Transcultural Considerations in Health Care Systems

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10 - 10 -10 Rule

- 10,000.00 to attract a customer
- 10 seconds of negative interaction
- 10 years for the memory of bad service to go away.
Whats the Big Deal

• Its my body
• Its my birthing experience
• Its my dying experience
• Its my family
• Its my life
Entering the National Dialogue

- Cultural Sensitivity
- Spiritual Competence
- Spiritual Congruence
- Spiritual Sensitivity
- Cultural Competence
- Cultural Congruence
Also Entering the Dialogue

- Cultural Blindness
- Cultural Imposition
- Cultural Imperialism
- Cultural Colonialism
- When in Rome do as the romans Do.
Culture vs Faith

- Different Assessments
- Clothing can be either
- Food preference can be either
- Family Decision making can be either
- End of Life issues are most often religious/spiritual
- Gender issues can be either
Care of the Arab and Muslim Patient

- Arabs are a collective culture of people.
- Muslims are people from ANY walk of life, any country, 1 in every 5 people
- Arabs can be Jewish, Christian, Muslim, other.
Arab Immigration

- Late 1800’s - Turn of the century
- 3rd and 4th Generations
- Syria, Lebanon, Yemen, Jordan, Palestine, Iraq, Egypt, etc.
- Strong Family Values regardless of faith
- Generous, communicative, determined people.
Muslim Immigration

• Slave Trade
• Crosses all races of people
• Immigrants from most every country in the world
• 3rd and 4th generations in America
• Reverts/Converts fastest growing
• Women revert/convert >%.
Collective Considerations
Arabs - Jews, Christians, Muslims

- Collaborative decision making
- Extended family/emotional
- Pt. focused/deep ties/family focused
- Decision making may vary based on education, age, gender, years of immigration
- God/Allah
- Spiritual/Secular/Atheist
Muslim Health Care

- God Oriented
- Free Will, Responsible, Collaborative
- Interdependent/Not Independent
- Submission to Gods will produces the human challenge/All is considered good.
<table>
<thead>
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<th>Muslim Spirituality/Cross Cultural</th>
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<tr>
<td><strong>Salam is peace</strong></td>
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<td><strong>Internal jihad</strong></td>
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<td><strong>Crowning Creation</strong></td>
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<td><strong>Concept of Hope “It costs nothing”</strong></td>
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<td>Belief in One God</td>
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<td>Tawheed</td>
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<td>Unity of God</td>
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<td>Deed Oriented</td>
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<td>Central to Unity of God and Community</td>
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Faith Based Ethical Issues

- Modesty
- Informed Consent
- PVS
- Withdraw/Withhold
- Organ Donation
- Autopsy
- Brain Death
Continued

- Emancipated Minors
- Communication Barriers
- Human Remains
- Advance Directives/Islamic Will
Case Presentation

- 35 y.o. male with hx HTN - ER
- Confusion and Syncope
- Massive Intracranial bleed, basal ganglia, subarachnoid hemorrhage, cerebral edema, leading to cerebral herniation.
Case Presentation

• Cerebral herniation progressed
• Damage to Brain stem
• Severe hypotension with pressors
• Absent corneal reflexes
• Pupils fixed and dilated, absent dolls eye maneuver
• Decerebrate posturing
Medical Management

- Steroids
- Pressors
- Vent support
- No Surgical Intervention
- Clinical Brain Death established
- Negative Perfusion Scan
- Patient was still full code
Faith Based Family Views

• Death is Cessation of Heart and Breath
• Brain is Death - He is alive
• Soul is still present
• Stepping on Gods Domain
Medical Staff

- Confuse families
- YO YO Syndrome
- Families cannot seek legal litigation
- Brain Death is Death in State of MI
- Argue over Full Code Status
- Not determining why family feels as they do.
Suggested Intervention

- Highly Skilled Communication
- Establish Trust
- Show the family Scan etc.
- Knowledge is Power
- Do not use Brain Dead language
- Do not add burden to family by asking about code status.
Absolve and Resolve

• Absolve
• Forgiveness
• Empower family
• Resolve Conflicts
• 10 10 10 Rule
• Usher out death with dignity.