Editorial

Regarding the need for training in culturally sensitive and socially just medicine

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The fascinating geographic and socio-cultural diversity of our country translates into a population that is just as diverse. This heterogeneity - geographic, climatic and human - makes for some challenging variations in genetic patterns, in disease prevalence and severity, and in access to healthcare.[1-3]

As healthcare providers, not only do we see the heterogeneity reflected on a daily basis in the assortment of patients visiting our out-patient departments and emergencies, we also work in teams that comprise people who are distinctly different from each other. These differences may be geographic, linguistic, ethnic, religious, social, economic, political, or may relate to gender, age, sexual orientation and physical or intellectual disability.

The very differences that fascinate may throw up unique challenges in the healthcare scenario: in communication, in accepting modern healthcare, in access to and in equitable distribution of care, in health outcomes, in expectations, and in quality of care received.[4-6]

How do we tweak the education system so that these disparities, and their impact on the health of millions, are recognized, acknowledged and addressed by current and future healthcare providers?[5–7] One recommendation is to formally train healthcare providers through integrating comprehensive cross-cultural curricula into the existing curriculum.[7–9]

The Accreditation Council for Graduate Medical Education (ACGME) has included respect for diversity as a desired competency for medical graduates, and requires American medical universities and schools to incorporate diversity training in their curricula.[6,10] In the competency pertaining to professionalism, the ACGME spells out fairly clearly that "Residents must demonstrate competence

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in: respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation."[10]

In the United Kingdom, too, the General Medical Council mandates that "Medical school curricula must give medical students…the opportunity to gain knowledge and understanding of the needs of patients from diverse social, cultural and ethnic backgrounds, with a range of illnesses or conditions and with protected characteristics."[11]

In India, which is inarguably one of the most culturally diverse countries of the world, some regulatory instruction is given in the Competency Based Undergraduate Curriculum for the Indian Medical Graduate, which was formulated by the Medical Council of India in 2018;[12] however, it is far from explicit or acceptable to stakeholders.[13]

The need for cultural competency in healthcare professionals is understood by and large; far more complex is the question of how best it should be achieved. Then, there is also the debate on whether cultural competency can be achieved at all given that the 'other' culture is not one's own.[7] Educators suggest that a more realistic goal would be to aim for cultural sensitivity or cultural humility where learners adapt their attitudes and behaviors so that effective outcomes result from cross-cultural situations.[5,7] These situations may present themselves during teamwork within the workforce and also during provider-patient interactions.

Several unique curricula have been devised where various methods - conventional didactic teaching, seminars, online modules, discussions on Facebook, and community service - have been found to increase cultural sensitivity of learners.[14-17]

Most researchers in this domain agree that cultural sensitivity depends heavily on training in awareness of self and of others, as well as on self-reflection.[5–7,9,17] This fact augurs well for the use of humanities tools in this context - several studies support this, that the medical humanities help learners develop respect for others who are different from them and encourage them to focus their practice of medicine towards this otherness.[18,19]

The cover of the 2019 issue of RHiME highlights how artwork can be used to initiate a discussion on ‘belongingness’ - the other end of the spectrum from ‘otherness’.[20] A forthcoming article talks of the role of religion and faith, along with modern medicine, in healing; another discusses how displaying artwork in institutions of learning can positively impact learners as well as staff.

It is beyond time for educators in India to consider formal approaches to train future healthcare providers in cultural sensitivity. The approach should be contextual to the people in the workforce as well as to the population served - involving all stakeholders in formulating policies is more likely to improve acceptibility. An endeavor is already underway in addressing disparity based on disability.[21,22] More research is needed from countries like India where the curricula are still devoid of defined courses on this critical competence - a competence that will enable learners to practice patient-centered medicine that truly serves social justice even as it heals.

References

1. Mastana SS. Unity in diversity: an overview of the genomic anthropology of India. Ann Hum Biol. 2014;41(4):287-99.

2. Indian Genome Variation Consortium. Genetic landscape of the people of India: a canvas for disease gene exploration. J Genet. 2008;87(1):3-20.

