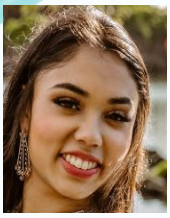
CULTURAL COMPETENCY IN MEDICINE AND THE ART OF SOCIAL JUSTICE:

EXCLUSIVE, INTERTWINED OR INTERDEPENDENT?



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As we stand at the nexus of ongoing medical advancement and increased rates of insensitivity, it is imperative that we work to reassess the lens through which we view the merits of humanity, specifically in how it informs the questions that so deeply drive us. One cannot minimize human beings down to their flesh and blood and amalgamate this very same notion onto the canvas of empirical and technical-based training. The idea that disease management is solely pathogenic is severely antiquated, as medicine represents the synthesis of the art and science of healing.

As such, in the context of the American healthcare system, it is vital that we begin to assert the need for cultural sensitivity and competency training for clinicians—health care should function as a unifying resource, not a divisive inequality. As a pluralistic society, we must move away from the theory that addressing cultural diversity is a matter external to the inherent obligations of a clinician. With increasingly diversified patient populations sprouting in clinical contexts across the nation, it is paramount that the new generation of clinicians is highly educated in addressing issues of social justice, and that their treatment mitigates—not exacerbates—the racial and ethinic disparities in health care.

Health care is currently plagued by a plethora of problems, and there are two that are particularly damaging: the misunderstanding of social justice and the division of the human into a separate mind and body.

Importantly, social justice in health care is not necessarily the good triumphing over the pervasive bad; it is not the thread of sweet liberty and idealism piercing into the cloth of deeply systemic oppression and devastation. Unlike a knight in shining armor, it is not a savior descending from the heavens of so-called academia into the pedestrian landscape of real life, imitating the very act of "being" that scholars in ivory towers spend lifetimes synthesizing and speculating upon.

Social justice is raw. Social justice is visceral, uncomfortable, oftentimes ugly. In its true inherent sense, social justice is not the arbitrary collection of studies that modern mankind has bestowed upon actuality; it is the expression of an indomitable will, so elegantly tenacious and gracefully motivating that brutality and coercion shake in its face.

Similarly, it is important to note that it is not a spontaneous wave of saviorism that will propel our nation into delivering more just and equitable healthcare to our marginalized populations; social justice is a mission, not a moment. It will be the cumulative effect of a burning desire to actively dismantle the deeply rooted unjust practices that have consumed our institution. It is imperative, as we stand balanced between macro and micro aggressions toward the marginalized around the world, that we redefine the lens through which we perceive the entity that is social justice in the context of healthcare and define it for what is truly is: a continual and all-consuming process of pushing the paradigm of ordinary and unserving to equitable and empowering.

The division of the human into a separate mind and body is also a troublesome practice for practitioners. In their article "Losing culture on the way to competence: the use and misuse of culture in medical education," internist Jessica Gregg and physician Somnath Saha argue that that a physician's ability to treat corrosive diseases would improve if they were deft in the ability to extrapolate the ideology behind their patient's perception of the illness into the context of the greater science-based principles that medicine is founded upon. In order for a patient to be properly evaluated and understood on a biological level, the patient must also be evaluated on a social, emotional and cultural level. That is, clinicians must acknowledge the dynamic arena of the external factors that are linked to the internal essence of the human being that truly make that person themself.

We must remember that to view disease outside the cultural mentality of the person who the disease belongs to is to violate the cardinal principle of what it means to truly provide humanistic health care. For a clinician and bioethicist to truly respect a patient, they must first view the patient not as another case or defining statistic, but as a human being: a living, breathing, expressive soul whose value is not external to their scientific assessment.

Recognition of our differing identities can spawn more successful care, as this inspires the way clinicians effectively and critically treat, without sabotaging the essence of what makes each individual unique. Adopting this new perspective will allow an invigorated, patient-centered, health-focused approach to arise out of medicine's current one-dimensional analysis of disease and illness. This effective change then has the extraordinary

capabilities to metamorphosize into a social arena of cultural consciousness, recognition and alertness.

