Culturally Competent Physician-Patient Interactions in the Philippine Setting: A Synthetic Review of Concepts and its Ethico-Professional Implications

Pacifico Eric E. Calderon, MD

1College of Medicine, San Beda University, 638 Mendiola Street, San Miguel, Manila, Philippines
2Research and Development Office, University of Perpetual Help System-Perpetual Help College of Manila, 1240 V. Concepcion Street, Sampaloc, Manila, Philippines
3College of Science, De La Salle University, 2401 Taft Avenue, Manila, Philippines
4College of Medicine, Metropolitan Medical Center, 1357 Masangkay Street, Santa Cruz, Manila, Philippines

Abstract
The Filipino culture is a mixture of diverse indigenous and foreign influences. As an archipelagic state consisting of more than seven thousand islands, the Philippines is home to 175 ethno-linguistic groups, each with its unique history, cultural identity, and health beliefs and practices. In the realm of healthcare, it is essential to understand the relationship between culture and health and its impacts on health-related behavior of patients. The study aims to (1) to synthesize and review available literature on cultural competence in healthcare delivery and (2) to indicate how these concepts apply in physician-patient interactions in the Philippine setting. The author searched online databases and performed manual searches of bibliographies to identify the studies included. Among other things, the study found that acknowledging and respecting the context of worldviews and decision-making processes of patients can improve communication and healthcare outcomes. This paradigm involving a fiduciary physician-patient relationship is commensurate with genuine respect for human dignity. In the Philippines, however, there is a need to generate specific, relevant, and useful information about the level of cultural competence of physicians. The study recommends that Filipino physicians should be equipped with the necessary training to provide competent care to patients coming from a wide range of backgrounds. Medical education and clinical training should put emphasis on understanding and respecting culture and its crucial role in molding individual and societal concepts about health. Empirical data should be generated to evaluate the impact of incorporating cultural competence to healthcare delivery using important outcome measures such as patient satisfaction, treatment adherence, and improvements in health-seeking behavior.

Keywords culture; health; cultural competence; healthcare; traditional medicine; Philippines

INTRODUCTION
Cultural beliefs strongly influence how a patient understands his medical condition, how he decides regarding medical care options, and how he copes with such condition. Perceptions of human wellness, illness, and healing substantially differ across and within societies. Ideas about health are cultural and should not merely be defined by measures of disease and clinical care. For instance, many cultural groups hold views that differ significantly from those of Western medicine, e.g. indigenous medicine and folkloric healing.1,2

In the realm of healthcare delivery, understanding the influence of culture on health and on health-related behavior of patients is essential. Acknowledging and respecting patients’ personal and cultural contexts can facilitate successful primary care encounters, with the hope of achieving positive patient outcomes.3,4,5 On the other hand, if this role of cultural systems in health is ignored, only the biological aspects of health are emphasized as the sole measure of wellbeing, and the role of culture as a key component in health maintenance and promotion is eroded.2

The World Health Organization (WHO) recognizes traditional medicine as an important part of healthcare. Southeast Asian countries boast of a rich heritage of various systems of traditional medicine.6 The Philippines, an archipelagic state consisting of more than seven thousand islands, is home to around 175 ethno-linguistic groups, each with its unique history, cultural identity and values, and health beliefs and practices. Because of its rich heritage and history, the Filipino culture is a mixture of dynamic and diverse indigenous and foreign influences.1

This study aims (1) to synthesize and review available literature on cultural competence in healthcare delivery and (2) to indicate how these concepts apply in physician-patient interactions in the Philippine setting. In this writing, the author emphasizes the provision of culturally competent healthcare as an important ethical and professional responsibility. The factors that influence cultural competence among Filipino physicians or the lack thereof are
examine. It likewise explores sound strategies or mechanisms to improve service architecture among Filipino physicians.

**METHOD**

The study reviews the literature through concentrating on culture and health, models of cultural competence in healthcare delivery, and the current health system of the Philippines. The author searched online databases and performed manual searches of bibliographies to identify the studies included. Studies published between 1966 and 2016 were covered. The choice of a rather long time-span was justified by the dearth of published Philippine studies concentrating on “culture and health.”

**Definitions of Terms**

- **Culture** refers to a set of practices and behaviors defined by customs, habits, language, and geography that groups of individuals share.
- **Cultural competence** refers to a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations.
- **Cultural competence in healthcare** refers to the ability of healthcare systems to demonstrate cultural competence towards patients with diverse values, beliefs, and behaviors.

