate effectively with people from many different backgrounds. The diversity of patients grows each year, with the number of Latinos growing by more than 50% from 1990 to 2000. They are projected to become the largest minority in the coming years.

“Cultural competency” is a respect and sensitivity for other cultures. In order to gain such an awareness, one must first have an appreciation for some of the basic characteristics of other cultures and how they can impact an individual's interaction with the health care system. This section is designed to introduce the resident to the basics of communicating with a non-English speaker, and then some specific issues involved in caring for Latino patients including some normative values and folk illnesses commonly encountered.

Translation Issues:

According to the 2000 census, 45 million people in the US speak a language other than English, and 19 million people have limited proficiency in English. Ideally, we would all be fluent in each of the languages that our patients speak. Obviously, this is not always possible. When you are faced with a situation in which you and your patient are not both very comfortable in a common language, this is a guide to aid in more effective communication. Keep in mind that translation services not only provide the best patient-centered care, but also protect the physician from a medico-legal perspective. Numerous studies have investigated the impact of language barriers in health care and the conclusions are striking. Language issues account for poor access to care, suboptimal use of medical services, and poorer health outcomes.

Types of Translator Services:

1. Ad hoc interpreters: This refers to any untrained individual whose primary role in health care is not the care of this particular patient. Common examples include a receptionist, nurse, social worker, other physician, or even another patient in the waiting room. Studies of medical errors due to translation show that this type of translation yields the highest

number of errors. It also breeches confidentiality of the patient. Furthermore, it asks someone to leave their primary responsibilities and do another task.

2. Family member: Many issues regarding confidentiality, accuracy and the breach of role are raised by asking a family member to translate for a patient. Just think of asking a child to translate his mother's gyn/ob history. The family member may also have a vested interest in filtering the conversation between patient and physician.
3. Telephone translator: These services use professional translators who are trained in medical vocabulary. They are convenient, quick and on-demand. There are many different languages available. At times, however, the translation may be stilted because visual cues including body language are lost. Of note, the cost for these services is approximately \$3 per minute.
4. Professional hospital interpreter: These are professional, trained interpreters. They can be scheduled for outpatient visits at DCAM at this time, however, there are currently no inpatient professional interpreters. They are the "gold standard" for interpreter services. The disadvantage to these translators is primarily the cost and the need to wait for a translator to arrive if not previously scheduled.
5. Fluent physician: This is ideal. Studies have shown that patients who get care from a physician who is fluent in their primary language have better outcomes and satisfaction. Be careful, however, for false fluency, and get an interpreter if you are in over your head.

2) If you do decide to obtain the help of an interpreter, what are some good guidelines to use?

Guidelines for Using an Interpreter:

1. Have a trained interpreter. Don't wing it! If you begin without an interpreter but realize later on that you are over your head, stop and wait for help.
2. Make sure to ask your interpreter to translate literally rather than "giving the gist". Many rich details may be lost by oversimplification by an interpreter.
3. Maintain eye contact with your patient, not the interpreter.
4. If you suspect a problem in translating a particular phrase, approach it in different language/verbage later on.
5. If you are getting consent, make sure that the document to be signed is in the patient's primary language.
6. Ask the parents to repeat back to you through the interpreter critical pieces of information so that you can ensure understanding.
7. At the end of the encounter, ask the interpreter to help you in generating written instructions.

3) As a physician, what aspects regarding Latino culture should you be aware of?

In Chicago, Latinos represent one of the largest minority groups at 26% percent of the population. The following introduction is designed to introduce the resident to some general characteristics to this population. As one author states, "While it is impossible to make global characterizations of a culture and people with any degree of accuracy, there are commonalities and unique characteristics in every culture... Not everything written here applies to Hispanics; but much of this information does apply to some degree to this population.... There are, of

course, differences among individuals in any population and differences among populations within cultures.”¹

Some basic terms:

Latino= Ethnic group comprised of mix of European, African and Native Indian backgrounds; in common parlance, refers to Hispanics from Latin America

Hispanic= term invented for the 1970 census referring to ethnic group whose derivation is from Spain. Some perceive this term as narrow as it emphasizes only the European origin of this group to the exclusion of the Native Indian and African origins.

All Latinos are not the same. The group has many aspects in common but in fact constitutes a diverse collection of people from 20 countries in the Western hemisphere. Identification with a particular Latino subgroup (Puerto Rican, Cuban, Mexican, etc.) may have a greater influence on a person's beliefs and attitudes than differences amongst major ethnic groups.

