

Introduction

As a result of various gynaecological problems, 62 year old Romana was admitted into hospital for investigations. Before she was discharged, the doctor came to see her and with a bilingual health worker, explained that the results of the Pap test were negative. Romana went home depressed and became suicidal. It took a while for another health worker to realise that Romana had misinterpreted the results. She thought she had cancer because she interpreted a negative result to mean bad news.

A five year old boy was referred to a surgeon because his GP thought he needed to be circumcised. His mother, who had medical training from her home country, went with him to the hospital. The consultation consisted of a teaching session for medical students, with the surgeon drawing various lines of incision on the boy's penis to illustrate the procedure for a circumcision. However, consent had not yet been obtained from the mother, either for the operation or the demonstration. This resulted in

the mother being very upset and considering legal action.

Mrs A was in hospital having had her first child after a very difficult pregnancy. She was 24 years old, a refugee and had not been in Australia very long, but she knew a few other migrants and refugees from her country. A number of them had come to visit her. By early evening, all had left. Much later that night, while she was on her own, one of the nursing staff came to her to inform her that the infant was dying. She suffered severe depression for two and a half years despite medication, and her health status affected all the other people in her community. The problem was the manner and timing of advice of the imminent death of the infant.

Not all interactions with health services and hospitals are negative. For many, the technical quality of care and expertise available is superior to the quality in their former home countries. Some people, however, come from countries with modern



health systems. But quality care is not only about diagnostics, procedures and drug administration.

Consider this:

Imagine you are on holiday in a country where the national language is not English (or your own). You are suddenly taken very ill. In spite of your travel insurance, it is not possible for you to be flown out immediately and you need to be admitted to the local hospital. Even if you are confident that the hospital has a very high standard of care, there are issues that might raise some concern:

- ⊙ What is everyone saying?
- ⊙ What is the diagnosis?
- ⊙ What is the prognosis?
- ⊙ How does the system work here?
- ⊙ Will I be able to make myself understood?
- ⊙ Will I be able to get what I need?
- ⊙ Can I trust them with my life?

Hospitals are daunting places, even for people with a medical background who have some understanding of what is going on. Once admitted, a person puts

their life into the hands of the medical, nursing and allied health staff. Their normal daily activities have to change to conform with hospital routine. For people from cultures that differ from the Anglo-Australian culture and who have poor or insufficient communication skills in English, the sense of helplessness and lack of control is greatly exacerbated. It is the responsibility of hospital staff to try and make the sojourn in hospital as comfortable and stress-free as possible in order to aid their recovery. This can be very difficult when the ability of the staff to communicate with a patient from a different culture is inhibited. Apart from addressing issues arising from language, the importance of the influence of cultural factors on the response of patients and families to ill health and hospital care plans cannot be underestimated.

