

A Cultural Diversity Seen in Croatian Family Medicine: A Lady from Janjevo

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ABSTRACT

The role of cultural diversities in doctor's everyday work is going more and more important in globalised world, therefore it draws lots of attention in literature. Cultural differences that exist between people, such as language, dress and traditions, are usually distinguished from the term cultural diversity which is mainly understood as having different cultures respect each other's differences. The great effort is made to educate culturally competent practitioners, nurses or doctors. The presented case of lady from Janjevo was a good role model for work with all patients with culturally different background coming to family practice. This lady example could also help to other colleagues to learn from experience on systematic way.

Key words: *cultural diversity, Croatia, family medicine, primary health care, Kosovo*

Introduction

My first official meeting with the term cultural diversities happened last year when I got the invitation to participate at the pre-conference workshop, during Israel Family medicine conference 2014, as a part of Vasco Da Gama Movement exchange program of young family doctors. I got a task to describe the patient case from my practice in which cultural diversities was prominent. Of course, I was fully aware of differences in life-styles and eating habits of people coming from Dalmatia and those from Slavonia as well as in ethnic and religious groups. But the role of cultural diversities in the professional life of doctor's everyday working with the patients has never been mentioned during my graduate and postgraduate medical education.

Therefore, I was surprised seeing how much attention was placed on this issue in literature. Two approaches to the issue meaning can be distinguished; cultural differences that exist between people such as language, dress and traditions, and differences in the way societies organize themselves, in their shared conception of morality, and in the ways they interact with their environment¹⁻³. The second concept is much closer to the meaning of the term of cultural diversity but the term also includes certain amount of values, therefore it is mainly understood as having different cultures respect each other's differences⁴⁻⁶. It is more related to the respect of differences

than to the differences by themselves. The importance of keeping alive cultural diversities is stated in UNESCO Universal Declaration on Cultural Diversity: »...cultural diversity is as necessary for humankind as biodiversity is for nature«⁷.

The second bulk of literature is related to the various attempts to educate culturally competent practitioners, nurses or doctors, on the whole continuum of medical education, graduated, post-graduated and further professional development⁸⁻¹². With the attempt to support learning from experience, I am going to present my experience with the patients having cultural diversities and what I have learned from this case¹³.

Case Report

One day, a 55 years old woman, from Janjevo, came into my practice, with her husband, son and son's wife. That was the first time that I saw her. Her son was my patient and he signed all of his family on my patients list. She came to me because she didn't feel well for the last month, and her neighbor measured her high blood pressure. They tried parsley tea, garlic and her neighbor pills, but nothing helped. So they came to me to give her some »good« pills. For me, it was strangely, why all of them

came with her, when even kids are coming to my practice alone, we are all in the neighborhood. She was talking very little, and her son was giving the answers on the majority of my questions. I haven't asked, but they told me that they came with her because she hasn't met me yet, and that maybe she will have problem with the language. They also mentioned that she wasn't use to talk with unknown people, she didn't go anywhere alone.

I was also thinking that they came with her because she was feeling insecure, afraid of unknown, she was uneducated and probably afraid how she will deal with me, will she understand what I was talking. I provide her with some dietary recommendations and antihypertensive pills and make appointment for the next consultation. During the second consultation, only his son was in, but she was talking on her problems. We didn't have any language problems; she has been living here for 20 year. The time was on our side and very soon, they left two of us alone, and her escorts were waiting for her in waiting room or in the parking place. She is very responsible patient and warm person. She was talking very openly about her family problems, naming them with the right names not with the embellished version. She disclosed to me, that her husband drinks a lot and that her son has some difficulties with his private business. She feels tired very often, because she has to do a cooking and tidying up for ten family members. I have never pushed her, or interfere in her opinions and beliefs. She was absolutely aware of everything. Her readiness to openly discuss all her problems, not only medical, was a starting point for start with counseling, gradually including the family members in trying to find the solutions.

Discussion and Conclusion

From this experience, I have learned several important aspects of dealing with patients' cultural diversities. Firstly, that I was not even aware of having a patients with so broad cultural backgrounds. I was always thinking about my 1700 patients, as an average Croatian population, middle class, white – Caucasian, Catholics, nothing special. Soon I figure out, it's not quite like that. I have one black man with his family, dentist, higher middle class, woman from Thailand, teacher, married to Croatian man, people from all part of the country and the region, lots of orthodox people, some Muslims, a couple of Jews, and small community of refugees from Kosovo, Croatian nationality, named Janjevci after the village Janjevo. Now-days, I am starting to recognize a certain amount of cultural diversity in each consultation, especially in those with psychological and social problems^{14–17}.

Second, having prejudice about the role of women in Kosovar's society. The Kosovo rural family lived a patriarchal way of life for centuries. But even there processes of transformation have begun in the post Second World war period, as can be seen in the change of socio-eco-

nomical relations, demographic, health and socio-cultural structure¹⁸. I was surprised how my patient was able to discuss openly and critically her family problems. She was not a passive member of the family, just fulfilling her duties and obligations as I supposed to be, but rather equal and participating member. She was not closed to the surrounding world; she was ready to accept other opinions, including mine. May be it was because of my female gender. But, I am still not sure if it could happen in a case the other family member, specially her husband, was in. Therefore, I'm thinking how difficult it is to have an interpreter together with the patient in the consultation room, which is happening very often in multi-cultural societies^{19,20}.

Third, it was also my prejudice on the role of the family members. I have learned that they were escorting her, mainly to support and protect her from the unknown and possible unpleasant situations, then to controlling her. Especially, a caring role of her son was visible.

Forth, I thought that it would be better to avoid any conversation about our cultural differences, and first gain entrusted. I think that patient trust is a main postulate to overcome many difficulties, including cultural differences. That is a reason why I have never interfered in her opinions and beliefs. I told to myself: »This is her small world«.

Fifth, I have learned that time, as a pre-requirement for the continuity of the relationship, is very important. That is a reason why I have never pushed her, just let her to decide how fast or deep she is ready to go in discussion on her problems.

Sixth, I have also learned that the patients also coming with the pre-existing ideas to doctors' behavior. They all come expecting possible unpleasant situation, and being together they obviously fell more secure. I am not going to say that all health personal are culturally competent and empathetic, but from my perspective, it could also be a patients' prejudice coming to the »new« world.

In conclusion, this lady was my good role model for all other women from Janjevo who came with their men into my practice, but also for all my patients with culturally different background than mine. I think that the issue of cultural diversities is becoming more and more prominent in this globalised world, in which economies as well as people and doctors are moving around^{21–24}. This lady example could also help to other colleagues how to learn from experience on systematic way¹³.

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KULTUROLOŠKE RAZLIKE U HRVATSKOJ OBITELJSKOJ MEDICINI: GOSPOĐA IZ JANJEVA

SAŽETAK

Važnost kulturoloških razlika u svakodnevnom radu liječnika može se procijeniti uvidom u literaturu, u kojoj je velika pažnja posvećena ovoj temi. Razlikuju se kulturne razlike koje postoje među ljudima, kao što su jezik, odijevanje i tradicija, od kulturološke raznolikosti koja podrazumijeva poštivanje tuđih kulturnih razlika. Iz literature je također razvidno da se ulaže veliki trud u obrazovanje kulturno kompetentnog zdravstvenog osoblja, liječnika i sestara. Gospođa iz Janjeva je bila uzor za rad s pacijentima drugačijeg kulturnog nasljeđa. Pitanje kulturoloških razlika postaje sve važnije u svijetu globalizacije pa bi primjer ove gospođe mogao pomoći i drugim kolegama da uče na iskustvu na sistematičan način.