Cultural Sensitivity in Emergency Medicine – Case Discussion
Adolescent Indian Male Sikh

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Case Scenario/History

A 17 year old Indian male presents to the ED with his mom stating that he had been beaten up while walking home from school. He is so angry he states to the physician that he wanted to pull out his 'kirpan' to take care of the bullies. He states 'they're going to pay for this if it's the last thing I do'.

ED Physician: 'What happened today?'
Patient: silent
ED Physician: 'Do you want to talk about it?'
Patient: silent
ED Physician: 'Well, we're here to help. Just let us know how we can assist you'.

a. Review of Systems
Patient complains of headache and cut to his scalp.

b. Past Medical History
None

c. Family History
None

d. Social History
Denies alcohol, drug use or tobacco use.

e. Physical Exam
VS: within normal limits
General: healthy male wearing a small turban headdress which is blood-soaked
Head: Upon removing his headdress, you find a superficial 3 cm laceration to the frontal area, no active bleeding
ENT: within normal limits
Neck: soft, nontender
Cardiovascular: within normal limits
Lungs: within normal limits
Abdomen: within normal limits
Extremities: within normal limits
Neuro: within normal limits

Questions for discussion

1. *What are some ways of getting this patient to open up?*

Showing empathy, being compassionate, being patient, building trust and making it clear that you are there to help.

2. *How often are adolescents the victims of assault?*

Assault is a leading cause of injury, particularly in adolescents. Adolescents are more likely to be a victim of a violent crime than any other age group and physical fighting is one of the most important risk factors for adolescent homicides, particularly among males. Adolescents also represent one-third of the individuals arrested for violent crimes (eg assault, rape, violence).

3. *Is school violence common?*

Many adolescents report their greatest fear is school violence. In a 1999 national school survey, 5.2% of students missed school because they felt unsafe at school or traveling to or from school and 8% of kids had been threatened or injured with a weapon while on school property. The survey also revealed that 36% of high school students had been in a physical fight and 7% carried a weapon to school (eg gun, knife or club).

You note that the child is of Indian origin and is wearing a small turban-like headdress. A small portion of the turban is blood-soaked suggesting an underlying scalp injury. On removing his headdress, you curiously note the child's hair is very long. You find a superficial 3 cm laceration over the crown which has stopped bleeding. After examining the wound, you determine that cutting some hair would facilitate closure of the wound.

When the patient's mother arrives in the ED, she is upset about the assault but then becomes extremely irate when she sees the physician trimming back the child's hair.

Mother: 'What are you doing? Why are you cutting my son's hair? Don't you know we are Sikhs?'

4. *Why would the mother become hostile as the patient needs the hair to be trimmed to facilitate wound closure?*

Attitudes/Assumptions: The physician

Medical practice notes that cutting of the hair to facilitate wound closure is standard of care.

Attitudes/Assumptions: The mother

Sikhs are forbidden from cutting their hair or their beards.

Provider Knowledge:

Knowledge of health beliefs/customs: Communication to the patient and patient's family on reasoning for why hair would be cut to assist with wound closure.

Knowledge of community: The child is a Sikh (religion) of Indian origin. The Sikh religion, the youngest of the world's religions, was created 500 years ago in Punjab, India and there are 20 million Sikhs worldwide. By contrast, Islam is 14 centuries old and there are 1.2 billion Muslims worldwide. Although people of many religious and ethnic backgrounds wear head coverings, Sikh men are mandated to wear them as commanded by one of their spiritual leaders in 1699. Sikhs are also forbidden from cutting their hair or their beards.

Knowledge of disparities/discrimination: As defined by the US Department of Justice, 'A hate crime is the violence of intolerance and bigotry, intended to hurt and intimidate someone because of their race, ethnicity, national origin, religion, sexual orientation, or disability. The purveyors of hate use explosives, arson, weaponry, vandalism, physical violence, and verbal threats of violence to instill fear in their victims, leaving them vulnerable to more attacks and feeling alienated, helpless, suspicious and fearful'.

