

Cultural Competence Case Presentation El Brujo (Culture, Religion)

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Case Scenario/History

The patient is a 43 year old Puerto Rican male who was the unrestrained driver of a pickup truck, brought to the ED in the middle of the night after a motor vehicle collision. Paramedics state that he ran a red light and hit an incoming vehicle. He is immobilized in the usual manner.

ED Physician: 'Hello, Mr Cruz, I am Dr Jones. What happened?'

Patient: 'I don't know. I look both ways before I go, you know. It was dark, and I saw nobody was coming'

ED Physician: 'Did you lose consciousness or pass out?'

Patient: 'No, this is all because of El brujo they put on me'.

ED Physician: 'Did you hit your head?'

Patient: 'No, I no hit my head'.

ED Physician: 'El brujo?'

Patient: 'El brujo! El brujo! Don Jose told me something had was gonna happen'!

Obviously puzzled, the doctor looks at the nurse who is obtaining vital signs. She just smiles back at him. The patient notices the interaction between them and becomes agitated.

Patient: 'I am gonna die! So many people have died in there. I see them all over the place'.

Nurse: 'Yes, but a lot of people have survived in this room also, and you will be just fine, sir. Just fine'.

a. Review of Symptoms

Patient was involved in a car accident and suffered a laceration on his left hand and possible head injury.

b. Past Medical History

Patient broke left arm as a result of a childhood injury.

c. Family History

High blood pressure, anxiety disorder.

d. Social History

Patient lives with his wife, their three children and cousin Don Jose.

e. Physical Exam

Temp: 37.0°, pulse 105, respirations 18, blood pressure 160/90, O₂Sat 100% at room air

General: Well-developed, well-nourished male, in no respiratory distress

ENT: Normocephalic, atraumatic. PERRL, no evidence of papilledema. Tympanic membranes clear. Oropharynx clear.

Cardiovascular: Regular rate and rhythm, no murmurs, rubs or gallops

Lungs: Clear to auscultation bilaterally, no wheezes, rales or rhonchi

Abdomen: WNL

Extremities: Left dorsum of hand 4 cm stellate laceration, no tender or muscle involvement, no motor or sensory deficits

Neuro: Awake, alert and oriented x 3, no focal deficits

Questions for discussion

1. *The physician does not seem to know about 'El brujo' and why the patient is blaming the collision on it. How could the patient's care be affected by the physician's lack of understanding?*

Attitudes/Assumptions: The physician

Any strange behavior (ie paranoia, incoherency) on the part of the patient is probably due to head trauma.

The patient is probably paranoid and does not know what he is saying.

The patient's paranoia must be dealt with immediately as opposed to finding out what is causing the paranoia.

The patient's ring must be removed no matter what the symbolism in order for the x-ray to be done.

Attitudes/Assumptions: The patient

I know of the course of El brujo and have heard many stories of it placing curses on people.

I made sure to check the road both ways and didn't see anyone; therefore it must be El brujo's curse that is trying to kill me.

I know the doctor and the nurse do not believe me as I have witnessed their interaction and the doctor's lack of knowledge about El brujo.

The patient is already agitated. He states it is because of 'El brujo' but he may also have a head injury, be intoxicated or be suffering from an acute psychosis. If the patient senses that the physician is judgmental or dismissive of his fears, he may become more agitated and distrusting of staff members. Further communication between physician and patient may be impaired.

2. *How can the physician gain more information about 'El brujo'?*

Provider Knowledge:

Knowledge of health beliefs/customs: In the Santeria religion, a Brujo (Bruja for a woman) is a folk magician or witch. When one speaks of doing brujeria in the religion, this does not always have a negative connotation. For example, the Osain, one of the

gods of the Santeria religion is believed to be the being of opportunity in the Santeria religion. The patient, however, sees El brujo in a negative light and therefore believes that his bad luck (the accident) is a direct result of the curse that El brujo placed on him.

Knowledge of community: Learn/understand (from the nurse possibly) the concept of El brujo and how removing the ring would affect the disposition of the patient, most likely negative. Ask the patient to explain his fear and find other ways to overcome having the ring on his finger (for example, move it to another finger or the other hand, or put it on a chain around his neck).

