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Introduction

David Narita MD MA

Our family served with OMF International in Cambodia through medicine, church planting and team support. Since being back in the US, I've taught at a Christian university, provided care in medically underserved communities, work in palliative care and advocate for missions.

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Session Objectives

-  Recognize culture influences how health and healthcare are defined, sought and delivered
-  Appreciate our own cultural biases
-  Review a framework that can aid in developing cultural competency
-  Explore case studies to reinforce these principles in practice



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The **Red String** Principle



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The Red String Principle

If you name something:



01

You will see it

02

You can understand it

03

You can engage it



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Cultural Competence

the ability to understand, communicate with and effectively interact with people across cultures



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Cultural Competence

not knowing the answers
but knowing where to look



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“

While living in Europe, I was struck by the differences between US and European medicine. Why did the French talk about their livers all the time? Why did the Germans blame their hearts for their fatigue? Why did the British operate so much less than the Americans? Why did my French friends become upset when I said I had a virus?

- Lynn Payer, *Medicine and Culture*



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Consider

- Drug doses have varied ten to twenty times in strength from country to country
- French people have been seven times more likely to receive their drugs in a suppository form
- Low blood pressure has been treated with eighty-five different medications and hydrotherapy in Germany
- American rates for coronary bypass have been twenty-eight times that of some European countries.
- Doctors in different countries diagnosed different causes of death even when shown the identical information

- Lynn Payer, *Medicine and Culture*



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Why do these differences exist?

Perhaps

“More scientific”

Different patterns of illness

Documentation/measurement

Access/infrastructure

Culture

- What is important? (*values*)
- What is considered normal? (*norms*)
- What causes things to happen? .

Lynne Payer, *Medicine and Culture*



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A Framework for **Cultural Competence**



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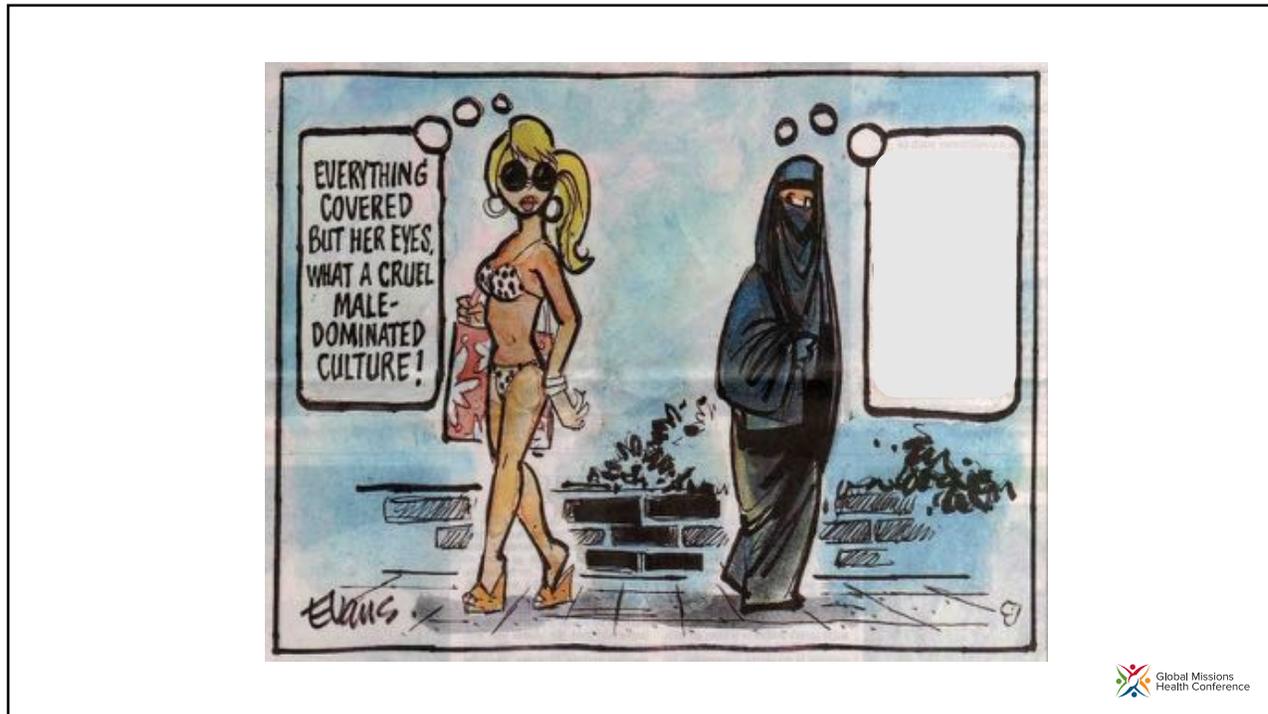


