No nothing to declare!!
Demographic Trends

- 2003: Ethnic minorities constituted 25% of US population
- 2050: Expect to be the majority of US population

Challenge

- To provide quality care to patients of diverse backgrounds

“Cross cultural care”
"It is much more important to know what sort of patient has a disease than what sort of disease a patient has."

--- William Osler
(1849-1919)

Requirements

- Liaison Committee on Medical Education cultural competence accreditation standard

- ACGME

By 2004, 50.7% of programs had CC
Commonwealth Fund Study

- Private foundation working toward a high performance health system
- Feb – Jun 2003
- 7 focus groups and 10 individuals
- 68 residents nationwide

Assessing preparedness for cross-cultural care

- Residents’ perceptions of their preparedness (knowledge, attitudes, skills)
- Educational climate where training occurred
- Quantity and quality of training received
Residents’ Responses

- Preparedness increased as result of on-the-job clinical experiences
- No clear consensus of what information was necessary
- Concern about stereotyping

Preparedness Skills

- To overcome literacy and language barriers
- To overcome cultural barriers
- To build trust
- To negotiate treatment plans
**Educational Climate**

- Institutional priority
  - Lack of Support
  - Access to Interpreters
- Mentors/ evaluations
  - Diversity among faculty
- Resources
  - Websites, panel discussions, travel

**Cross Cultural Training**

- Formal
- Informal
- Systems changes
“Patient satisfaction and compliance with medical recommendations are closely related to the effectiveness of communication and the physician-patient relationship.”

---Carillo et al., 1999

Review of 2 Models

- Kagawa Model 2003
- Carrillo Model 1999

- interviewing techniques melded with socio-cultural and ethnographic tools of medical anthropology
Common Strategy

- Elicit pt’s perception of illness
- Alternative therapies
- Facilitate mutually acceptable treatment plan
- Pt should understand instructions and repeat them in their own words

Physician’s beliefs & values
Kagawa model

**RISK Reduction Assessment of Cultural Influence** - Kagawa

- Resources for patients
- Individual identity - acculturation/assimilation
- Skills available to pt & family to adapt to disease requirements
- Knowledge about health beliefs, values, practices, cultural communication etiquette
Resources

- Level of education
- Socioeconomic status
- Support networks
- In-language social service agencies
- Transportation, shopping, etc.

Individual Identity

- Patient’s personal history and circumstances
- Immigration status
- Languages spoken
- Integration within ethnic community
Skills

- Ability of patient and family to navigate the healthcare system and cope with the disease itself

Knowledge (physician’s)

- Beliefs, values, practices
- Decision-making style
- Truth-telling
Patient’s explanatory model

Carillo, 1999

- Investigate the meaning of the illness
- Social context:
  - Control over environment
  - Social stressors and support network
  - Literacy and language
- Negotiating explanatory models

Utica 2007

- Relating these models to our community
Southeast Asian Refugees in Utica

1979:
- Cambodian: 365
- Vietnamese: 782
- Laotian: 263

1996: 266 SEA refugees arrived

1997:
- Burmese/Karen: 682 refugees arrived
Hobart St. Clinic Visits

- 2006:
  - Burmese 7.64%
  - Cambodian 2.69%
  - Other SEA 3.73%

Hobart Street Clinic

- 63 Refugee Clinics between 2005-2006
- Minimum 5 pts per clinic
- Minimum 315 patients
Southeast Asian Health Care Beliefs and Practices

- Spiritual or Supernatural
- Balance (Taoism)
- Western

Balance

Living things are composed of four basic elements:

- air
- fire
- water
- earth

Associated characteristics:

- cold
- hot
- wet
- dry
Balance

- Universe composed of opposing elements
  - Am / Duong
  - Yin / Yang
  - Hot / Cold

**Health is balance between physical, moral, internal and external forces**

Causes of Illness

- Disruption of balance

- Excess of hot or cold

- Bad air as in “bad wind”
Practices and Medications

- Coining (Cao gio)
- Cupping (Giac)
- Pinching (Bat gio)
- Steaming (Xong)
- Acupuncture / moxibustion
- Acupressure/ massage
- Herbs

Dermabrasive procedures

- Based on hot/cold physiology
  Indications: Fever, cough, headache, backache, URI, sore throat

  Illnesses caused by bad wind
Coining

- Rub warmed oil on skin
- Vigorously rub with coin in linear fashion
- Cause mild dermabrasion
- Restore balance by releasing excess force “wind”

Rubbing Warm Oil
Coining

- Methodical
- 15-20 minutes
- Effective if leaves red mark
- Ecchymosis persists for a few days
- No residual effects
Often Used on Children

Cupping

- Small heated glasses placed on skin
- Forms a vacuum suction
- Releases excess force “wind” from body
Cupping

43

44
Post treatment
Cupping

- Russian – Banki
- Yiddish – Beinkes
  Also practiced in:
  - Balkan States
  - Greece
  - Southeast Asia
  - Native Americans

Coining

**cao gio CASE**

- Maimonides Hospital, Brooklyn 1993

- 25 YO VF Previously Healthy
- Headache - otc med
- Coining for 30 minutes by boyfriend
- Unresponsive
Case

- No relevant PMHx
- No medications, No illicit drugs
- No relevant neurological or surgical disorders

Vitals: BP 112/70, P 80 R 10
- Respirations shallow with accessory muscle use
Neuro exam

- Pupils: fixed, pinpoint nonreactive
- Extremities: all flaccid
  - Responded to painful stimuli by bilateral decerebration and facial grimace
  - No eye opening or vocalizations
  - Glasgow Scale: 4

Labs:

- H & H: 12.5 & 36.4
- Platelets 297,000
- PT: 13.3
- PTT: 32.4
CT head

- Large cerebellar hematoma with acute obstructive hydrocephalus

Treatment

- R frontal ventriculostomy
- Drain
- Suboccipital craniectomy / evacuation of intracerebellar hematoma
Outcome

- Day 12: Tracheostomy
- Day 18: Sepsis
  - Improvement: incr level of consciousness activity of R upper & lower extrem
- Day 43: discharge to rehab
- After 1 year: Mild truncal ataxia only

What Happened?

- Painful reaction to coining
  - rise in reflexive rise in arterial BP
  - hemorrhage into cerebellum
  - brainstem compression
  - hernia of posterior fossa contents
Why is it important to know about coining and cupping?

"It is much more important to know what sort of patient has a disease than what sort of disease a patient has."
--- William Osler
(1849-1919)
Healing Philosophy

Pt believes in its effectiveness

Study in 1992: Western Journal of Medicine- Univ. of WA Refugee Clinic
119 SE Asian Women
80% use cao gio

Study in Am J Resp Crit Care

- 1997
- Asthma in Vietnamese refugee population—124 cases
- Used both Western & non-Western therapies
- Most used coining, cupping & oil inhalation
Task for Physician

- Personally respect pt’s belief system
- Not denigrate or judge
- Consider pt’s explanatory model
  - Ask what does this illness mean to you
  - Are you taking any traditional medicines?

Goal : Close the GAP
Thank you to Halyna Liszczynskij for literature review assistance
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