Simply asking the patient may result in knowledge about this cultural issue that impacts on medical care. Validating the patient's beliefs may lead the physician toward techniques likely to result in cooperation of the patient. Additionally, the nurse appears to know something about 'El brujo'. Staff members, family members and friends of the patient and translators may have knowledge of this cultural entity.

3. What are the medical priorities and treatment plan for this patient?

Beyond airway, breathing and circulation, the patient needs to be assessed for head injury, intoxication and psychiatric illness. He needs to have his laceration repaired and underlying foreign body or orthopedic injury ruled out.

After the primary and secondary survey, the doctor concludes that his injuries consist of a laceration on his left hand and possibly a closed head injury. He walks out to the nurses' station to write his assessment and plan.

ED Physician: 'Well, we will x-ray his left hand for foreign body. He needs a tetanus shot. He will also need a urine drug screen, and some electrolytes. I will repair his laceration after his head CT'. He pauses. 'It's a bit unusual. I don't see any evidence of head trauma, but he is so paranoid and incoherent. Either he hit his head or he took something'.

Nurse: 'He does seem a bit frazzled about this whole accident, but I don't think he is incoherent. He believes he has been placed under a spell which caused his accident'.

ED Physician: 'What makes you think that?'

Nurse: 'My husband's friend Ramon is a 'Santero'. It is a religion or a belief system where if you wrong someone, they can put a spell or a 'brujo' on you and cause something bad to happen to you'.

ED Physician: 'Oh. Well, I saw he wears a rosary around his neck and I presumed he was a good Catholic boy like me'.

Nurse: 'Well, he may identify with that belief system also'.

ED Physician: 'Really? But what about the dead people he sees? He seems to be hallucinating about that, don't you think? Maybe this guy's problem is organic'.

Nurse: 'Maybe, but many Santeros see dead people. I just know that Ramon wears that same ring on his left ring finger that Mr Cruz did not want me to take off and put with the rest of his belongings'.

ED Physician: 'Yes, that reminds me, I have to get that thing off before he goes to x-ray. What is that? Some kind of Indian with ruby eyes?'

Nurse (smiling): 'Yes. And good luck trying to get him to take it off'.

4. *Should the physician try to take off the patient's ring? What could happen if it is forcibly removed?*

If indicated (swelling, potential vascular compromise etc), the physician can ask the patient to remove the ring. If he refuses and it is imperative that it be removed, using information gained as above, the physician might be able to come up with a solution acceptable to the patient, such as on another finger or on a chain. The physician needs to understand that the ring offers protection from 'El brujo'. If it is removed, the patient may suffer a poor outcome despite 'appropriate medical care'.

5. *How can the physician gain compliance with his treatment and aftercare plans?*

Like the nurse, the physician can focus on all the people have had good outcomes despite 'El brujo'. The physician should also ask the patient what the patient believes he can do to 'get better' after having a spell put on him. As long as no harm can be done by the cure, it too should be incorporated into the treatment plan. The physician must fully understand what that entails before endorsing it.

6. *What sections of the case incorporate the 6 ACGME areas of core competence?*

- a. **Patient care** – Physician should practice virtues such as understanding, compassion and open-mindedness
- b. **Knowledge** – Be aware of stereotyping racial groups. Do not assume that there is a medical reasoning for paranoia due to legitimate culture reasons
- c. **Interpersonal & Communication Skills** – Ask in a more cooperative manner for patient to remove ring (possibly place it on the other hand) for an x-ray. Respect patient's autonomy despite lack of physician understanding. Try to keep the medical interview structured
- d. **Professionalism** – Provides sensitive and ethical care to diverse populations

Case Outcome

Diagnosis: laceration on left hand

Disposition: home

After an appropriate history is obtained utilizing the principles above, the patient is treated for his laceration and given pain relievers. A discussion between the doctor and the patient allows the patient to recognize the doctor's true intentions and allows the doctor to realize the importance of the ring which is moved to a chain around the patient's neck during the x-ray. The patient is given time to talk with the doctor about other cases similar to his own in which patients feared the curse of El brujo and leaves satisfied that the doctor is indeed on his side. The patient is asked to return to the Emergency Department in the case that his laceration does not improve or in the case that he fears the curse of El brujo has been placed upon him once more.

References

1. <http://www.elbrujo.net>
2. Spector RE. Cultural Diversity in Health and Illness, Appleton-Century-Crofts, NY, p265, 1979.