

# Culturally Competent Care: An Orthopaedist's Responsibility

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## **RAMON FERNANDEZ**

64-year old Hispanic/Latino male. He presents with his elder son who is acting as a translator. 30 pack year smoker with Type 2 Diabetes. Presents with diabetic foot ulcers. You present him with different options and he decides to seek treatment elsewhere.

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He returns six weeks later. Had a lesser procedure elsewhere -- now having pain. The ulcers are larger and partially debrided. There are palpable tender nodes in the groin and the patient appears ill.

### **What treatment option(s) do you recommend?**

- 1. Advise the patient that he now needs the amputation of the foot at the BK level.**
- 2. Advise the patient that he now needs an AK level amputation.**
- 3. Ask the patient who did the debridement.**
- 4. Admit the patient to the hospital.**

You need to establish with the patient and his son that he needs treatment. Present the different options and help him confront his fears. The patient has many fears—the fear of loss of body image, the fear of disability and loss of work, and the inherent distrust of “modern medicine”, including surgery.

The Latino male is the provider and worker—he is “macho”. He will be very reluctant to accept a recommendation for an amputation as he is presently pain-free and fully expects to continue working.

### **The answer is #4 – Admit the patient to the hospital.**

With the patient now quite ill, it is important to admit him before his condition can deteriorate further. Treatment options can be discussed with him once he is admitted and medicated to halt infection.

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He is now facing the threat of death from potentially overwhelming infection. His greater fear of death may be the key to consent to your treatment options.

Reluctantly agrees to admission. He is hopeful that with medications alone you can save the leg. He declines any surgical procedure.

### **What treatment can you offer this patient?**

- 1. Schedule an amputation of the leg.**
- 2. Begin antibiotic therapy and obtain a medical consultation regarding the Diabetes.**
- 3. Tell the patient he is foolish for delaying necessary treatment.**
- 4. Tell the patient that you cannot take care of him but will look for someone who can.**

### **The answer is #3 - Begin antibiotic therapy and obtain a medical consultation regarding the Diabetes.**

The Hispanic family is a strong unit and the support from family members can often overcome cultural taboos.

Explaining treatment options and rationale for your recommended treatment of amputation will help create advocates of family members, which will assist the patient to overcome his bias and fear.

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## **Culturally Competent Care (CCC)**

The ability to understand and work with patients whose beliefs, values, and histories are significantly different from our own.

Communication is at the ESSENCE of Culturally Competent Care

Cultural competence:

Develops foundation for two-way communication across the barriers of culture, religion, language, ethnicity, race, and gender

CCC---Quality of healthcare can be compromised when the patient does not understand what the doctor is saying the doctor does not speak the patients' language

- And particularly, if the doctor is **insensitive** to cultural differences

CCC--- Improves patient outcomes, your reputation and practice. Pay for performance is here. Patient satisfaction will affect your income.

### **Culturally Competent Care Is NOT a choice, but a Responsibility**

Several states considering and/or passed legislation requiring physicians to obtain education in culturally competent care.

MANDATE CULTURALLY COMPETENT CARE

**New Jersey**----6 units every two years with licensure or renewal of license

**California**----Every CME course taught in California must have a component of CCC.

AAAOS CCC CD and GUIDEBOOK are now available online on the AAOS website: [www.aaos.org](http://www.aaos.org)

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### **HAMIDAH KANNA**

A 34-year-old female presents to the office accompanied by her husband. He begins by saying his wife has knee pain, fell down and now has difficulty walking. The patient is wearing a simple gown with her head covered.

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**How should you and your staff approach this patient?**

1. Give the patient a gown
2. Ask the husband for permission to examine his wife and have your female nurse arrange the patient's gown so you may examine the knee.
3. Forego a knee examination and order an MRI.
4. Politely ask the husband to leave the room

**The answer is #2 – Ask the husband for permission to examine his wife and have your female nurse arrange the patient's gown so you may examine the knee.**

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Medial joint line pain and a positive McMurray's sign. An MRI shows tear of the medial meniscus.

**What is the treatment?**

- 1. Schedule surgery and advise the patient and her husband of the risks and complications.**
- 2. Assuming the patient won't consent to surgery, you recommend home exercises and pain medication.**
- 3. Give the patient a cortisone injection.**
- 4. Ask the patient if you may speak to her husband regarding your recommendation.**

**The answer is: #4 - Ask the patient if you may speak to her husband regarding your recommendation.**

Many women who embrace the practices of Islamic culture and faith depend on their husband's advice and consent. Your ability to gain the husband's trust and support will help ensure compliance.

In addition, Muslim women function as the primary caretakers in the household. Acknowledging concerns regarding your patient's ability to fulfill this role, both with the patient and her husband, may help increase compliance.

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The husband expresses concern about his wife being undressed during the surgery.

**How do you address this concern?**

- 1. Inform the husband that all patients are treated the same at your hospital.**
- 2. Reassure him that you can make special arrangements to keep the patient disrobed only as much as necessary throughout the procedure.**
- 3 Encourage the husband not to worry, as his wife will be under general anesthesia and will not remember.**
- 4 Explain to the husband that it is necessary to be disrobed for this particular operation.**

**The answer is #2 - Reassure him that you can make special arrangements to keep the patient disrobed only as much as necessary throughout the procedure.**

Husband and patient alike are deeply worried that should she be seen by another man while disrobed, she could be considered unfaithful and a sinner. With the husband's permission and simple precautions, surgery should be less threatening to her.

These precautions can include: keeping the patient covered, except for the exact site of surgery; covering windows; limiting the number of people (especially men) in the operating room.

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**Effective Patient Communication and Culturally Competent Care  
are the  
ORTHOPAEDIST'S RESPONSIBILITY**