Learn more about culture starting with your own

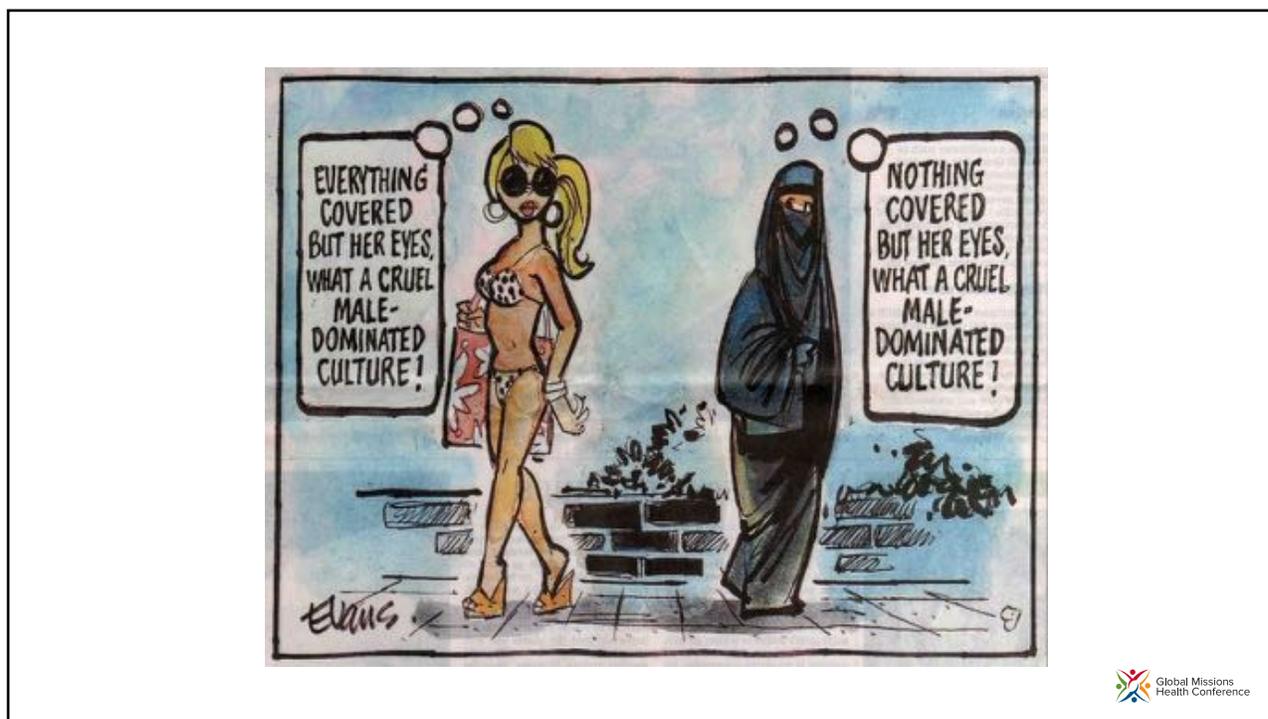
Define your culture: *symbols, values, beliefs, norms*



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Learn more about culture



Determine the Golden Rule

What is the main cultural value in play?



