

**LATIN AMERICAN SCHOOL OF MEDICINE**



**LA HAVANA**

**Title:** "The comprehensive cultural education role in doctors' training"

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## **ABSTRACT**

Bibliographic research was carried out in order to show the importance of having a comprehensive multicultural education in medical training. Eight bibliographies were consulted on different websites such as google scholar, publishmed...etc.

The results showed that a good doctor should be good not only in the basic sciences but he must have a humanitarian value, not to discriminate people with their skin colors or nobility and to treat patients with respect.

They have also been showed that to be a good doctor, a physician must have cultural, religious, artistic, political knowledge... to better understand the patients and have good communication with them.

**Keywords:** Good doctor, comprehensive education, multicultural

## INTRODUCTION

A good doctor should be good not only in Medicine; health professionals must have a great **comprehensive education**. What does it mean? The purpose of this essay is to answer this question. There are many aspects included in this term. It is important to know that cultural heritage includes: culture, beliefs, rituals, ceremonies, social customs and traditions, arts, crafts, music, political and cultural beliefs that influence cultural, religious traditions and behaviors. <sup>1</sup>

The history of Medicine has given evidences about the relationship between health and culture. Also, for centuries the knowledge of medicine continues to be transmitted. Hippocrates of Kos is universally recognized as the father of modern medicine, which is based on observation of clinical signs and rational conclusions. Before him, therapeutic attempts were based on religious or magical beliefs and were commonly practiced by priests, spiritual healers and witch-doctors.<sup>2</sup>

Asclepiades of Bithynia is recognized as the first physician who established Hellenic Medicine in Rome. Nevertheless, he is surprisingly unknown given the important fact that he was the first physician who created a health and disease theory with apparent similarities to what is known today as molecular medicine.<sup>2</sup>

In ancient times, Christianity provided a new ideal for the good doctor. Medicine became a sacred calling in which the doctor practiced his art as an expression of Christian charity.<sup>3</sup>

Nowadays, cultural and linguistic competence is a set of congruent behaviors, knowledge, attitudes, and policies that come together in a system, organization, or among professionals that permit an effective work in cross-cultural situations. "Culture" refers to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, and institutions of racial, ethnic, social, or religious groups. "Competence" implies having the capacity to function effectively as an individual or an organization within the context of the cultural beliefs, practices, and needs presented by patients and their communities. <sup>4</sup>

Medical schools should educate culturally competent physicians. It includes multicultural relationships and respect to different patients' traditions and believes to have a good communication between doctors and patients.

What to do to be considered a good and competent doctor nowadays?

## **OBJETIVE**

Demonstrate the importance of comprehensive and cultural education in medical training.

## **DEVELOPMENT**

Every patient wants to be treated in the best possible manner. This, however, is possible only in addition to doctors' required clinical competence and skills, a great comprehensive education.

The reality of today's world shows that many physicians are insufficiently prepared to meet the needs of increasingly diverse population in any part of the world. It is very important to have multicultural education. Cultural competence improves communication, which keeps patient safer. Clear communication allows doctors accurate medical information. It also favors active dialogues in which patients and doctors can ask questions, correct misunderstanding and build trust. <sup>5</sup>

Culture plays a huge role in medical interactions. It influences how an individual might view an illness or treatment and affects how a physician should treat a patient. People in some cultures think that illness is the will of a higher power and may be more reluctant to receive health care.<sup>5</sup>

### **How culture influences health in a society?**

Culture is deeply involved in matters of personal hygiene, nutrition, immunization.

Different cultures are there in different societies which may or may not have positive effects on health.

Experiences of the multicultural education program facilitate the development of cultural competence of students with cultural diversity, which should be taken into consideration in the faculty development activities.

The cultural competency is really important for medical profession to ensure better healthcare for any community and patients

Multiple researches reported that cultural competency is essential to ensure healthcare for all. It is very important to develop proper health policy and practice

Dr Richard Clarke Cabot of Massachusetts General Hospital in 1910 wrote the major justification for the insertion of cultural diversity and competence within the

undergraduate medical curriculum especially in modern countries is the requirement to communicate efficiently with the increasing quantity of patients of various racial, cultural, linguistic, and religious backgrounds. <sup>6</sup>

The cultural competence ensures and enriches the patient-physician communication, it also safeguards medical students to earn better knowledge, develop skills and attitudes that will train and educate medical students as better professionals to work effectively with patients and their families, as well as with other members of the medical communities. <sup>6</sup>

### **What is Cultural Competence?**

Many definitions of cultural competence have been put forward, but probably the most widely accepted is the following Cultural and linguistic competence is a set of congruent behaviors, knowledge, attitudes, and policies that come together in a system, organization, or among professionals that enables effective work in cross-cultural situations. <sup>7</sup>

“Culture” refers to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, and institutions of racial, ethnic, social, or religious groups. “Competence” implies having the capacity to function effectively as an individual or an organization within the context of the cultural beliefs, practices, and needs presented by patients and their communities.<sup>7</sup>

“Doctors must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms diseases, and treatments. They should learn to recognize and appropriately address gender and cultural biases in health care delivery, while considering first the health of the patient.” <sup>8</sup>

A health system serving diverse populations requires health professionals who are competent in caring for patients and population groups who differ in e.g. age, gender, socioeconomic status, migrant status, and ethnicity. Cultural competence (CC) among health professionals is viewed as one strategy to ensure equal access to healthcare across diverse groups and to ensure that patients receive care by

their needs.<sup>1,2</sup> Why is it important for a doctor to know patient's culture.? Has anybody asked you this question?