**REVIEW FINDINGS**

**The Relationship Between Culture and Health**

The UN Educational, Scientific and Cultural Organization (UNESCO) upholds the preservation of cultural diversity as an ethical imperative, calling for our commitment to human rights and fundamental freedoms, with preferential options for cultural minorities and indigenous peoples. The UNESCO Universal Declaration on Cultural Diversity adopted in 2001 points to a dual interdependence of human rights and cultural diversity. Article 4, entitled ‘Human rights as guarantees of cultural diversity,’ proclaims that:

> The defense of cultural diversity is an ethical imperative, inseparable from respect for human dignity. It implies a commitment to human rights and fundamental freedoms, in particular the rights of persons belonging to minorities. ... No one may invoke cultural diversity to infringe upon human rights guaranteed by international law, nor limit their scope.

Cultural beliefs and explanatory models of illness may influence patients’ perceptions, decisions, and coping mechanisms in terms of medical conditions. An understanding of the relationship between culture and health, and its impacts on worldviews and decision-making processes of individuals is essential in healthcare delivery. Multiple factors shape medical knowledge and how it is understood, how it comes to be valued, and when and how it is adopted and applied. In a major new report on culture and health led by David Napier, a medical anthropologist from University College London, UK, and published in the *Lancet*, it was pointed out that travel and migration, diverse social practices, and emerging disease vectors transform people’s perspectives about health and illness and that diseases continue to affect individual health and household, community, and state economies.

Healthcare delivery as involving a uniquely fiduciary physician-patient relationship is commensurate with genuine respect for human dignity, requiring understanding of the patient’s values, culture, family, and community. To uphold respect for persons and patient autonomy, the physician’s awareness and acceptance of cultural differences, self-awareness, knowledge of a patient’s culture, and adaptation of skills are essential in optimizing the delivery of healthcare. An understanding of race, ethnicity, and culture (including one’s own) is necessary to appreciate the diversity of human dynamics and to treat all patients effectively.

Neglecting culture in health is the “single biggest barrier” to advancement of the highest attainable standard of health worldwide in terms of availability, accessibility, acceptability, and quality. In two cross-sectional studies that depict Filipino migrants residing in Australia as exemplar, Maneze *et al.* illustrated how unrecognized cultural (and linguistic) backgrounds of people may lead to a lack of priority in health research and health resource allocation. Such “neglect” is deemed stressful and a barrier to health service access.

The WHO projected that if the culture of biomedicine remains merely shaped by evidence-based practice, expectation of adherence, hierarchies of treatment, and disease etiology, many barriers can go unrecognized. If a patient’s opportunity, motivation, and likelihood to adhere to medical instructions are not taken into account, poor outcomes will ensue, scarce resources will continue to be wasted, and diseases will proliferate.

**Cultural Competence in Physician-Patient Interactions**

Cultural competence refers the knowledge and interpersonal skills that allow providers to understand, appreciate, and work with individuals from cultures other than their involving an awareness and acceptance of cultural differences, self-awareness, knowledge of a patient’s culture, and adaptation of skills. Cultural competence is a dynamic, ongoing developmental process that requires a long-term commitment and is achieved over time, aiming to foster constructive interactions among people from different walks of life.

The term “cultural competence” was first coined in 1989 by Cross *et al.* They proposed the most widely accepted definition of cultural competence: “a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations.” It may not easily or appropriately translate from one culture to another, but it is a commitment to an ongoing process developed in a particular intercultural context.

Cultural competence in healthcare refers to the ability of healthcare systems to demonstrate cultural competence towards patients with diverse values, beliefs, and behaviors. Such recognition and incorporation of the dynamics of culture effectively into effective health service delivery is central to culturally competent practice.

Cross *et al.* identified five essential elements to become culturally competent: (1) valuing diversity; (2) having the capacity for cultural self-assessment; (3) being conscious of the dynamics inherent when cultures interact; (4) having institutionalized cultural knowledge; and (5) having developed adaptations to service delivery reflecting an understanding of cultural diversity. The goal of cultural competence in healthcare is to reduce health disparities and to provide optimal care to patients regardless of their race, ethnic background, native languages.
spoken, and religious or cultural beliefs. Cultural competence training is important in fields where human interaction is common, including medicine and other health fields. The primary impetus for the cultural competence movement of the last two decades has been the demonstration of widespread disparities in healthcare. It was not until almost a decade later that healthcare professionals began to be formally educated and trained in cultural competence.

