

Cultural Barriers in a Clinical Interview

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By way of introduction—

“Some years back, I accompanied a man to the hospital. His spouse was waiting at home due to the fact that they only had one automobile and the next day she had to work in the morning and care for their children when they came home after school. This person was Latina, undocumented, without medical insurance and without sufficient money to cover their hospital bills. Even though she could speak a little English, she was nervous so I had to help her in translating the questions from the doctor in the initial interview. When they called her, I accompanied her until they took him into intensive care. Later they moved him to a shared room.

During those days, she was worried about the huge cost of having this treatment. Nonetheless, she was afraid that in a health institution, such as a hospital, upon entry they would find out he didn't have a Social Security Number, they would report him to the Office of Immigrations and they could have problems. After several days in the hospital, he was finally registered.”

Having in mind this brief history, I would like to focus this presentation on the implications of being an international patient in the United States. I am going to divide this presentation into three parts: (1) what is an international patient; (2) what are some of the cultural barriers that can have a negative affect on a clinical interview; and (3) how can we approximate ourselves to surpass these cultural barriers.

I. What is an international patient?

An international patient is someone who was born in another country, who speaks another language and who has a different cultural background. These three characteristics can vary from case to case, so we must keep in mind that we will use them in general terms. The stereotypes of color should not be eliminated without considering them as secondary ones.

- A. Being born in another country signifies that one is a foreigner, an immigrant, with their own native country documentation with full insurance. It is possible that they also have adequate documentation in the new country. A large number of international patients don't have adequate documentation such as a Social Security Number or driver's license.
- B. To speak another language signifies that one can speak and communicate in another language and that one is not deaf. Again, an international patient is not someone who is incapacitated except for not being able to communicate in another language. It is not necessary to raise your voice or shout at the person in order for them to understand. It is not a question of tone of voice but rather of language.
- C. To have a cultural difference signifies that there are values and ideas that cannot be expressed through words, gestures, conducts and symbols that have significant importance. This also includes the relationship between men and women. For

example, the physical contact in greeting, a birthday hug, praying for someone who is ill while touching the sick body, the greeting when arriving somewhere, the goodbye when leaving, etc.

II. What are some of the cultural barriers that can have a negative affect on a clinical interview?

- A. The question of being undocumented. This condition generates a low self-esteem in the patient that is perceived by the interviewing clinic. But, the question of being undocumented and having low self-esteem can also cause there to be a situation of authoritative abuse from the hospital personnel.
- B. The question of language. The condition of an emigrant in a new country with a language they don't speak produces a fear in an otherwise hospitable atmosphere. Misunderstandings, equivalent messages and not understanding the English phrases creates a feeling of frustration and insecurity in the patient.
- C. The question of gender. In some countries a woman feels more vulnerable or stubborn about a gynecological exam than about the gynecologist. A man tends to underestimate to a psychologist or psychiatrist during an interview in which his attitude, feelings and emotions are evaluated.
- D. The question of culture. In Latin-American countries the expression and receptive communication includes physical contact, such a handshake and an embrace. An attitude or treatment without these considerations can raise certain boundaries that negatively affect the doctor-patient relationship.

III. How do we estimate how an international patient can surpass the cultural boundaries?

- A. Be friendly and be open-minded about questions that may seem unusual. The international patient is carrying related preoccupations about his emigrant status and the cost of medical services. Answer his questions simply. If you do not have an adequate response, respond clearly that you do not have an adequate response.
- B. Speak slowly and look the patient in the eyes. It is possible that many international patients will understand your questions and explanations in English if you speak slowly to them. It can help if you inform them ahead of time or apologize before asking a question if it is a vulnerable subject or it involves a body part that may be uncomfortable to speak about.
- C. The cultural differences are not barriers but rather opportunities to improve our comprehension of humanity. The cultural differences allow us to enrich our lives as people but also allow us to awaken certain xenophobic tendencies or superiority complexes about people of another culture.

Above all these things, we must remember that the relationship with “the Other/Divinity/God” (totally the Other), helps us and prepares us for a better relationship with “the other/human being” of a different culture.