



Film Review

Maren Grainger-Monsen, Julia Haslett, *Worlds Apart: A Four-Part Series on Cross-Cultural Healthcare*, Fanlight Productions, Boston, MA, 2003, USA

Several decades have passed since the proposal was first made for the need to integrate anthropology and sociology in medical schools to enable students to understand the psychosocial aspects of patients' health problems (Kleinman, Eisenberg, & Good, 1978). The integration of such social scientific teaching continues to be relevant and critical in today's healthcare education, as the United States experiences continuing demographic changes. The demand to raise healthcare professionals' cultural awareness and sensitivity in order to effectively serve a multicultural clientele is also reflected in accreditation standards of healthcare education programs (e.g., the [Liaison Committee on Medical Education, 2004](#)).

Worlds Apart, a documentary film series produced by Maren Grainger-Monsen and Julia Haslett, aims to improve cross-cultural healthcare practice through deepening students' understanding of culture's influence on healthcare beliefs and behaviors. The series consists of four videos depicting culturally diverse patients with life-threatening illnesses: a Khmu girl from Laos with an atrial septal defect, an elderly Muslim man from Afghanistan with stomach cancer, an African American man suffering from renal failure, and a Puerto Rican woman with a variety of illnesses including diabetes, hypertension, depression, and asthma. Each of these cases vividly demonstrates symbolic issues surrounding today's multicultural healthcare in the United States and illustrates the challenge healthcare professionals face in serving patients from culturally, linguistically, religiously, or socially diverse backgrounds.

Each of the four episodes deals with multiple issues in a culturally diverse healthcare setting. It provides the audience with a number of clinical questions to discuss. Given the limited space available for this review, however, I will discuss only the major issue highlighted in each case.

The first episode introduces Justine, a Khmu girl with an atrial septal defect, or a hole in her heart. It illustrates how the patient's spiritual and religious beliefs may sometimes be in conflict with Western medicine. Justine's story is similar to the case presented in [Anne Fadiman's \(1998\) work, *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures*](#). In both cases, the culture of Western biomedicine and that of the patient and her family

are in conflict due to epistemological differences the two parties hold about etiology and treatment.

While Western biomedicine stands within the scientific paradigm that relies on the scientific method of investigation, many patients, especially those of minority groups, resort to so-called “folk medicine,” an accumulation of health-related beliefs and practices of traditional societies that exist outside the realm of the scientific paradigm (Loustaunau & Sobo, 1997). Such epistemological differences observed between healthcare professionals and the patients, as well as the patients’ families, affect not only the choice of treatment modality but also the perception of the goal of the medical treatment. In Justine’s case, the medical staff members share the notion that prolonging the girl’s life should come first, a value consistent with the principle of beneficence in bioethics. On the other hand, for Justine’s family, preventing Justine from having the scar from the surgery appear in her future reincarnated life overrides the value of prolonging her present life. The family turns to a local Buddhist temple for advice and treatment for Justine, hoping that religious healing will cure her. This case exemplifies the bioethical dilemma in a clinical encounter caused by the discrepancies between the worldviews of patients and their families with those of physicians (Kleinman et al., 1978). It further indicates the value of developing curricula in healthcare education that teach the role of the patients’ religious and spiritual beliefs in medicine (Puchalski & Larson, 1998).

The second episode is that of Mohammad, a devout Muslim from Afghanistan who is afflicted with stomach cancer. His case highlights language issues in cross-cultural medicine. Language barriers of minority patients due to their limited fluency have been identified as an obstacle for their healthcare access (Fiscella, Franks, Doescher, & Saver, 2002). Language barriers are not limited to the patient’s inability to comprehend the English language but also include the difficulty of understanding medical jargon. Information asymmetry in medicine makes it even harder for the patient and the physician to engage in effective communication.

