Ethical Cultural Competence

Durade Zebari
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Ethical issues with regard to cultural competence in practice is an area that seems to be most discussed in the world of health professionals, especially as our nation becomes more and more diverse. “Demographic trends in the United States point to an increase in cultural diversity. African-Americans, American Indians, Alaskan Natives, Asian-Americans, Pacific Islanders, and Hispanics accounted for 30% of the population in 2000 and account for 40% by 2005. Many professions, including education, business, government, and health care, have responded to increasing cultural diversity in the United States by underscoring the importance of concepts such as cultural competence. In health care, the term refers to the ability to provide care to patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs. Training seminars, courses, definitions, books, and curricula have been developed to help the workforce meet the needs and challenges of a diverse population.”

Competence should be acknowledged in areas such as, sex, gender, traditions, beliefs, race, religious values, age, region, family structure, immigration status, social class, language etc. These components must not only be considered in light of a specific culture; but rather, how each might play a role or interconnection to other cultures. As a health professional in practice, having cultural sensitivity is very crucial to delivering a supreme health care to the patient(s) being treated.

Although Sue and Sue (2003) speak to mental health counselors and ethical cultural competence issues, the fact is that similar issues arise in the world of health professions in general. “Referencing mental health professions in relation to the topic of ethical cultural competence is most appropriate, as understanding the behavior of others is the keystone to providing overall health treatment.”

Pharmacists were at one time at the far end of the patient health care provider with regard to direct care and interaction; however, in more recent times Pharmacists are becoming more and more direct role players in treating patients. Pharmacists collaborate with physicians and other health care practitioners to provide patients with the most appropriate treatments. It makes sense that Pharmacists now have more interactions with patients as they come to the pharmacy, because drug therapy should not end with the physician signing a
prescription. Patients are being provided with increased attention from pharmacists who manage their medication therapy, consult them and addresses their concerns.

Now that the move for Pharmacists is to provide the utmost collaborative care, it is very important that Pharmacists understand the ethics of cultural competence. Pharmacists Implications for practice should yield many umbrellas of knowledge and understanding of culture, with regard to pharmacy care acceptance among different racial/ethnic minority groups. All health care professions must be willing to see that the moral, ethical and political scope of health care is not or may not be so neutral. Pharmacists must not only understand culture but also must ascribe to providing ethical behavior in response to culture. Dressing states, “Only general principles, based on accepted values in western society, lead to guidelines for ethical behavior. Such essential values are personal autonomy, democracy and solidarity. The principle of nonmaleficence can be derived from these.”

Other implications include that the pharmacy profession moves on to look more closely at the training provided, critical and intense look at what is considered to be normal and abnormal, implementing mandatory training programs that deal with ethical issues of cultural competence with heed to past research and refine the literature. There must become equal academic, applied research and program training to understanding even minority group cultures, not only Euro-American orientation. Research can help to immobilize the stereotyping and correct biased studies. The use of ethnic minorities into the health profession bares great improvement to practice. Although White professionals have knowledge and empathy toward minorities, it seems that only minorities can understand their minority group best. The enhancement of minorities onto the health profession may play a part in enhancing the trust of health as a practice among minorities.

There is also a need for health scientists to understand that much of the pathological socio-emotional behaviors of ethnic minorities may be attributed to the direct unequal practices in society. For health scientists to understand pathology there should be a change in looking at the poor and culturally diverse to the groups who resonate racism and those who have stopped or slowed the need for change. There is also a need to look at the good side of being bicultural, as many practitioners/scientist have focused on the negative aspects among white society. Lastly, the implementation of combining research practice about minorities with working with minorities can be useful in many ways, such as building trust, giving responses to questions and concerns, showing what practitioners/scientists do, and teaching minorities how to do research.

Thus far it has been acknowledged that cultural understanding is vital to providing health care, however what does this mean in the world of Pharmacists? Aside from the broad scope of understanding ethics and culture, Pharmacists
can apply cultural competence in practical setting. More specifically, pharmacists deal with diverse populations every day, such that patients will come into the pharmacy that are from different races, genders, socio-economic classes, have different traditional beliefs, values, disabilities, language barrier, family structure etc.