Cultural Values

The following are some normative values noted in Latino patients and may influence the doctor-patient relationship as described.

Personalismo= personalized interactions are expected. A physician who knows the patient by name, gives a warm personal greeting and inquires about family members is able to gain trust more easily than one who is aloof. Also, physical contact is expected (handshakes, hand on the arm/shoulder). “Personalismo can be achieved by decreasing physical distance during interactions with patients, increasing socially appropriate physical contact, providing a business card or beeper number, and displaying an interest in the patient's life at every visit.”²

Simpatia= kindness. This virtue places value on respect and kindness in social interactions despite stressful or hostile situations. Many Hispanic cultures consider it more proper to smile and diffuse a stressful situation rather than charge ahead into heated argument. “Direct disagreement with a provider uncommon; the usual response to a decision with which the patient or family disagrees is silence and noncompliance.”³

Familismo= Latino patients, as a rule, are closely connected to their extended family. A patient/parent may feel more comfortable making large medical decisions in conjunction with their entire family. A physician may need to delay an important discussion until the family has time to gather together. The decision itself may be made by the most senior, influential family member. Also, Latino families may rely upon each other for financial, social and moral support. A household is often comprised of extended family, and the abuela (grandmother) or other family member may watch the children and take part in guiding their upbringing.

Respeto= Social interactions are based on respect for those who are older, more senior in authority or social/economic standing. Between physician and patient, a physician is considered a person of authority and therefore must be shown respect. Patients expect the same in return, especially if the patient is older than the physician. Respect is shown by using the formal “Usted” rather than “tu” (both are forms of “you”), and *Senor/Caballero* or *Senora/Dama*. Also, direct questioning, especially re. sensitive issues is considered disrespectful. Careful, indirect questioning is important in order to establish a rapport with one’s patient and their families. Failure to show respect may result in a patient’s reluctance to give a proper history, adhere to recommended treatment or return for subsequent appointments.

NB: A nod of the head is a common sign of respect. When taking a history from a person who is nodding his head, he may be displaying respect, while you think that the person is saying “yes” or agreeing. Be careful!!!!

Espiritismo= The basic principle for this belief is that the world is powered by good and evil influences. The practice includes reverence of saints (especially the Virgin Mary), lighting of holy votive candles, use of holy water, homemade altars. Amulets are often worn around the wrist or neck (especially on infants) to protect against evil influences, ie. *mal de ojo* (NB: These amulets called *azabaches* can be a choking/strangulation hazard!)

4) What Latino health beliefs/practices should you be conscious of and ask about?

Folk illnesses:

Mal de ojo = (“evil eye”) An illness that is caused by a person with “strong eyes” who looks directly at a child with excessive admiration or envy, or by an adult touching an infant. The look heats up the child’s blood causing fever, anorexia, vomiting, fussiness, unremitting crying. The treatment for this complaint may include a visit to a local folk healer who may recommend an herbal preparation, or may perform a ritual with an egg, lemon or rue on the child’s skin.

Empacho= intestinal blockage due to food or saliva that has gotten stuck to the wall of the stomach or intestines. This condition is believed to be caused by indiscretions such as eating too many sweets. The signs/symptoms of this malady include: nausea, abdominal pain/bloating, cramps, diarrhea, vomiting. Remedies include dietary restrictions, herbal teas and abdominal massage.

Caida de mollaras= “fallen fontanelle”. This illness is characterized by feeding difficulties felt to be caused by a bottle/breast being pulled too quickly from the child’s mouth or bouncing the child too vigorously, causing the palate to sink in. Treatments for this problem intend to realign the fontanelle with manual manipulation via pulling the hair, sucking over the fontanelle or pushing up on the soft palate. Some may try to hold the child by the ankles and submerging the head in boiling water while tapping the feet. Obviously, serious trauma may occur as a result of these methods.

Hot/cold theory= A common medical concept held by many Latinos. Hot diseases have visible manifestations and requires a cold treatment. The opposite is true for cold diseases. The use of a hot treatment for a hot illness could cause an exacerbation of the problem. These ideas may contradict the principles of western medicine. For example, the choice of an antibiotic for an

illness may be counter to the hot/cold concept because both the illness and the remedy are considered hot and therefore the patient may be reluctant to adhere to therapy.

Yerbas buenas= good herbs. There are many herbal remedies used to treat common complaints such as abdominal pain or headache. The most famous may be manzanilla (chamomile) often made into a tea. Beware that some preparations of *yerbas* may contain high levels of lead.

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End notes:

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