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Invest in language
speak it or use a trained interpreter

It is worth the effort!



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Ask questions
with an attitude of learning

Try to be open and avoid fishing for answers.



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Involvement

Involvement

Trust and ownership
Culturally and resource-appropriate interventions



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A framework for Cultural Competence



Learn about culture Invest in language Ask questions Involve them



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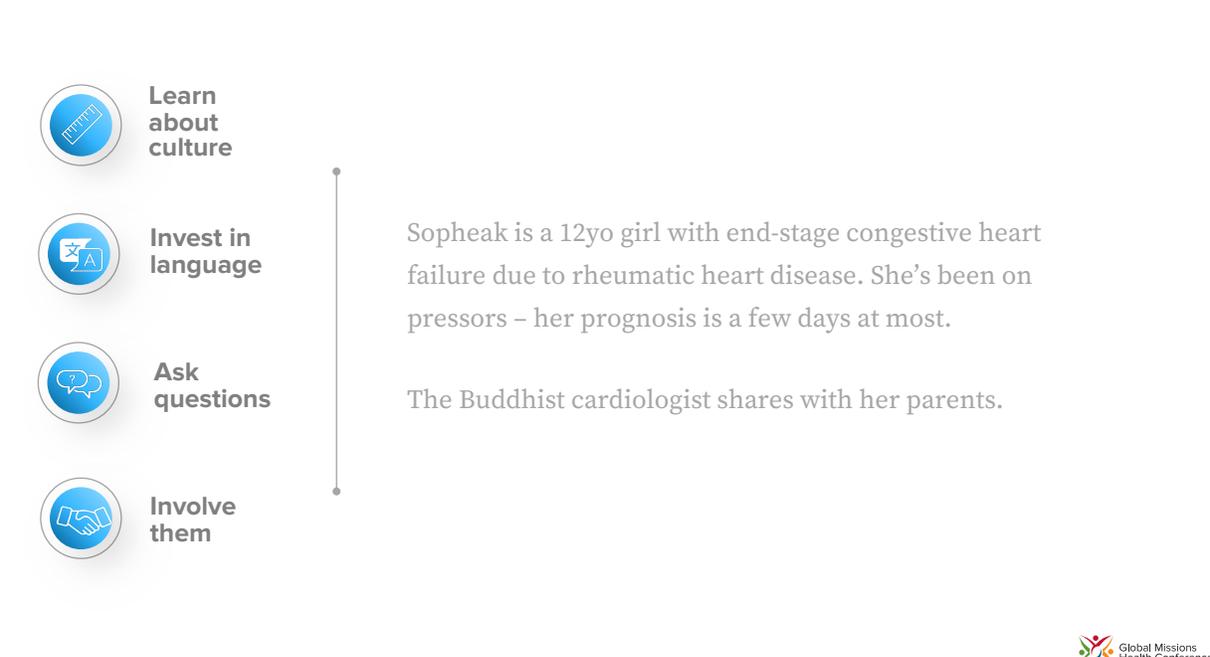
A blue gradient slide with a white circle containing a red ribbon icon at the top center. Below it, the text "Case Studies" is written in white and blue. Underneath, "from our experiences in Cambodia" is written in white. In the bottom right corner, there is a logo for "Global Missions Health Conference".

Case Studies

from our experiences in Cambodia

Global Missions Health Conference

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A white slide with a vertical list of four blue circular icons on the left, each with a corresponding text label. A vertical line with dots at both ends connects the icons to the text on the right. The text describes a case study about a 12-year-old girl with heart failure.