One example is that of an individual that may come into the pharmacy, needing to fill a prescription for his child. The person seems to be of Arab race, as the language sounds familiar, and asks the pharmacist about why his 16 year old daughter has to take a medication for, as he states it, “crazy people”. The pharmacist, who is not Arab, knows that the pharmacy technician is Arab and may be able to translate. Being that the pharmacist has been trained on cultural competence and is aware of mental health being frowned upon in some Middle Eastern countries, ethically provides the client with help from the pharmacy technician. The pharmacist further helps the client by reassuring him that the medication will help his daughter by reducing hyperactive behavior. The Pharmacist is cautious to not delve to deep into the father’s personal beliefs about mental health to avoid being culturally insensitive and instead focuses on the facts of science and answers any and all questions as appropriate. After confirming with the father that his daughter’s diagnosis is psychosis, the pharmacist explains to the father that psychosis does not mean “craziness”. The pharmacist further goes on to explain to the father that his daughter’s hyperactive behavior is due to chemical imbalances in the brain that could be managed by medications.

In everyday Pharmacy practice, language barriers are one of many issues that arise. However, language issues or linguistic ability or communication seems to be at the forefront of collaboration in treatment. If communication is not possible or tainted, many legal and ethical implications can occur. Studies continue to show that individuals with limited English proficiency tend to report having less health care access, less quality care, and overall lower health status.6 Anne Fidman’s book, The Spirit Catches You and You Fall Down, is a master piece in describing the possible outfalls of miscommunication due to language barriers. The story is preserved around a Hmong child that has a severe seizure disorder, and because physicians could not communicate with the parents, the child ultimately is at a loss for proper care. The fact that the physicians and other health care providers did not speak Lao, the spoken language of the Hmong, was a factor in reducing effective treatment. The health care system failed to understand the culture of the Hmong, and also failed to provide the family with appropriate translators and home care to make sure the parents were giving proper dosages of prescribed medication. The child was not being given the proper medication dosages in the home since the parents could not understand the physician’s orders and the physicians did not want to understand the Hmong cultures beliefs about medical treatment.7
According to Zanni, there are more than 6000 languages spoken in 191 countries around the world, in which nearly 32 million Americans speak nearly 329 languages other than English in their homes. There are also, 1 million immigrants that work in the health care system. Culture is the glacier of language, thoughts, communications, customs, beliefs, values, and racial, ethnic, religious, or social institutions while Competence is the ability to break down the elements of culture by being aware of biases, nonverbal cues, body language, and level of formality, expressions of respect, families’ role, and cultural nuances. Patient’s beliefs impact access to health care, help-seeking behaviors, and treatment compliance, for example, some people may only visit a physician when they feel sick and not for annual check-ups. In one study, analgesics were given less to Hispanics than Whites by nearly 7 times, and Hispanic children were 17 times less prescribed home nebulizers in which may have been contributive of language and cultural incompetence. In another study, it was found that compliance with treatment increased, in racial and ethnic minorities, when respect and dignity were provided by the health care providers.

Zanni states, “Cultural competence is built on staff recruitment, use of interpreter services, cultural competency training, culturally appropriate client education materials, and culturally specific health care settings”. Five basic interventions to being culturally competent, developed by David Satcher include the following:

- Consider culture when you are interacting with patients
- Respect other peoples’ cultures, and learn how respect is communicated within those cultures
- Assess and affirm culture, including positive feedback about the person’s culture
- Sensitivity to the other person’s culture and the impact of one’s own culture are key and must be expressed
- Humility is needed, based on the fact that few people become experts in other cultures.

A metaphor that can be considered when thinking about what it means to be culturally competent is that of being handicapped. First, human handicap is in fact part of cultural awareness; that is, when an individual has a handicap the professional must take this into consideration when providing care. Handicap disabilities exist in our world and even though there are less handicapped individuals then there are non-handicapped individuals, the United States has made and continues to make accommodations to meet their needs with regard to work, home and community. Different races and ethnic minorities should, just as handicapped individuals, be provided with accommodations for cultural sensitivities.

Pharmacists among other professionals must be able to recognize their own cultural heritage, analyze or identify how culture impacts health care choices, and produce methods that will reduce or limit barriers to success in dealing with cultures. Pharmacists seek to bridge together cultural gaps by understanding areas such as traditional therapies and how they affect conventional western
treatments. The United States Census is the ideal source for identifying cultural differences among racial/ethnic groups. Most pharmacists have to learn about their local dominant group(s) and as such will have or should gain knowledge about the particular group(s). Drug therapy is most effective when the pharmacist and patient work together. For example, Muslim individuals will typically not take erythromycin three times daily with food when they are fasting for Ramadan. The lack of food intake increases the probability of nausea and vomiting and as such the patient may not comply or stop treatment.

Pharmacists must also follow their own oath and code of ethics. “Pharmacists are health professionals who assist individuals in making the best use of medications.”