In author's opinion cultural competence improves communication, which keeps patient safer. Clear communication allows doctors to collect accurate medical information. It also favors active dialogues in which patients and doctors can ask and answer questions, correct misunderstandings and build trust.

However, many physicians are insufficiently prepared to meet the needs of increasingly diverse populations.<sup>6</sup>

Role models, mentors, and the future of medicine keeping medicine up to date with society's changing expectations and values is a continual struggle. We need to be more open to the views of other professionals, more aware of clinical error, more willing to discuss everyday ethical dilemmas, and more prepared to learn from our patients.

It won't happen by chance or through emulating our predecessors. It will require doctors at every level of seniority to be prepared to re-examine their own values, attitudes, and behavior from patient's point of view. Such reflection doesn't occur in a vacuum; it is stimulated by colleagues and patients who ask difficult questions and refuse to be put off by easy answers.

A healthy mentoring relationship is likely to provide the mental and moral challenges essential to continuing self-improvement. Ideally all doctors— junior and senior—should be in such a relationship and have the opportunity to reflect on performance and how it can be improved.<sup>3</sup>

### **What a good doctor should do?**

A good doctor must follow some points and respect them in the work.

First of all, a good doctor should take care of patients and respect them, it doesn't matter who they are, that means he/she must consider them on the same degree, no difference of color or social class; all patients must be considered on the same

way. That means the doctor has to support patients at any situation and promote health as well as treat disease.

In another way a good doctor must embrace the power of information and communication technologies to support people with the best available information, that is means a doctor must have some knowledge in the field of information and technology because nowadays all things go with technology, while respecting the individual values and preferences of their patients.

Also, a good doctor always has to ask polite questions, when asking something to the patient he/she has to use the best word to let them to be confident to talk the truth information in front of them, give them the time to talk or response, and listen to them carefully.

And he/she has to give advice to their patients, by letting people participate actively in all decisions related to their health and health care if their can, assess each situation carefully, and help them whatever the situation.

In author's opinion a good doctor should take care of patients and respect them, it doesn't matter who they are. It is very important to support patients at any situation, promote health as well as treat disease, use the power of information and communication technologies to support people with the best available information.

Finally, a good doctor must work cooperatively with other members of the healthcare team. It is very important to exchange ideas especially on a critical case. Be ready to learn from others, be helpful, kind and competent on their field.



## **CONCLUSION:**

To be a good doctor does not only mean learning all of basic human biology, nor being able to recall all medical books. A good doctor needs to be, before everything humanistic. It's what will permit you to treat your patient as a human with a conscious and soul like you. A person and not merchandise, a person and not a lab rat

A doctor should have a global vision of patients, follow a physical, social and educative traditional plan, and respect their believes. Knowing and respecting each of those aspects will allow us to treat our patients in different particular ways. Respecting them, giving them support and sharing their problems. A good doctor is one that receives a sad and sick patient, and leaving the doctor's office, he/she feels better, calm, optimistic, with a smile, even taking the minimum medication.

## Bibliography:

1. Owned and operated by California-Nevada Methodist homes Taken from <https://www.lake parkretirement.org>.
2. CHRISTOS YAPIJAKIS. Hippocrates of Kos, the Father of Clinical Medicine, and Asclepiades of Bithynia, the Father of Molecular Medicine. Rev. in vivo 23: 507-514 (2009). Taken from: <https://iv.iiarjournals.org/content/23/4/507.short>
3. Elisabeth Paice. Shelley Heard. Fiona Moss. How important are role models in making good doctors? Rev. Education and debate. 2002; 325:707–10. Taken from <https://www.bmj.com/content/325/7366/707.short>
4. Association of American Medical Colleges. Cultural Competence Education. Cultural Competence Education for Medical Students. 2015.
5. Christoph Schnelle. Mark A Jones. Protocol for a Qualitative Study on Doctors' Opinions on and Experiences of Exceptionally Good Doctors. Rev. Advances in Medical Education and Practice. 2022;13 103–109.
6. Janne Sorensen. Marie Norredam. Nisha Dogra. Marie-Louise Essink-Bot. Enhancing cultural competence in medical education. International Journal of Medical Education. 2017;8:28-30. Taken from : <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5275746/>
7. Multicultural environment in higher education: The knowledge and perceptions of medical teachers of UNIKL RCMP, Malaysia Emdadul Haque<sup>1</sup>, Mainul Haque<sup>2</sup>, and Wan Putri Elena Wan Dali. International Journal of Medical Education. 2017;8:28-30
8. Faculty of Medicine and Defense Health, National Defense University of Malaysia, Kem Sungai Besi, 57000 Kuala Lumpur, Malaysia <sup>3</sup>School of Health Sciences, Health Campus, Universiti Sains Malaysia, 16150 Kubang Kerian, Kelantan Malaysia 2017.