



Rachel Lee

Culture and diversity

'Culture' is such a broad term; 'the sum total of ways of living built up by a group of human beings, which is transmitted from one generation to another'.¹ Having lived in inner Melbourne and travelled extensively I felt I was fairly familiar with different cultures. I had a good working knowledge of different religious beliefs, had been to numerous cultural festivals, had friends of different sexual orientations, conversed comfortably with people from different occupational and socioeconomic groups, had a vague understanding of different national dress, and had eaten lots of fabulous food from many different countries and traditions.

My 'advanced' general practice term at a community health centre was therefore unexpectedly eye opening and challenged me to think more fundamentally about how culture and diversity affected my clinical practice. I began seeing many marginalised groups and had to adapt my practice to meet their different needs. I was surprised that of all the different groups of patients I was seeing, I found working with (primarily Sudanese) refugees most challenging. I certainly wasn't particularly informed about the upheavals, traditions or different cultural groups of Sudan.

I did my best to provide quality care to this new group of patients – learning about refugee health assessments, trying different approaches and gradually building up relationships. But I often didn't feel satisfied by these consultations and was left wondering, 'what am I missing?' and sometimes more profoundly, 'what was that consultation actually about?' My standard attempts at eliciting patient concerns were often clumsy and ineffectual with this patient group. For example, normalising issues that I thought might be important often met blank looks and 'is there anything you think might be causing this?'

or 'what are you worried this might mean?' often generated a 'you're the doctor' type response.

Fortuitously my book club began reading *The spirit catches you and you fall down*² around this time. I found this book incredibly helpful in thinking about the challenges I was experiencing. Although actually detailing a complex 'cultural' conflict between a Hmong family and the American health care system, it helped me to fathom how profound cultural divides can be, how pervasive our own medical culture is to our way of thinking, and how much we take for granted in the way we interact with, and care for, our patients. This realisation combined with my renewed enthusiasm for exploration, learning and a flexible consultation style allowed me to gradually feel more comfortable providing care for Sudanese refugees.

Although it is very difficult to get feedback from patients about their experiences I must have improved, as after my rotation several patients were asking 'where that good young lady doctor had gone'!

Of course my quest for cultural understanding didn't stop there and I find I'm always learning new things. The big trick for me is using my growing cultural knowledge to sensitively explore an individual patient's situations and beliefs – not lumping everyone together as purely defined by the various cultural groups they belong to.

This issue of *Australian Family Physician* is all about culture and diversity and is filled with articles sure to be of use to general practitioners and general practice registrars grappling with cultural issues. Gardiner et al provide an approach to managing psychological trauma in refugees, which will certainly be useful to clinicians providing care to refugees. Clark and Phillips outline the importance of culture and ethnicity to palliative and end of life care in their article. Their article includes a list of questions that would be useful to GPs providing palliative care to patients from any cultural group, including their own. John

Furler discusses how cultural difference affects depression and depression management – again a topic that is broadly applicable for all GPs. Christine Phillips provides a very practical guide to using interpreters in the medical consultation, while Sara Bird outlines the legal ramifications of failing to use an interpreter. Benson et al discuss why refugee patients are at high risk of vitamin B12 deficiency and the role of the GP in the detection and management of this deficiency. Hilton Koppe details how to provide optimal care for a very particular (and difficult) cultural group – other doctors, and Karen Gurney provides a personal and moving account of her gender identity crisis and her medical encounters as a transsexual person.

We hope that you find these articles useful, and that perhaps they spark your thinking about how culture affects your clinical practice and what type of assumptions you bring to your consultations.

Author

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References

1. The Macquarie dictionary. 2nd edn. NSW: The Macquarie Library Pty Ltd, 1991.
2. Fadiman A. *The spirit catches you and you fall down: a Hmong child, her American doctors and the collision of two cultures*. USA: Farrar, Straus and Giroux, 1998.

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