To continue with the theme of recognizing that culture, understood as dynamic and varying, best informs treatment protocol, we can turn to an article in the National Library of Medicine, titled "Intersectionality in Clinical Medicine: The Need for a Conceptual Framework". The authors deftly deliver the cogent argument that implementing the essence of a framework rooted in the ideal of intersectionality is more conducive to narrative-based medicine. They say that, "Similarly, clinicians and researchers have come to understand that the experiences of the 'prototypical' white male patient do not encompass everything we need to know about health, disease, and the experience of illness." It is vital that the American healthcare system morphs into a unifying factor that spews love, acceptance and resources equally in the context of cultural plurality. It is vital that our fellow marginalized siblings be elevated in this fight against ignorance and intolerant medicine. We can shift the paradigm from empirical-based medicine to narrative-based medicine with an emphasis on cultural sensitivity. It is vital that we fight the fight and bind the values of what makes each person whole in our souls. It is vital that we reshape. It is vital that we preserve. It is vital that we protect in the name of humanistic healthcare.

As such, change begins on the front lines where the dynamic of the clinician-patient relationship is actively tested in the face of dominating cultural barriers. Clinicians must acknowledge the dynamic arena of the external factors that are linked to the internal essence of the human being that truly make that person themself. One must not only acknowledge the cultural differences that prevail in order to best inform their treatment protocol and maximize the chances of better patient outcomes, but also realize that culture is not a discrete, all-encompassing linear model. Rather, culture is elliptical and highly varied. It is not merely enough to immerse oneself in the aspects of a different culture; clinicians must actively begin to develop other-oriented personas in the context of the patient relationship via consistent and committed interpersonal and emotional development. To be a true practitioner in the other-oriented fashion requires, as Gregg and Saha describe, recognizing the importance of cultural sensitivity as it relates to one's administration of medicine, while also straying from the convenient yet deceptive trap of overgeneralizing in regards to understanding a person's background and values.

Unfortunately, some health care providers will mentally construct oppressive cages, categorizing their patients based on background and socioeconomic status as a weak, unsuccessful attempt to place some importance on the uniqueness of each individual. However, I fully believe in the notion that recognizing and extrapolating the value of cultural sensitivity in the greater arena that is medicine is fully synonymous with the act of acknowledging both the marginalized and the privileged. Perhaps then the culture of American medicine will truly embody the essence of what it means to exist on a spiritual and physical level. To fix the problems of misunderstanding social justice and dividing the human into a separate mind and body, we can simply learn to be better.

Placing a higher degree of emphasis on the unique cultural factors that influence a person stimulates more holistic care. It is in this logic that the physical and mental, informed by the social, become increasingly vital. A medical professional cannot truly synthesize an accurate portrayal of disease through the superficial, stagnant lens of one gender, one ethnic group or one cultural community. Rather, one must utilize these categories to mold unique outlines for each individual. This is an appeal to demonstrate a commitment to understanding the highly diversified intersectionalities, the beautiful battle scars, that people exude in their daily existence.

In order to do this, we must first define social justice in a mobile sense. Accordingly, in order to begin a dynamic process of positive engagement within advantaged and disadvantaged communities alike, we must recognize the importance of initiating clear and inviting lines of communication. These lines must champion each being's unique and deserving voice, appealing to the attitudes of our diverse landscape: a true deep dive into the complex nature of social justice. This is the physician using a patient's correct pronouns, the nurse assuring prognosis around the patient's religious holidays and the neurosurgeon calmly establishing a welcoming dialogue when the patient displays an anxious demeanor.

It will be messy. It will be convoluted. It may even be disheartening at times. Nonetheless, as long as we maintain our faith in the inherent resilience of humankind via palpable appeals—and not an imperceptible knight in shining armor coming to relieve us of our healthcare grievances—we stand a better chance of fighting the fight.

My identity, as is anyone's, is not just one, all-encompassing entity of mind, body and soul, specific to the cultural and social dynamic of my makeup; it is an ever-evolving expression of the worldly movements that I stand in solidarity with, bolstered by the passionate ideals and beliefs that I hold to be cardinal in my daily life. Thus, I synthesize that my identity, as a person both working in and marginalized by healthcare, is an abstract expression of my most consistent, tangible actions, motivated by my most pressing dynamic values.

We are at the crossroads between active and stagnant, the battle between "yes we can" and "no we cannot," a seemingly generalized yet esoteric fusion of what is happening and what is to come, the dismal present versus the potential future. We have been battling these ills of medicinal social justice for eras; misdefining its meaning while we simultaneously separate the human body from its mind. We alleviate this evil by combining our health care with real care; ensuring thoughtful administration for every being that we attend. I now ask you, cultural competency in medicine and the art of social justice: exclusive, intertwined or interdependent?