To help overcome language barriers, either the patient’s friend or family member may assume an interpreter’s role or the hospital may provide an interpreter. Even so, misunderstanding may be highly likely, especially when a novice tries to accurately translate the patient’s symptoms to the physician or tries to relay to the patient the physician’s highly technical medical information about his or her condition and available treatment options. Given that verbal communication is the primary method of information exchange between the physician and the patient, language issues in healthcare should draw much more attention than they do now. Despite the recognition of the prominent role of language in healthcare, it is reported that only a small number of schools emphasize this issue in their medical education (Peña Dolhun, Muñoz, & Grumbach, 2003).

The episode that explores medical experiences of an African American patient who developed renal failure depicts racial issues in the healthcare system in the United States. Racial disparities in healthcare access among Americans, especially those between African Americans and Caucasians, persist (Council on Ethical and Judicial Affairs, 1990). One of the areas where such racially biased access to healthcare is found is in kidney transplantation, where African Americans are least

likely to become beneficiaries of transplantation compared to Caucasian and other ethnic minority patients (Eggers, 1995). Although it has been argued that comorbid conditions together with sociodemographic factors are possibly related to racial disparities in kidney transplantation among different racial groups, some found that sociodemographic factors have a stronger effect than comorbid illnesses on access to renal transplantation in the United States (Gaylin et al., 1993). For African Americans, a group that has historically experienced slavery, discrimination, and unethically conducted medical research (i.e., the Tuskegee Syphilis Study), racial disparity in kidney transplantation is another compelling reason to distrust the American medical establishment.

The episode of Alicia, an immigrant from Puerto Rico to the United States, portrays the value of approaching the patient's health problem from a broader biopsychosocial model. The story also reveals the patient's suspicion of Western medicine and her preference to integrate complementary and alternative medicine (CAM) in managing her health. The biopsychosocial model advanced by George Engel (1977) is a more inclusive approach to medical care, which advocates the merit of integrating psychosocial factors into the biomedical model. Within this model, the patient's health problem is defined not only biologically but also psychologically and socially. Alicia's case well portrays the need for providing interventions for the patient's *disease* as well as *illness* (Kleinman et al., 1978). An intervention for the patient's *disease* aims to cure his or her biological symptoms with technological and pharmacological treatment methods, while intervention for the patient's *illness* attempts to heal the psychosocial aspects of his or her health problems. The issue of integrating CAM therapies into the conventional treatment requires this broader approach to healthcare.

Worlds Apart successfully demonstrates major issues surrounding today's multi-cultural healthcare settings and appears to be an effective tool for raising healthcare students' awareness and understanding of as well as sensitivity to the role of culture in healthcare. In sum, the major issues covered in the four episodes in the project are (a) the role of spirituality and religion in medicine, (b) language barriers in physician–patient communication, (c) racism in healthcare, and (d) the necessity of integrating the biopsychosocial model in approaching a patient's health problems.

Students are able to learn not only culture-specific challenges pertinent to each patient's case but also able to discern a similarity that runs across different cultures by viewing all the four videos. For example, strong family involvement in making a decision about the patient's treatment is observed throughout a number of scenes in the films. Students whose value systems emphasize independence, self-reliance, and autonomy may be able to broaden their perspectives through watching the films and being exposed to collectivistic decision-making styles salient among ethnic minority patients. Furthermore, the four films focus not only on different ethnicities but also on different gender and developmental stages. This four-pronged approach allows the audience to realize the importance of taking multiple variables into consideration in comprehending patients' behaviors in healthcare.

Finally, the conciseness of each episode should be mentioned. Each video lasts approximately 10 to 15 minutes, yet it effectively deals with prominent issues and

highlights the core problems embedded in the case. This conciseness allows instructors to easily incorporate the material in facilitating students' classroom learning and discussion without spending too much of the class time on viewing the episodes. The four videos also come with a helpful guide for facilitators, which provides instructors with medical and social background information surrounding each patient's disease(s), a brief synopsis of and major issues identified in each patient's episode, and the related discussion questions. Although there are many other cultural groups (e.g., Native-Americans, Alaskan Natives, Native Hawaiians, and other Pacific Islanders) that need to be incorporated into the project in the future, there is no doubt that *Worlds Apart* is an excellent resource for cross-cultural healthcare education.

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