

**Cultural Competence Case Presentation**  
**Culture/Race: West Indian/Caribbean**

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Case Scenario/History

A 65-year old male presents to the Emergency Department with his wife. From the triage assessment, you learn that the husband recently emigrated from Jamaica to join his wife in the United States. Per the wife, the patient has been losing weight and seems to be “more tired“. The wife reports that the patient has been self-medicating with a variety of “herbal remedies” which seemed to have helped a little. The patient is a well-groomed male with shoulder length hair who appears older than his stated age. He appears healthy. You are unable to obtain any meaningful additional information concerning the chief complaint from the patient, and his wife is unable to provide the necessary specifics. Multiple attempts at a dialogue with the patient yield only one-word or vague answers. The doctor, believing the patient to be arrogant, disinterested in seeking medical attention, and assuming that the “herbal remedies” the patient has been using may contain marijuana, is dismissive of the wife’s concerns. The doctor unintentionally minimizes the severity of the complaints based on the general appearance of the patient and preconceived stereotypes. The doctor suggests to the family that the patient’s complaints are not emergent and instructs the wife to make a clinic appointment for an outpatient evaluation. Specifically, the dialogue is:

*Physician (enters the room and immediately begins with his questioning): “Sir, when did your symptoms first begin?”*

*Patient: “Well, some time now”*

*Physician: “Approximately how much weight have you lost?”*

*Patient: “Quite a bit”*

*Physician: “Have you noticed any changes in your appetite since coming to America?”*

*Patient: “No”*

*Physician: “Have you experienced any of the following: fevers, blood in your stools, headache, and abdominal pain?”*

*Patient: “Well, it’s hard to say”*

*Physician: “Your wife mentioned that you have been trying some herbal remedies. Can you tell me more about what you have been using?”*

*Patient: “Well, not per se. You can’t buy them in stores. It’s a homemade thing”*

*Physician: “Well, sir, what would you like me to do for you today?”*

*Patient: “I don’t know, you are the doctor and I am the patient”*

*Physician: (appears a bit frustrated and sighs) “Sir, correct me if I am wrong. These symptoms have been occurring for some time now and nothing new has happened recently that precipitated your presence here today. Do you share the same concerns as your wife, or are you here for her benefit?”*

*Patient: “Well doctor, this is the hospital and you must tell me if something is wrong”*

*Physician: “Sir, I believe that you can best benefit from an outpatient evaluation. Based*

*upon our conversation, I don't see any reason to do any expensive laboratory testing from the Emergency Department, and your chronic complaints can be addressed in a less costly environment."*

a. Review of Symptoms

Provided by the wife: +weight loss, +frequent loose stools, no vomiting, +urinates frequently however sometimes with difficulty

b. Past Medical History

Hypertension controlled with herbal preparations

c. Family History

Father died of cancer

d. Social History

Smokes tobacco, occasional alcohol

e. Physical Exam

**Temp:** 98.7 Pulse 86, Respiratory Rate: 20, BP: 146/92

**General:** WDWN male alert oriented x 3, appears healthy

**ENT:** Pupils equal and reactive, extraocular movements intact, neck: supple, mucous membranes moist

**Lungs:** Occasional rhonchi at bases otherwise clear

**Cardiovascular:** RRR S1 S2 normal

**Abdomen:** Soft, flat, +normal bowel sounds, no rebound, no guarding

**Rectal:** enlarged prostate, firm, brown stool, heme positive

Questions for Discussion

*1. Why did the physician-patient relationship suddenly change to an adversarial one?*

Attitudes/Assumptions: The physician

I am the doctor, I know best. I am here to help you, but do not waste my time.

Based upon the patient's vague responses, the patient is not really interested in being a partner in his medical care.

Patients with dreadlocks and a West Indian background tend to use marijuana recreationally and marijuana use may be a part of his herbal remedies.

The patient looks relatively healthy and is probably here at the urging of his wife.

Attitudes/Assumptions: The patient

The doctor assumes that I am uneducated and may not understand English well.

The doctor is arrogant and believes I am wasting his time.

The doctor does not understand Jamaican culture and attitudes - He probably thinks I am stupid.

Americans in general are impatient.

## Provider Knowledge

Knowledge of health beliefs/customs: In general, Jamaicans tend to self-medicate and exhaust every possible home remedy before seeking professional medical assistance. However, once seeking professional medical attention, there is a sincere belief in the physician or medical providers to cure the illness. Herbs are also used for health maintenance. Elders within the family are repositories of herbal wisdom. Popular home remedies included senna, Epsom salt or castor oil to cleanse the bowel of worms and purify the body.