The code of ethics for pharmacists is as follows:

I. A Pharmacist respects the covenantal relationship between the patient and pharmacist.
II. A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner.
III. A pharmacist respects the autonomy and dignity of each patient.
IV. A pharmacist acts with honesty and integrity in professional relationships.
V. A pharmacist maintains professional competence.
VI. A pharmacist respects the values and abilities of colleagues and other health professionals.
VII. A pharmacist serves individual, community, and societal needs.
VIII. A pharmacist seeks justice in the distribution of health resources.

Culture stems from values that come from customs, traditions and beliefs, and values furthermore are implications of cultural environment in which they are sought. More specifically, individuals of a culture come to have self-understanding or self-awareness through the use of language, symbols and values of that specific culture. This for example, can be found in an individual who may grow up in a collectivist society in which he/she may come to experience selfhood, self-consciousness and cultural awareness differently than an individual who might grow up in an individualistic society. The factors of individual, culture and values are a commingling that are not separate entities. They are elements of the ‘self’.3

The venture of understanding culture extends not just to understanding patients and one’s own culture, but working with different races/ethnic individuals especially when working for a common reason; meeting the consumers needs.11 Pharmacists among other helping professionals will tend to work in settings where workers are not all White or Euro-American. Understanding culture in the workforce will help employees and patients in dealing with diversity. For example, issues of communication can arise in the workplace; someone from a non-White race may not be quick to discuss an argument or disagreement that he just had
with the Pharmacist, but instead because of cultural beliefs may wait until the next day to approach the matter. Individuals with this type of behavior or approach could be considered to be a collectivist, in which many collectivist individuals would go home, talk about the issue with other family members and how best to deal with it and then talk with the Pharmacist.

Brislin speaks to the use of softness and subtlety in intercultural communication styles in the work force, where many times the way in which one speaks can be misinterpreted depending on ones cultural beliefs. In other words, quietness or silence, apologies instead of confrontations, loudness, the use of hand gestures are all styles of being in communication. For example, Japanese individuals may be more likely to be silent or less responsive in corporate meetings and as such may be thought of as non-contributive, causing potential for job problems. In Asia, it is common practice to be less assertive or direct when dealing with work issues.\footnote{11}

In the Muslim culture is it usually common practice that women and men do not extend a hand shake, instead they may place a hand to their chest as a gesture of greeting. Many times employers expect that because the Euro-American way is dominant then it should be enforced in working settings or expected, however this is not true. For example, a Pharmacist who is aware of the Muslim practice of women not extending or welcoming a male’s hand shake should refrain from this. Being sensitive to intercultural practices in the workforce will delineate maximal teamwork to ultimately deliver the best services to customers of various race/ethnicity.

Predictability is the key to learning about intercultural differences in the workforce. When cultural ways are understood then it becomes easier to identify or predict how the work day will go with particular colleagues or co-workers.\footnote{11} For example, a pharmacist knows that he should be more soft spoken with the Middle Eastern female pharmacy technician who has only been in the United States a few short years, because he has learned this about the culture. Social norms are what guide cultures within cultures, and as such is guidance for everyday behaviors.\footnote{11}

Social norms also include religion. In the everyday health care system practitioners try to be as objective, scientific and absolute as possible, thereby leaving little room for different religious beliefs in medicinal practices. It would seem that physicians and pharmacists would be at the face of religious issues when using drug therapies. According to AZ Central, many pharmacy stores across the United States refuse to sell contraceptives because of faith beliefs.\footnote{12} Pharmacists have to deal with understanding diversity and accommodating patients however, what happens when this type of situation arises, where the pharmacist is ordered not to fill contraceptives even though the patient may have been advised by her physician not to get pregnant because of medical problems. In the state of Wisconsin, a pharmacist was sanctioned for refusing to fill birth
control prescription for a patient and would not transfer to another pharmacy either.\textsuperscript{12} The Dalai Lama is a holy man who has dedicated his life to religion and how it impacts interaction between individuals. The Lama sheds light on how the ‘self’ is considered to be one’s own understanding of how internal and external behaviors impact our environment. The Lama contends that complexities occur dependently and as such we look to the whole, or in other words, when one is affected then others will as well. In looking at the Lama’s contention in relation to ethical cultural competence, it can be assumed that we live in a world of being in relation to others or everything is dependant on something.\textsuperscript{13} That there is dependence, it is important then that cultural competence be manifest through ethical vindication. Hence, pharmacists that refuse to fill contraceptives may be going against others beliefs however they are maintaining their own ethical beliefs. This is where pharmacists and any helping professional must know and analyze their own self culture that includes beliefs, values, ethics, etc.