A number of cultural competence frameworks have been proposed to help healthcare providers consider cultural context of and conduct cultural assessments in patients. While awareness of and respect for different cultural traditions were valued, familiarity with all cultural perspectives a healthcare provider might encounter in clinical practice, however, was deemed impractical. For example, looking at patients as members of certain cultural or ethnolinguistic groups rather than as individuals might lead physicians to stereotype patients, and consequently make inappropriate assumptions about their beliefs and behaviors. Interestingly, to account for these concerns, approaches to cross-cultural healthcare incorporated a balance between acquiring some background knowledge of the specific cultural groups encountered in clinical practice and developing attitudes and skills that were not specific to any particular culture but were universally relevant.

A healthcare provider is deemed culturally competent when the patient is satisfied that a collaborative partnership has been established, with the end of facilitating successful and satisfactory delivery of care. A study by Tucker et al. sought to determine what patients considered to be culturally sensitive healthcare. The study involved African Americans, European Americans, and Latino Americans in the United States (n=135). The study suggested that the indicators of culturally sensitive healthcare include people skills, individualized treatment, effective communication, and technical competence. The authors suggested to incorporate these findings into training programs for healthcare providers, with the hope of resulting into more effective healthcare delivery to patients coming from diverse cultural backgrounds.

To provide culturally competent care, physicians should treat each patient as an individual, recognizing and respecting his or her beliefs, values, and care seeking behaviors. With this approach, the physician tries to enter the patient’s world, to see the illness through the patient’s eyes. Such notion of seeing through the patient’s eyes is perhaps the most concise description of patient centeredness. By sincerely looking through the patient’s eyes, it became clear that there is a great deal more to fix in the healthcare system than the interaction style of its practitioners. To accomplish this, the physician makes an effort to overcome language barriers and learns to appreciate cultural differences. Taking the step to increase communication and awareness will enhance the quality of medical care delivered to minorities, leading to greater racial and ethnic harmony and understanding in the healthcare professions.

Patient-centered care models incorporate a cultural competence perspective in improving health outcomes among culturally and linguistically diverse patients. While such cultural competence programs may increase practitioner knowledge and awareness, there is no sufficient evidence to show that this translates to improved patient health. In a literature review of interventions designed to improve the cultural competence of healthcare providers, Beach et al. elucidated that cultural competence training showed promise as a strategy for improving the knowledge, attitudes, and skills of health professionals. However, there was no sufficient evidence to show that it improved patient adherence to therapy, health outcomes, and equity of services across racial and ethnic groups. A decade later, in a Cochrane review, Horvat et al. showed support to cultural competence education for health professionals. There was positive, albeit low-quality evidence showing improvements in the involvement of culturally and linguistically diverse patients. Their findings were tentative, however, as the quality of the evidence was low and more data were needed. It follows that more research needs to be done to measure this outcome.

**Culturally Competent Healthcare Delivery in the Philippine Setting: Ethical Challenges and Development Opportunities**

The current health system of the Philippines showcases “dual consultation” where simultaneous access to both traditional and Western medicine is practiced. There is a strong cultural context in folk medicine and a strong link between folk practices, scientific medicine, and culture. For example, in the rural areas of the country, it is still a common practice among the people to initially seek advice from the traditional folk healers. As members of the informal sector, folk healers strongly influence the concept of disease causation and the decision making of patients. Unfortunately, among other things, this may sometimes lead to worsening of the patient’s condition due to a delay in appropriate clinical diagnosis and treatment.

Filipino cultural beliefs are complex, and ethnographic studies need to be conducted to provide additional explanation. In a setting where culture may be deemed responsible for lapses in standards of care (e.g. delay in diagnosis or treatment), examining culture more deeply might also hold the key for better practice. In a culturally diverse nation such as the Philippines where traditional and folkloric perceptions about health and illness co-exist with Western, evidence-based medicine, the goal of achieving such cultural competence is easier said than done and is facing a multitude of challenges.