From 1992-1998, an average of over 8,000 hate crimes were reported to the FBI each year. Of the reported hate crimes from 1992-1998, 61% were motivated by racial bias, 17% by religious bias, 12% by sexual orientation bias, and 10% by ethnicity/national origin bias. The September 11th terrorist attacks spawned a backlash of hate crimes against many US residents who were felt to be associated with the terrorists based on appearance, ethnicity or religion. Many Sikhs and Sikh organizations have organized nationwide campaigns to educate Americans about their religion.

5. What actions could have been taken by the doctor?

Express empathy for what has happened. Allow the victim to ventilate feelings about the crime, and validate those feelings by expressing your personal concern for the victim and what he or she has experienced. If you cannot communicate in the language of the victim, arrange for an interpreter. Be extremely sensitive to and respectful of the victim. Inform the victim that he or she may experience a range of normal emotional responses due to the victimization (eg anger, sadness, emotional numbness, etc) and that these responses may manifest themselves immediately following or any time after the incident. Do not attempt to diminish the impact of the crime in any way.

After apologizing to and pacifying the patient's mother, you turn your attention again to the child. As he grows more comfortable, he relates exactly what happened to him.

Patient: 'I was walking home from school like I always do. Then these kids came up to me and were shouting 'Rag head, go back to Afghanistan' and 'You'll pay for September 11th'. I tried to keep walking and ignore them but they jumped me and starting punching and kicking me. [The child and mother both burst into tears].

Physician (reaching out to the child): 'I'm terribly sorry about what happened today. That was a terrible thing for those kids to do'.

6. *What can be done to prevent further such events?*

Educate both adults and children about our differences, the need for mutual respect and the dangers of prejudice.

The patient continues:

Patient: 'I was so angry I almost pulled out my kirpan to take care of those bullies. They are going to pay for this if it's the last thing I do .....'

7. *What is a kirpan?*

As part of their sacred religious beliefs, Sikhs are required to wear a ceremonial sword or 'kirpan'. The kirpan can be anywhere from a few inches in length to over 3 ft long and is usually kept sheathed.

8. *Should the ED physician take the child's statement of retaliation seriously? What should (s)he do?*

The ED physician should take all threats of physical harm or violence seriously. All individuals at risk for re-injury caused by violence should be counseled by either health care providers or social services while in the ED. Determine the victim's plans to seek revenge and counsel the patient, emphasizing a cooling-off period to prevent further acts of violence. The risk of re-injury or death to the patient or others as well as the risk of criminal prosecution should be discussed and impressed upon the patient. Emergency physicians and other health care providers may be legally bound to report a patient to law enforcement officials if a patient threatens a specific individual.

9. *What sections of the case incorporate the 6 ACGME areas of core competence?*
    a. **Patient care** – showing empathy, being compassionate, being patient and building trust by suturing the laceration without cutting the patient's hair
    b. **Knowledge** – cross-cultural inclusion of the patient and his mom in understanding the Sikh belief of not cutting hair before closing of a laceration
    c. **Interpersonal & Communication Skills** – allowing the victim to ventilate his feelings about the crime and validating those feelings by expressing personal concern for the victim. If you cannot communicate in the language of the victim, arrange for an interpreter. Be sensitive and respectful
    d. **Professionalism** – provide ethical and sensitive care to diverse populations

<u>Case Outcome</u>

The patient's scalp laceration is cleaned, explored and closed without cutting the patient's hair. His mother is relieved and grateful. After being counseled by the ED physician and social worker, the child acknowledges that he was just angry and really does not intend to harm his assailants. The ED physician suggests that he and his mother meet with the school principal to discuss the events of the day.

The patient returns four days later to have his stitches removed. His mother proudly announces that he was asked by his school principal to address the students about Sikh customs and religion. He smiles and blushes with embarrassment.

References/Further Reading

1. HR Hutson and D Anglin: Youths, Gangs and Violence. In Rosen, *Emergency Medicine*, 5th Edition, St Louis, 2002, Mosby.
2. Sikhism: What is Sikhism: www.sikh.net/sikhism/sikhism.htm
3. Hate crimes: Responding to Hate Crime: A Multidisciplinary Curriculum for Law Enforcement and Victim Assistance Professionals: www.ojp.usdoj.gov/ovc/publications/infores/responding/

See below Example of Kirpan