Knowledge of community: Jamaicans see themselves as independent thinkers. They take pride in controlling their destiny. Most reject authority when they believe that their intellectual ability is being disregarded or when the authority figure is perceived to be condescending. The strong sense of person and family is often misconstrued. Many Jamaicans are perceived as stubborn or intolerant of authority and authority figures. Women tend to take the leadership role in securing medical services for themselves and their families. Women often accompany men to doctor's appointments and may tend to do most of the talking. Jamaicans are very proud and try to maintain dignity at all cost. This leads to stoic behavior and should not be misinterpreted as unfeeling or uncaring.

*2. What are some of the stereotypes that become obvious in this case?*

Knowledge of Disparities/ Discrimination: Most Jamaicans do not speak English and therefore have difficulty understanding English.

Jamaica is a relatively poor country, and most Jamaicans often have fewer financial resources.

Marijuana use or "Ganja" is widespread in Jamaica, especially among Rastafarians. Dreadlocks are stereotypical of affiliation with Rastafarian beliefs.

*3. What actions could have been taken by the physician to avoid/prevent this negative change?*

### Cross-Cultural Tools & Skills

Greetings or acknowledgement of an individual's presence is an important cultural value. Absence of the greeting implies a failure of interest in the well being of the individual.

Listen carefully to understand what is being said. Many Jamaicans may speak with an accent. Simply clarify what has been said in order to prevent any misunderstanding on your part or the part of the patient. Make sure that efforts to achieve clear communication and dialogue are not conveyed in a condescending manner.

Remember that Jamaicans bring with them a cultural history and that "one size does not fit all" when it comes to culture.

Be understanding of cultural norms and tendencies without imposing judgment.

4. *What actions should you take?*

Systematically go through your medical differential by focused questioning and really engage the patient in the process. Discuss or explain the reasoning behind your questions. This may help improve the quality of the patient's responses. For example: explain why the types of herbal regimens used by the patient may be important in formulating a thorough differential diagnosis. Many herbal preparations may contain mild diuretics or laxatives, etc.

5. *What sections of the case demonstrate the application of any of the 6 ACGME core competencies in the discussion of the case?*

- a. **Patient care:** Examine personal biases and stereotypes against Jamaican immigrants in the United States. Maintain your professional judgments in providing good consistent medical care to ALL patients.
- b. **Knowledge:** Demonstrates cross-cultural clinical skills. Avoid stereotyping based upon physical appearance and racial background. Be aware of presence of other practices outside of American customs. Use the physician-patient interaction as a means of education for both physician and patient.
- c. **Interpersonal & Communication Skills:** Taking the time to introduce or greet the patient can serve to set the tone for a good physician-patient relationship and a potentially positive service outcome. Ask when in doubt. Most Jamaicans are proud of their country and are happy to talk about it.
- d. **Professionalism:** Demonstrate sensitivity to the patient, and listen carefully to the wife's concerns. Communicate openly in a non-judgmental manner and do not minimize the patient's presentation to the ED.

Case Outcome

Diagnosis: Symptomatic Anemia probable due to chronic blood loss from the Gastrointestinal Tract

Disposition: Home

After an appropriate history and physical examination is obtained utilizing the principles above, screening laboratory studies revealed hemoglobin of 10 with no previous baseline. Based upon the heme positive stools, you conclude that it is most likely an iron-deficiency anemia. You send blood to the lab for iron studies to be followed up during a future clinic appointment. You explain your concerns to the family, and explore the correlation with the patient's symptoms and your findings. The patient is encouraged to take a multivitamin in addition to the iron tablets that you prescribe. You learn of the family's deep religious beliefs and concerns about cancer. You discuss a management plan with the couple stressing the importance of avoiding a presumptive diagnosis. You communicate your concerns about the continued use of herbal remedies in addition to the multivitamins and iron supplements. You ask that the patient refrain from use of those products until a diagnosis is made. You instruct the family that they may return to the emergency department should there be any change in his symptoms or condition.

## References

1. Miller D. An Introduction to Jamaican Culture for Rehabilitation Services Providers. Center for International Rehabilitation Research Information and Exchange at the University of Buffalo State University of New York. 2002.
2. Black CV. History of Jamaica. Kingston Jamaica: Longman .1997.
3. Jamaica Information Service. What is our National Heritage? Jamaica Information Service. 2000.
4. Kleier J. Prostate Cancer in Black Men of African-Caribbean Descent. Journal of Cultural Diversity, 2003.