

Pain and Disability

Pain tolerance, experience of pain, outward expression of pain, and communication about pain are very different across cultures. Some cultures may place a lot of emphasis on the need to save face (e.g. Chinese, Filipino) and some are very expressive of pain (e.g. in general, Mediterranean cultures). In some religions, pain is valued as a pathway to Heaven. In others it is viewed as a karmic return for past misdeeds. Different belief systems also influence attitudes to pain relief. Failure to vocalise pain does not mean that the patient has a "higher threshold." As well as asking the patient how much pain they have, it may be helpful to ask the family. This is particularly relevant to the labour ward.

Attitudes to drugs differ, and techniques other than medicines for pain should be explored. Pain can create increased dependence, and therefore significant others must be included in planning the care of the patient.

Some cultures perceive disability as a shame and a punishment for past sins. There are also different attitudes to dependence. In some cultures the emotional wellbeing of a patient is related to the provision of care by loved ones, and this is given greater value than independence and autonomy. For others, including Anglo-Australians, independence is highly valued and this is emphasised in rehabilitation programs. A compromise may need to be negotiated with the person and family, as rehabilitation may be an unfamiliar concept.

It is not appropriate in many cultures to tell a person directly of a poor prognosis as this removes all hope. Approaching the family about how best to break the news would be appreciated.

See the Oncology/Palliative care section for further detail on the important topic of breaking bad news.

Refugees

Refugees Identification of refugees and survivors of torture and trauma is difficult, but this can be important. Knowing the

country of origin will give some indication of whether a particular patient is likely to have experienced war and physical or psychological abuse. A great deal of tact is required however, and the information may not be volunteered if the interpreter or the health provider is not trusted. Figures of authority can represent annihilation, and therefore refugees may not want to reveal themselves for fear of being betrayed.

The hospital system can retraumatise by triggering memories of patients who have previously undergone traumatic experiences. Triggers may range from specific experiences with doctors and nurses, to having to wait in a closed waiting area, and this can complicate staff-patient interaction.

Depending on the level of proficiency in English, interpreter-assisted communication is essential in order to facilitate discourse and develop a relationship based on trust.