3. Malhotra S, Singh S, Sarkar S. Whole genome variant analysis in three ethnically diverse Indians. Genes Genomics. 2018;40(5):497-510.

4. Sharma H. Are we being trained to discriminate? Need to sensitize doctors in India onissues of gender and sexuality. RHiME. 2018;5:35-43.

5. Nazar M, Kendall K, Day L, Nazar H. Decolonising medical curricula through diversity education: lessons from students. Med Teach. 2015;37(4):385-93.

6. Kumagai AK, Lypson ML. Beyond cultural competence: critical consciousness, social justice, and multicultural education. Acad Med. 2009;84(6):782-7.

7. Kamaka ML. Designing a cultural competency curriculum: asking the stakeholders. Hawaii Med J. 2010;69(6 Suppl 3):31-4.

8. Tekiner H. Cultural context in medical humanities: lessons from Turkey. Am J Med. 2017;130(4):e159.

9. Muntinga ME, Krajenbrink VQ, Peerdeman SM, Croiset G, Verdonk P. Toward diversity-responsive medical education: taking an intersectionality-based approach to a curriculum evaluation. Adv Health Sci Educ Theory Pract. 2015;21(3):541-59.

10. Accreditation Council for Graduate Medical Education. ACGME Common Program Requirements (Residency) [Internet]. 2018 [cited 2019 Jan 5]. Available from: https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRResidency2019.pdf

11. The General Medical Council, UK. Promoting excellence [Internet]. 2019 [cited 2019 Jan 5]. Available from: https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence

12. Medical Council Of India. Competency Based Undergraduate Curriculum for the Indian Medical Graduate, 2018 [Internet]. Volume I. [cited 2019 Jan 4]. Available from: https://www.mciindia.org/CMS/wp-content/uploads/2018/12/UG-Curriculum-Vol-I.pdf

13. Breckenridge R. The Raj Still Lives On, Long Live The Queen! The Citizen[Internet]. 2018 Dec 2 [cited 2019 Jan 6]; Available from: https://www.thecitizen.in//index.php/en/newsdetail/index/8/15673/the-raj-still-lives-on-long-live-the-queen

14. Forsyth C, Irving M, Tennant M, Short S, Gilroy J. Teaching cultural competence in dental education: a systematic review and exploration of implications for indigenous populations in Australia. J Dent Educ. 2017;81(08):956-68.

15. Chang L-C, Guo JL, Lin H-L. Cultural competence education for health professionals from pre-graduation to licensure delivered using facebook: Twelve-month follow-up on a randomized control trial. Nurse Educ Today. 2017;59:94-100.

16. Daugherty HN, Kearney RC. Measuring the impact of cultural competence training for dental hygiene students. J Dent Hyg. 2017;91(5):48-54.

17. Watt K, Abbott P, Reath J. Developing cultural competence in general practitioners: an integrative review of the literature. BMC Fam Pract. 2016;17(1):158.

18. Singh S, Barua P, Dhaliwal U, Singh N. Harnessing the medical humanities for experiential learning. Indian J Med Ethics. 2017;2(3):147-52.

19. Dhaliwal U, Singh S, Singh N. Reflective student narratives: honing professionalism and empathy. Indian J Med Ethics. 2017;3(1):9-15.

20. Mehra I. Belonging. RHiME. 2019;6:4-5.

21. Newz Hook. Move towards bringing a disability-inclusive, compassionate aspect to medical education. [Internet]. 2018 Nov 23 [cited 2019 Jan 6]; Available from: https://newzhook.com/story/20609

22. Disability-inclusive Compassionate Care: Core competencies on disability for Health Professions Education. The University of Chicago Center in Delhi [Internet]. 2018 Nov 21 [cited 2019 Jan 6]; Available from: https://www.uchicago.in/events/disability-inclusive-compassionate-care/