Biased Treatment Matters in Health Care

Introduction

Intersectionality and cultural safety are two important concepts in the current healthcare scenario and significant determinants of the quality of healthcare in a facility. A person's own cultural and social background can heavily influence their perceptions of almost everything in the world and can cause them to form strong opinions of healthcare services, medications, and treatments. As a result, it is important for every healthcare provider to recognize their cultural and social aspects, understand the influence that these aspects may have on their healthcare practice, and consciously dissociate themselves from these aspects so that unbiased healthcare can be provided to all. This paper aims to explore various aspects of my own intersectionality and cultural beliefs, and the possible influence that my specific situation may have on my practice. It also covers different cultural safety practices that I can implement at an individual as well as at a population level in order to bring about a change in healthcare facilities in my region.

Intersectionality

Intersectionality is a concept that indicates that all the different dimensions of cultural and social life such as axes of differentiation and oppression, hierarchies, normativities, and social structures are intersecting, inseparable, and are mutually dependent on each other (Sigle-Rushton, 2013). These social characteristics combine together to create unique experiences for people. It is a representation of multidimensionality of past history and experiences of an entire community including its consequences (Brown and Misra 2003).

As a 35-year old Hindu male born in Nepal and living in Australia, I have observed and experienced several things that are intricately woven into the history of my community. Being Nepalese, I have seen gender inequality, with the male community being significantly more privileged in my country. We live in a patriarchical society in Nepal where women are considered inferior and incompetent when compared with men. As Hindu is the religion of the majority in Nepal, I have always felt comfortable and privileged in my country. However, as a

foreigner living in Australia, I have experienced bias in people's attitudes due to my nationality and religion.

Role of Intersectionality in Health Care Practices

In the field of healthcare, Nepalese are more likely to place their trust in complementary and alternative medicines such as Ayurveda and Siddha, rather than allopathic medicines (Bechan and Prasad 2011). I myself have several memories of my mother using home remedies for simple ailments such as fever, cough, and cold. I am an ardent believer in alternative medicine and I strongly feel that one should not take allopathic medicines for symptoms that can easily be managed without these medicines due to excessive side effects of allopathy. I think that this cultural background and belief in alternative therapies can affect my attitudes towards providing healthcare services to patients.

People in Nepal are more traditional rather than modern, and this brings about a change in a healthcare provider's attitudes when providing treatment options. Most people are unaware of modern medical progress and/or unsure about trying new therapeutic strategies. Additionally, cost is a major factor in my country because most people do not have medical insurance and are extremely apprehensive of going to a medical facility as they don't have a lot of money to spend on healthcare. This type of strong social and cultural contexts, I feel, can affect my judgement when providing healthcare services to patients in Australia or some other country where the situation is different as compared to Nepal.

Culturally Safe Practices in Health Care

Cultural safety is defined as a healthcare environment that is safe for patients and promotes equality, does not challenge their identities and healthcare needs, and provides treatment options keeping their social and cultural contexts in mind. This requires healthcare providers to be mindful of their patients' cultural background as well as be conscious of their own cultural identities that can impact their healthcare decisions for their patients (Elvidge et al. 2020).

As in Nepal, every country has its own specific traditional cultural practices pertaining to healthcare (Waldram 2005). I feel that in order to understand a patient's healthcare requirements, it is essential to be familiar with the various culturally diverse groups that live in my region. By doing this, when a patient comes to me, I will be better equipped to assess their healthcare requirements and provide appropriate treatment options. Depending on where I work, I might also need interpreter or cultural translator services to ensure that there is no error in communication either in understanding patient problems or in offering medical guidance (Walker et al. 2010). In several populations, for example, among Aboriginals and Torres Strait Islanders, a history of oppression and social stratification has made them vulnerable to several mental and physical health conditions. Awareness of these specific issues faced by different minority groups in my area will help me be more sensitive to their problems and provide more relevant healthcare solutions (Nguyen 2008).

Advocating Non-Acceptance of Biased Treatment

According to Bucknor-Ferron and Zagaja (2016), most healthcare providers don't consider themselves biased in their healthcare practices. This is a disturbing finding as what is not perceived as a problem cannot be addressed at a population level. Therefore, I believe that the first step is to make healthcare practitioners aware of their inherent biases and probe their healthcare strategies for evidence of cultural and/or social influence. One way to do this will be by recruiting healthcare facilities in a nationwide study and conducting surveys and/or interviews to understand healthcare practitioners' attitudes and beliefs about cultural safety in their own healthcare practice. A point system may be developed where the extent of cultural safety in a workplace can be measured on a point scale and the results of this survey can be shared with all healthcare facilities (Teal et al. 2012).

In order to ensure that healthcare practitioners do not become complacent about cultural safety in the workplace, it is essential to implement training programs every 6 months to 1 year with regards to culturally different communities living in nearby localities, their healthcare perceptions, and how to empathize with their cultural and social backgrounds so that sensitive healthcare services may be offered to them. This training program may be

conducted by the healthcare facility or in collaboration with an NGO that can provide more updated information about the healthcare requirements of minority communities (Bucknor-Ferron and Zagaja 2016).

Conclusion

In conclusion, cultural safety is imperative in healthcare as the entire treatment success depends on the amount of trust placed by a patient in his/her healthcare provider. Healthcare practitioners are often influenced by their own cultural and social backgrounds and this may cloud their judgement while offering different treatment strategies to their patients. As a Nepali, I strongly believe in the power of alternative medicines and I recognize this as a possible influencer in my future healthcare practice. This has made me realize that I need to introspect and identify other ways by which my practice might be influenced in the future. At a more extensive level, in order to take up the challenge of instilling the value of cultural safety in healthcare practitioners in the entire nation, I feel that the first step is introspection and awareness about one's own social and cultural biases.

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