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CULTURAL BARRIERS TO EFFECTIVE MEDICAL CARE AMONG HISPANIC-AMERICAN PATIENTS

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ABSTRACT

In attempting to successfully diagnose and treat people from different cultural dimensions, medical practitioners must supplement theoretical concepts with knowledge about the patients' cultural heritage. In this chapter, the author discusses relevant cultural factors related to the medical management of Cubans, Puerto Ricans, and Mexican Americans residing in the United States.

INTRODUCTION

According to the 1980 census (1), the Hispanic population in the United States numbered 14,608,673. This number represents an increase of 61% over the 1970 census. Of this number, approximately 4.5 million lived in California, 3 million in Texas, 1.7 million in New York, 600,000 in Florida, and the same in Illinois. This massive increase during the last decade is primarily comprised of Mexican, Puerto Rican, and Cuban migrants who came to this country as a way of improving their socioeconomic situation. These migrants, however, brought with them not only hopes and aspirations for their families, but also a set of traditions, values, and beliefs from their cultural heritage. Obviously these norms and cultural characteristics have great influence on every segment of the lives of these migrants : the way they dress, the food they choose to eat, the type of music they listen to, where they live, and, above all, their behavior.

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These cultural traits also play a major part in the way that Hispanic migrant subgroups seek and comply with their health care. Despite these facts, little effort is made by the established medical system of this country to understand the health care characteristics of these Hispanic migrant subgroups, an understanding that could mean delivering better medical services to them. Physicians, in general, pay much attention to the process of establishing an accurate diagnosis and implementing the correct treatment in the cases they treat; however, once the diagnosis is made and the treatment prescribed, little effort is devoted to insuring that patients comply with the medical regimen prescribed for them. What good is it to make the correct diagnosis and recommend the appropriate medical treatment if the patients will not adhere to the medical instructions, and thus jeopardize the recovery process, which, after all, is the major goal for both patients and physicians? In another context, the problem in delivering good medical care to these recently arrived Hispanic migrants is not only vested in the physician-patient relationship, but also in how to make the patient come in and seek medical care when needed. In many instances, these migrants reject altogether what the established medical system can offer them, and instead seek health care within the informal and para-medical system that they brought with them from their countries of origin. In other words, the cultural heritage of these Hispanic migrant subgroups must be understood and related to by the health practitioners of this country if they wish to influence positively the outcome of their treatments, as well as to reach these patients and have them accept the established medical system of the United States.

In this study, I present and discuss the most relevant cultural factors observed in the different migrant groups that directly or indirectly have an impact on their acceptance of our established medical practices and on their treatment compliance. I hope that these clinical issues can be used as points of reference in improving the health care of Hispanics who have chosen to live in this country.

PUERTO RICANS

The Puerto Rican migration to the United States has become significant since World War II, and is predominantly to the northeast section of the country (2). Contrary to other Hispanic ethnic subgroups that have settled in this country, the Puerto Rican migrants often maintain a constant back and forth migration between Puerto Rico and the mainland United States. This type of migration tends to foster the retention of their cultural heritage, and thus makes the process of cultural integration with the majority culture of the United States quite difficult; as a result of this, Puerto Ricans display

a great deal of behavior that is culturally significant when searching for health care. For instance, Puerto Ricans commonly consult health care practitioners for clinical signs and symptoms that are totally related to their cultural heritage, and thus are not the result of any physical pathology.

Among these culturally related clinical syndromes, one has been termed by Fernandez Marina the "Puerto Rican Syndrome" (3). This syndrome has the following clinical characteristics: trembling, falling to the floor, seizure-like convulsions and semiconsciousness. This syndrome, which resembles epilepsy, has no physical pathology as a determinant and is rather a psychological expression of anger and/or libidinal conflicts. However, for a physician not well versed in the Puerto Rican culture this syndrome might create major clinical misunderstanding and thus requests for repeated neurological tests that are totally unnecessary in these cases. I am not suggesting that epilepsy should not be considered and ruled out, but rather that patients in these cases should also be perceived as having a culturally bound syndrome, and thus treated as such.

Another culturally related issue that must also be kept in mind when treating Puerto Ricans is their belief in "spiritism" (4, 5). This belief system has its origin in the work of Kardec (6), and is based on the doctrine of the interrelationship between the material world and the spirits of the invisible world. Despite the fact that Puerto Ricans are, for the most part, raised as Catholics, this belief system is much ingrained in their culture; it can be traced back to 1865 (7). In essence, this doctrine of spiritism advocates that "spirits" are able to make people physically and emotionally ill, as well as cure them. Based on these cultural conceptions, Puerto Ricans try to explain many of their medical illnesses as being supernaturally related and/or created. As one can imagine, this belief would undoubtedly pose a major dilemma for physicians and other health care practitioners treating these patients. However, unless the practitioners are willing to accept this belief system, or are at least willing to respect it, many patients from this Hispanic ethnic subgroup will reject the medical treatments offered to them and/or seek health care from folk healers who practice in accordance with the spiritism doctrine.

