

Title: When I say... cultural knowledge

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What little I learned about culture in medical school can be summarized as follows:

- Some patients come from other cultures. These patients have different beliefs about health and/or a different understanding of the health care system to most patients.
- Patients from other cultures often don't speak English; families from culture X can't be relied on to translate because they try to shield patients from the truth.
- Families from culture Y always want patients to be resuscitated no matter how futile it might seem.
- Families from culture Z always scream and cry for ages when patients die.

Luckily, as a social scientist I learned about culture in places other than medical school. I learned that assigning traits to patients and families based on stereotypes about their cultural group denied them their individuality just as much as stereotypes about their race, religion or gender. I learned that this essentialism, beyond its larger political ramifications, can interfere with the delivery of person-centred patient care. I learned that the ethnocentric notion of talking about certain patients as coming from 'other' cultures implies an unequal binary and that 'othering' patients inevitably placed physicians on the more powerful side of that binary.

I also learned that the notion of culture applied not only to patients but to colleagues, teachers and students as well. Here, culture does refer in part to the current diversity of cultural heritages among physicians and medical students in medical schools like my own. Importantly, however, the concept of culture also applies to acknowledging the

culture of medicine itself and the ways in which this shapes physicians – both during their training and throughout their careers.

For example, as Brenda Beagan has demonstrated, medical education appears to enforce a form of cultural homogenization upon its practitioners, attempting to produce from its initially diverse student body a neutral, “impartial knower”¹ with what Beagan, drawing on Donna Haraway², refers to as a “view from nowhere.”¹ In this framing, patients are ‘othered’ not because their cultural heritages differ from those of their individual physicians but rather because they are outside the confines of the disinterested culture that is intended to encompass physicians as a group. The accompanying erasure of individual physician culture creates barriers between neutralized physicians and their culture-laden patients, distancing them from understanding their patients’ lived experiences of health and illness and so impeding the delivery of compassionate, culturally safe, person-centred care.

The study of the culture of medicine has been fertile academic ground for social scientists like Beagan since at least the 1950s but is relatively new to medical educators. As Janelle Taylor³ points out, there has been a long-standing and deeply held view within the medical community that the principles and practice of medicine are a non-culturally mediated reality or truth. This belief has led to a misperception by its practitioners that medicine has no culture of its own; in other words, as Taylor puts it, medicine has become “a culture of no culture.”³ This tacit belief that we are merely teaching our students a series of objective, scientific truths that are not culturally-mediated and contingent has left us unable to analyze both our own culture and the enculturation of medical students into that culture. Some solutions to this impasse have come from the

increasing number of social scientists in the medical education community, such as Fred Hafferty, whose notion of the hidden curriculum⁴ frames the unintended effects of the medical school environment on medical student socialization in accessible terms derived from the education literature. However, drawing on Hafferty's work, it is clear that it will not be sufficient to merely teach our students about medical culture and its potential impact on physician-patient interactions. Rather, we will need to find a way to shift our faculty's perceptions of their own culture in order to prevent the reproduction of their beliefs in the next generation of physicians.

So what do I mean when I say cultural knowledge? I mean understanding that we need to move beyond essentialist representations of patient culture to an environment that supports person-centred care and cultural safety. I mean celebrating that, rather than being impartial knowers, we are all culturally grounded and our cultural backgrounds imbue us with unique vantage points from which to view our patients, our profession, our society and ourselves. I mean recognizing that medicine has a strong culture of its own that we, as medical educators, need to learn more about in order to be able to question and – perhaps – even to change it.

References:

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