

## Tips for Improving the Doctor/Patient Relationship Communicating Across Cultures

1. Culture helps determine the roles for polite, caring behaviour and it shapes the concepts of a satisfactory relationship held by both patients and optometrists. Be conscious that there can be cross-cultural differences in the responses to authority, physical contact, communication style, gender and family interactions. For example, these differences can affect the use and interpretation of gestures, hand-shaking, eye contact, facial expressions and colloquial phrases.

2. Consider being initially more formal with patients who are from another culture. In most countries, a more distinct relationship between caregiver and patient is maintained through the relationship. Except when treating children or very young adults, it is best

to address patients using their family name.



3. Respect that patients will have different levels of comfort with physical contact. For example, there are significant cultural differences regarding whether to shake hands and how to shake hands. Contact between men and women, even touching an arm to guide patients to the

examination chair, are too intimate in some cultures. It may be best to limit physical contact with patients to conducting examination procedures.

4. Consider using a professional interpreter in situations where there is a significant language barrier. In cases where a detailed explanation of the condition and recommended treatment is necessary, an attempt to over-simplify the terminology and/or communicate through the interpretation of a family member may be inadequate.

5. Recognize that patients who do not look you in the eye or ask questions about treatment are not necessarily disinterested. In many cultures, it is disrespectful to look directly at other

people (especially one in authority) or to make someone "lose face" by asking him or her questions.

6. Consider that patients may hold different beliefs regarding health, illness and illness prevention. Adopt a line of questioning that will help them express these beliefs.

For example:

- What do you think is wrong?
- How does this problem affect you?
- What is your greatest concern about this problem?
- Do you have any ideas of what should be done about the problem?

Be conscious that patients who believe that an illness has been caused by *embrujado* (bewitchment), the evil eye, or punishment, may not take any responsibility for their cure. Belief in the supernatural may cause patients to resist medical advice or treatment.

7. Allow patients to be open and honest about their use of complementary and alternative medicine techniques.

The following questions will help to explore this issue:

- Have you seen anyone else about this problem?
- What are all the strategies you've used to treat this problem?
- Who advises you about your health?



8. Be sensitive in relating bad news or explaining the details of complications that may result from a particular course of treatment. Patients from Western culture often will want to make decisions for their own care after being informed about all of their options.

However, patients from some other cultures may prefer to transfer the responsibility for treatment decisions to you. Watch for and respect signs that patients have learned as much as they are able, or willing, to process. If necessary, defer the discussion of additional information to a future visit, and document this in your notes.

9. Describe specific management options in understandable terms, inquire about patients' priorities and then present a reasonable management plan. With patient consent, try to ascertain the value of involving the entire family in the treatment. In many cultures, medical decisions are made by the immediate family or the extended family. If family members can be involved in the decision-making process and the treatment plan, there is a greater likelihood of maintaining compliance throughout the course of treatment.