According to Diggs & Berger, pharmacists must understand that racism and inequalities exist in America and have not been eradicated as many believe. A solid example of cultural incompetence is shown in the following case study:

A pharmacist tries to explain to an African-American mother that her daughter’s medication would cost $84, however the mother asked if she could buy it in generic brand because of the cost. The pharmacist, who had been working in the impoverished dominant Black neighborhood for the last 6 months became just as agitated as the mother, and indicated that there was no generic brand. The mother asked if she could buy half now and return for the rest later. The pharmacist, because of previous experiences with African-American mothers or his beliefs about them living off welfare and having too many children caused him to sigh and just agree instead of stressing the importance of the patient needing all the medication. The pharmacist knew that many mothers would not return for medication because of the cost and failed to encourage the mother to return since he thought it would be pointless. In fact, the mother is an educated woman who wished to become a teacher however because of her financial situation her school counselor advised her to go to vocational school. The mother studied cosmetology and continues to struggle financially, hence her reason for wanting lower costing medication. The mother noticed the pharmacists condescending tone and thought him to be prejudice since she observed him to use the same tone with all the Black customers.\textsuperscript{5}

The above case study is a clear example of how language plays a crucial role in appropriate and effective cultural communication. Although the pharmacist in this case study was not being prejudice, the mother concluded this because of looking back at her history of experiences related to her social status.\textsuperscript{5} It is clear
from this case study that Pharmacists must not stereotype, identify personal sources of bias and build the pharmacist-patient relationship.\textsuperscript{5}

To be able to fully understand cultural competence from and ethical stance, Pharmacists must develop values, values that rightly come into practice by having debates with regard to medicines, and society. This enterprise is better known as value literacy. Pharmacists should be both publicly and politically involved in all areas spoken to. Literacy means, more specifically, that Pharmacists should be aware, interested, capable of identifying, discussing and able to handle ethical issues in Pharmacy. There is an overlap between professional standards of practice and ethical obligations; therefore one does not work without the other. Any profession has a value system and is in place to serve social ends; the client.\textsuperscript{15}

It is more declared and implicated in the last few decades that the need for value systems has come into play because of the dilemmas in health policy. Dilemmas include: priority setting, application of new technologies and medicines, changing professional-client relationships, and goals of health care. Public debates have utilized the cultural environment, in which there has been much “disagreement, skepticism, and uncertainty.”\textsuperscript{15} Disagreement, skepticism and uncertainty comes from the ambivalence about changing sciences methods and technology. To deal with the dilemmas of science and technology changes, there has been a growing body of institutional and individual accountability. These entities have been brought into place so that there is performance review, audit, appraisal, and governance to regulate the delivery of services and insure the delivery of professionalism. There is no longer a separation between policy makers, professionals and the wider public; instead there is a growing foundation of including consumers in participation and partnership in their overall health care needs.\textsuperscript{15}

Person-centered care is the milestone of increasing advanced health care systems with regard to medicine and technology. Person-centered treatment is a modality in which the practitioner(s) and client collaborate together. Practitioners credibility and treatment are not necessarily questioned rather the client is incorporated into the decision making. The person-centered model asserts that the client knows himself best. Pharmacists are encouraged to carry-out person-centered care to more effectively ensure that the client will understand the need for medication and be compliant. Strategies suggested for Pharmacists to become more person-centered include: “listening, acknowledging, recognizing, questioning, and reflecting during self-analysis and interactions with colleagues and clients.”\textsuperscript{16}

Patients want to be heard for their own experiences and beliefs about medications and their illnesses. Different stories and beliefs about medication come from all different people of community, culture and society. Therefore, cultural ethical competence dilemmas can best be avoided or reduced by learning about different cultures with regard sex, gender, traditions, beliefs, race,
religion values, age, region, family structure, immigration status, social class, language etc., and by having a person-centered approach.\textsuperscript{16}

Civility it seems is the corner stone of ethical and moral obligation in dealing with cultural differences in health care settings or in any other job force. Civility is “the practice of courteous and polite behavior in our relations with other people”.\textsuperscript{14} When civility is practiced that means there is a level of respect and tolerance for others and ourselves. Civility can be thought of as the gear that enforces appropriate social norms. Tolerance and respect indicates that others can have their own beliefs and perspectives. To be civil there must exist moral, and if moral is within individuals they can share it with others.\textsuperscript{14}

There are many issues in ethical competence with regard to cultural understanding, and as the world of research continues to refine our understanding we must continue to accept that we can never know all aspects of different cultures. However that we know we have limitations helps to reduce our biases and increase our sensitivity to servicing and working with different cultures.
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