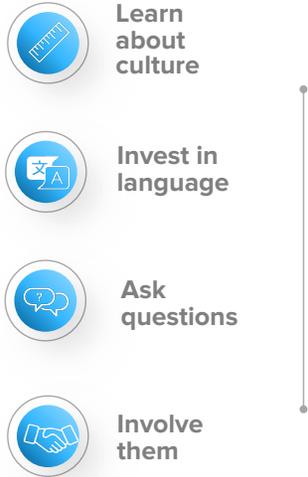
-  **Learn about culture**
-  **Invest in language**
-  **Ask questions**
-  **Involve them**

Sopheak is a 12yo girl with end-stage congestive heart failure due to rheumatic heart disease. She's been on pressors – her prognosis is a few days at most.

The Buddhist cardiologist shares with her parents.

Global Missions Health Conference

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Learn about culture

Invest in language

Ask questions

Involve them

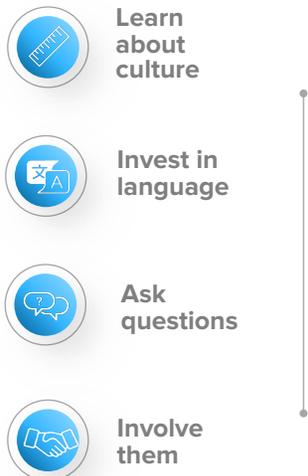
My Golden Rule (GR): No one, especially a child, should die alone.
Cardiologist's GR: We should not cause suffering.

Cardiologist: We should give hope, allow parents to feel like they're doing something to help, remove them from a difficult situation.

How could we give hope and comfort to a family while making sure the next little girl doesn't die alone?



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Learn about culture

Invest in language

Ask questions

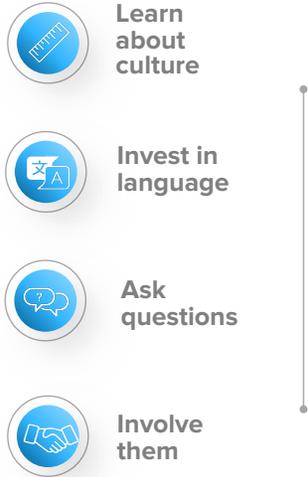
Involve them

Ned is an 11yo boy who fell out of a tree and broke his arm. After seeing several traditional healers, he arrived to our hospital in tetany. He is intubated and if he survives, has a very long and expensive hospital stay ahead.

The residents ask why were we treating this patient when it is so expensive.



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Learn about culture

Invest in language

Ask questions

Involve them

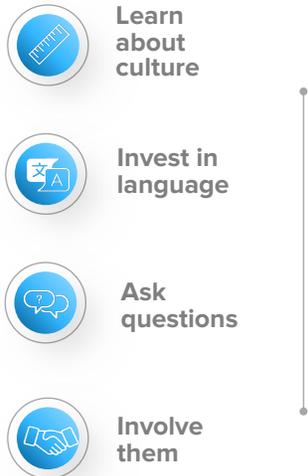
My GR: Because we are created in God's image, all life has value.
Residents' GR: Do the most good for the most people.

Residents' 2nd GR: Doesn't Ned deserve this? His parents chose the traditional healer. We are fighting against Ned's fate or karma.

If he lives, does that mean his fate was to live? How can we know if we don't try? What are reasonable limits we can set? We agreed to wait and see.



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Learn about culture

Invest in language

Ask questions

Involve them

Rounds haven't been ideal. The residents ask esoteric questions and when those questions are turned back to them, they grow annoyed.

What am I missing? How can rounds be improved?



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Learn about culture

Invest in language

Ask questions

Involve them

My GR: We learn best by thinking through to an answer ourselves.
Residents' GR: A good student knows enough to be able to stump the teacher with a question they cannot answer.

Residents: "You're robbing us."
 What would make you shine and reinforce your knowledge?

Mini-presentations sitting down rather than traditional "American" rounds at the bedside.

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Learn about culture

Invest in language

Ask questions

Involve them

Different worldviews: Sopheak and dying

Different ethical bases: Ned and a lot of resources

Different norms: The residents and learning styles

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Discussion

Comments & questions



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Thank you for joining us!

David Narita MD
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