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Cultural Orientation for Medical Students

Cultural beliefs changes occur within the individual as they grow up, or adapt to new ideas and conditions. The beliefs are a combination of cultural background and experiences. Even though the majority of people from one culture may share some beliefs or share some behavioral patterns, those beliefs and behavioral patterns do not apply necessarily to everyone. There is diversity within the one culture just like there is diversity among different cultures.

Therefore, the information that we will give you about the refugees is not meant to stereotype people, it is only to help you understand the background and reason for certain behaviors if they occur.

Things to keep in mind when you see a refugee patient:

Language Barrier

Not being able to speak English makes the refugees nervous about going to see the doctor. Even if the refugee can speak some English, they might still feel uncomfortable in a medical situation, using medical terms.

Suggested Approach

If there is an in-person interpretation, there might be a need to match the gender of the refugee, the interpreter and the doctor, especially with Middle Eastern women, for religious reasons.

- Always address the patient not the interpreter
- If you feel that the interpretation is taking a long time or that you are not getting everything that is being said, in that case, ask the question again in a different way to see if you get the same answer. Keep in mind that some words might not have an equivalent in the refugee's native language, so the interpreter will have to explain the meaning of the word in a sentence.

Adjustment Issues

When refugees come to this country, they are trying to adjust to a new life, a new language, a new climate and a new system. They don't know the system and they are usually apprehensive and nervous, especially if they do not speak the language, so they might miss or be late for appointments. When they get sick they expect to be given an appointment right away just like in their country.

They might not have health insurance in their country, or health care might have been expensive and not good. Therefore, they will have a lot of medical issues including eye, dental and nutritional problems, especially if they were living in a camp or there was war in their country.

They are not familiar with the concept of preventative medicine, since they don't go to the doctor unless they are sick, because they cannot afford it and because they have other priorities in their life, which is basic survival needs.

If they don't feel sick they won't take any medication (TB medication if they test positive) or they will stop taking the medication as soon as they feel better. Also, The regular GYN visits are not common because females go to the doctor only if they have a problem or if they are pregnant. There is also a religious and cultural reason for that regarding unmarried females, and that is being afraid of how the check up is going to be done, so they don't lose their virginity.

To some refugees, especially those who were tortured and the way they were tortured, might make them afraid of any authority figure or anyone in a uniform, even doctors. They might be afraid to reveal information about their health because they are afraid that it might affect their legal status.

Suggested Approach

Even though the approach in the West is get to the point and don't engage in social conversations, because you have to be professional and time is money, you have to give refugees a little more time.

It is important to gain their trust and make them comfortable in order to get them to talk and give you the information you need. A small conversation like "How do you find the weather here in Buffalo compared to the weather in your country", saying hello in that language, or even mentioning something you know about that culture will help break the ice and will go a long way in making them feel that you care.

View of Medical Treatment

When the refugees are given a lot of tests to do they get overwhelmed, they do not understand that the doctor is trying to rule out certain diseases and that it does not mean they do necessarily have those diseases.

A lot of refugees believe that in the west people blow things out of proportion, so they do need to understand clearly what is going on.

Suggested Approach

Explain to the refugees why they have to take a medication or a test. Be specific, clear and use simple words to explain to them the procedure, and what the preventative approach is.

Family Dynamics and The Role of Family Members

With Arab refugees, a lot of the times, the husband is there at the appointment answering questions for the wife and the children, especially with the medical history (Drugs, alcohol, etc....).

All medical decisions are made by the whole family. They want to be included in any decision making.

Suggested Approach

You can talk to the family about the procedure you are about to do; however, try to see your patient alone if possible and ask him/ her all the sensitive and important questions away from the other family members (husband included) in order to get the true answers.

Psychosocial Issues (Depression or anger management problems)

Refugees are traumatized before, during and after their arrival to the US. A lot of times, they are also victims of torture and rape. They might have also witnessed family members being killed or their house and possessions destroyed, etc... They might also have problems adjusting to their new life and the changes in the family members role.

They might have some anger management problems because of the pressure of trying to adjust to a new life style full of challenges, where there might be also a change in the family structure and role of family members.

In a lot of countries mental health is considered a taboo that might affect the family's social status or decreases the marital prospects of family members. It is a personal and private issue that you do not discuss with strangers, only with family members. Or it could be just thinking too much and being overindulged in ones problems. If the refugees are willing to discuss it, they will discuss it with a physician for two reasons:

- (1) They express their stress in a physical way (I feel like there is a lot of pressure in my chest – Means stress to them and could be misdiagnosed initially as a heart problem).
- (2) They are not used to having services to deal with mental health issues. In a lot of countries, unless the person has severe mental problems, where they would be in a mental institution, so counseling services might be a new concept.

Suggested Approach

- Focus on the history and the physical exam and consider uncommon diagnosis.
- Questions about the mood might be vague to the refugees.
- Since committing suicide is unacceptable in some cultures or religions, questions like do you think of killing yourself, might be answered by: “No, I don't, I am a good person”. These questions could be rephrased by saying: “Do you wish that God would end your life”.
- A conversation about their history or why they came to the US can shed some light on a lot of things you need to know, since sometimes they might not think that some things are important to talk about or that they are related to their condition.

Home Remedies and Treatment Practices

Refugees sometimes have home remedies that they strongly believe in. These practices can leave marks that could be mistaken for bruises and caused by abuse, when they are not. Some of these practices used: Coining, cupping, etc...

Suggested Approach

Do not underestimate those home remedies or tell them that they don't work. Instead, let them know that since those remedies do not seem to be working, maybe they need to try something new and then let them know what you want them to do.

Cultural Taboos

In some cultures, when you talk to refugees about their medical history especially when you ask about their sexual life, whether they use drugs or whether they smoke, also when you ask an unmarried girl if she is married followed by the question "Do you have any kids", you might get an offended reaction

Suggested Approach

Always start the questions by saying: "I know a lot of the questions might not apply to you, but I have to ask them to complete the form."

- Never ask questions about smoking and drugs in front of the family members, because the answer will always be "No".