For example, when a genetic condition appears to have no apparent cause, the patient and the family may resort to use these beliefs as a form of rationalization to explain why they are affected. It is believed that cultural health practices may help patients comprehend and make sense of a disease condition that is otherwise overwhelming, and to have a perceived sense of control of the eventual outcomes of the condition. Abad et al. further narrate selected cultural beliefs that illustrate the contexts of Filipino insights about health and illness, e.g., namamana, to describe (genetic) inheritance; paglilihi, to describe conception or maternal cravings; namaligyo, to explain mystical and supernatural causes; kaloo ng Diyos, to accept disease or disability as God’s will; and bahala na, as an attitude that recognizes the limitations of the human being such that the intercession of a higher being is sought when humanly skills are not enough to overcome a problem. Interestingly, Daack-Hirsch and Gamboa reported that in an ethnographic survey done in Negros Occidental, Philippines, patients (n=80) still believed that inheritance, falls, cravings (lihi), environmental factors, and God’s will were causes of congenital clefing of the lip and palate. By eliciting beliefs of patients (or their caretakers) for explaining disease and comparing this with their own, physicians can find commonalities between divergent explanations and use these as starting points from which to improve health outcomes. These beliefs can guide in the provision of psychosocial support as it provides clues on the coping mechanisms of Filipino patients and their families.

In view of the foregoing, culture can be perceived as a source of a rich diversity, but it can also be viewed as a challenge that can hamper effective delivery of healthcare to patients coming from
different perspectives. The cultural practices of individuals and groups served by healthcare providers should, therefore, be better understood and acknowledged so that care systems can adjust practices in the interest of promoting wellbeing and reducing waste. Successful healthcare delivery in a culturally diverse setting may be hampered by factors such as language and non-verbal communication barriers between healthcare providers and patients, a lack of awareness of cultural traditions and beliefs within the physician-patient relationship, and interpersonal as well as institutional stereotyping and prejudice.

When an individual’s culture is at odds with that of the prevailing medical establishment, the patient’s culture will generally prevail, often straining physician-patient relationships. Physicians can minimize such situations by increasing their understanding and awareness of the cultures they serve or by being open minded and educating themselves regarding those that they do not know. When healthcare providers and patients lack sensitivity to cultural differences, there are two possible unwanted outcomes: (1) compromised healthcare provider-patient relationships and (2) negative effects on patients’ health beliefs, practices, and behaviors. For medicine to remain relevant as a profession, physicians must ensure to effectively meet the needs of the many different individuals who will need their services. Empowering patients to share their views concerning culturally sensitive healthcare is an indicator of patient-centeredness.

The universal principles of bioethics are often presented as four major obligations: (1) respect the autonomy in the decision-making ability of the person, hence, the obligation to obtain free informed consent; (2) beneficence in intention and action, e.g., therapeutic aim; (3) non-maleficence, above all no intentional harm and minimizing non-intentional harm; (4) justice and equality, treating everyone without discrimination. While already implied in these four principles, the obligation to respect human dignity and human rights is the foremost principle of bioethics. This is emphasized explicitly in UNESCO Universal Declaration on Human Rights. Taking into account that we live in a pluralistic world, the principles of bioethics need to be valid for all communities of human beings. While being vigilant in the observation of human rights, one ought to have the wisdom not to add excessive precautions that would unnecessarily erect prohibitions, thereby negating other rights, duties and values, in particular when dealing with the promises of science for medicine and welfare. As a value, pluralism should promote mutual understanding rather than divisiveness. Pluralism of culture, values, religious, and philosophical perspectives strongly impacts the principles of bioethics.

Epner and Baile posit that physicians should treat their patients as they would want others to treat them during periods of vulnerability and fear. Pragmatically speaking, physicians need not “memorize social customs, prevailing beliefs, or rules of engagement in order to take excellent care of people from all religions, ethnic groups, countries, and races.” The provision of health and social care at present, however, is insufficiently sensitive to culture, i.e., it does not adequately account for the norms and values of both those who use care services and those who deliver healthcare. Little is known about how patients’ cultures affect their attitudes toward wellbeing, but also how and why particular cultures of healthcare delivery develop within hospitals, clinical practices, and other healthcare delivery settings.

Overall, the key to cultural competence is patient centeredness built on respect, sensitivity, composure, partnership, honesty, astuteness, curiosity, and tolerance.

**DISCUSSION**

Considering the dearth of available studies concentrating on culture and health, in the Philippines, there is a need to generate specific, relevant, and useful information about the level of cultural competence of physicians.

Healthcare providers and healthcare training institutions need to generate more information for providing culturally sensitive healthcare. Despite anecdotal evidence showing the positive influence of culturally competent healthcare, Philippine studies, however, remain to be sparse. Research on cultural competence is overwhelmingly descriptive and there are few evaluation studies that are methodologically strong. In particular, there is a lack of specific evidence about what strategies are most effective for improving culturally competent healthcare delivery to culturally diverse people. Similarly, there is a lack of empirical evidence on the impact of healthcare providers’ cultural competence on patient outcomes.

The role of culture in health should be as high a priority as funded research in clinical medicine. Healthcare providers should also acknowledge their own cultural values and consider them as such, and organizations should invest in understanding how their practices and values are cultural. Culture is not something that irrationally limits science, but is the very basis for value systems on which the effectiveness of science depends.

Future research needs to be done to evaluate the impact of incorporating patient-identified cultural competence into healthcare delivery, particularly on important outcome measures such as patient satisfaction, treatment adherence, and improvements in health-seeking behavior.

To optimize healthcare delivery, Filipino physicians must be equipped with the necessary training to provide competent care to patients coming from a wide range of backgrounds.

Every healthcare encounter provides an opportunity to have a positive effect on patient health. Healthcare providers can maximize this potential by learning more about patients’ culture systems. In this writing, the author posits that in the education and training of physicians, strong emphasis should be put on understanding culture and its crucial role in molding individual and societal concepts about health. There are many concepts that need to be studied and understood, especially its implications in healthcare delivery. Both the faculty and students must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments. Medical students should learn to recognize and appropriately address gender and cultural biases in healthcare delivery, while considering first the best interests of the patient.

Because patients interact with many individuals in the office and hospital, it is equally important to educate the front desk, billing, nursing, and ancillary medical staff in cultural competence.

Several training programs on cultural competence in healthcare have already been implemented and evaluated in literature, to wit:

In a randomized controlled trial on healthcare providers (n=114) and patients (n=133), Majumdar et al. determined the effectiveness of training on the knowledge and attitudes of healthcare providers and the satisfaction and health outcomes of patients from different minority groups. Healthcare workers who
received the training demonstrated significantly higher understanding of multiculturalism than a control group. The study indicated that that a cultural competence training program not only improved knowledge and attitudes among healthcare providers, but it also yielded positive health outcomes for their patients.28 In the United States, Thom et al. assessed the effectiveness of a cultural competence training curriculum administered to primary care physicians (n=53), measuring the impact of the intervention through patient (n=429) ratings. Secondary measures included patient satisfaction with received healthcare and outcomes. The study yielded no significant effects across all evaluation variables. Limitations noted, however, were related to the brevity of the training curriculum (3-5 hours), insufficient follow-up assessments, and the fact that over 70% of participating physicians were of another ethnicity than Caucasian and, therefore, possibly already culturally capable.

Most of the available literature on cultural competence and patient-centered care programs measured effectiveness only in terms of healthcare provider knowledge and not patient health, whereas patient health outcome is the most important indicator of effectiveness of any care model.20

Formal training in clinical practice of cultural competence is underdeveloped and inconsistent, and most of the improvements depended on informal learning, experiential and in-practice exposure.20 Moreover, exposure to diversity alone without proper facilitation of learning and skills development may lead in-training physicians to develop ad hoc coping behaviors rather than cultural competence.31

Both formal and informal education systems must embrace perceptions and expressions of cultural diversity in order to meet the new challenges facing our increasingly pluralistic societies. This means an extensive overhaul of curricula and methods of teaching, training, and communication within medical education, clinical training, and, by way of extensions, continuing professional education. The areas of teacher training, curricula and resource materials, and teaching methods and aids need to be considered from a broader perspective, making way for the crucial inputs of cultural diversity and enabling the latter to be held up as a model in the Philippines.

CONCLUSIONS AND RECOMMENDATIONS

To attain clinical cultural competence, physicians must be made aware of the impact of social and cultural factors on health beliefs and behaviors of patients, be equipped with the tools and skills to manage these factors appropriately through formal training and education, and must empower their patients to become active partners in the medical encounter.32 In the Philippines, medical education and clinical training should put emphasis on understanding and respecting culture and its crucial role in molding individual and societal concepts about health. Empirical information should be generated to evaluate the impact of incorporating cultural competence to healthcare delivery using important outcome measures such as patient satisfaction, treatment adherence, and improvements in health-seeking behavior, among others.

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