Based on my own clinical experience, when a medical practitioner acknowledges the cultural reality of a Puerto Rican patient and does not attempt to change it, but rather respects it, he or she can ultimately lead the patient to adhere to the required medical treatment, and thus achieve cure. However, when physicians, based on their Western medical training, try to convince their Puerto Rican patients that their conception of the etiology of their illness has no sound scientific basis, these patients quickly become noncompliant with the medical regimens prescribed for them and seek help elsewhere. Unfortunately, this situation creates frustration for both physi-

cians and patients, and in many cases leads to harmful outcomes, particularly when dealing with serious medical illnesses. In my own practice, I have observed Puerto Rican patients who will not take the recommended medications unless they are sanctioned by the local spiritual healers that they go to on a regular basis. Even though many ethical issues can be raised, I have met physicians who allow a patient to seek advice simultaneously from folk healers practicing in the patient's neighborhood.

Another major clinical problem observed among Puerto Rican patients seeking health care has to do with their expression of psychological problems, particularly depression. In these patients, depression manifests itself exclusively with somatic signs and symptoms (8). Signs and symptoms such as dizziness, faintness, body aches, fatigue, headaches, exhaustion, heart palpitations, and the like might only be the expression of a depressive illness. These patients can present a major dilemma for most practitioners: not only will repeated physical examinations, laboratory tests, and radiological procedures all be negative, but these patients are suffering from depressions that must be treated immediately in order to avoid further disintegration and even suicide. When physicians ignore this possibility, they tend to dismiss these patients with a clean bill of health. This action will lead either to further consultations from other physicians with similar results, or to confusion on the part of the patients who continue to feel ill and in most instances suffer an aggravation insofar as the depression is concerned.

On occasion, these patients are referred to psychiatrists with the tentative diagnosis of hypochondriasis, but this offers no solution either since most psychiatrists are also unaware of the culturally related manifestation of depressive symptoms in these patients. Since depression is one of the most common disorders suffered by patients, this clinical problem among Puerto Ricans has major secondary prevention implications. Further, since suicide can be the outcome in these cases, all practitioners treating Puerto Rican patients, and for that matter all Hispanic patients, should be aware of this clinical possibility in order to diagnose and treat these cases appropriately.

Finally, in clinically assessing and treating Puerto Rican patients, practitioners must be fully aware of the constant problems these patients confront in trying to adapt to settings quite different from the ones from which they come: urbanization, language barriers, cultural shocks, poverty, and the like. The different value orientations of Puerto Ricans in comparison to middle-class American norms have proven to have major deleterious effects in all aspects of life, including health care (9). In this context, it is most important that health practitioners should not only be aware of these significant cultural differences, but that health policy makers should also be sensitive to the needs of this ethnic subgroup. Health care and educational programs should be initiated and tailored in order to

improve all aspects relevant to the medical treatment of these patients, including all aspects of prevention.

MEXICAN AMERICANS

As with other Hispanic migrants who have settled in the United States, Mexican Americans also have unique ways of explaining the etiology of illness and its consequences. In this section, I discuss four of the most important clinical syndromes with cultural relevancy observed among Mexican Americans residing in this country.

1. *Caida de la Mollera*: This concept applies to a dislodging on the fontanel caused by a fall in infants. Symptoms associated with this problem are inability of the youngster to grasp firmly with his mouth when eating or drinking, diarrhea, crying spells, and restlessness. On occasion, fever is also present. While this type of problem should be diagnosed and treated by a physician, it is not uncommon to see mothers consult older women in the neighborhood before they decide if medical treatment is to be sought. On occasion, these older women or local healers apply different unconventional treatments for the correction of this problem. Among them we have observed prayers, pushing the palate from inside the infant's mouth, application of different substances such as eggs to the skull with subsequent pulling of the hairs, holding the child from the feet, and the like.

2. *Empacho*: This illness is believed to result when the digestive system fails to pass a chunk of food, causing a lot of abdominal pain. Generally speaking, these patients are also taken to local older women who are supposed to know how to treat this illness. The diagnosis is made by holding the patient face down by the skin of the back. If a crack is heard by the local healer during this procedure, the diagnosis of empacho is made, and the treatment for this condition is in order. The treatment is based on body massages, particularly in the back and the waist in order to restore the balance of "hot" and "cold" temperatures in the body, and thus permit the chunk of food to pass through the intestine. On occasion, indigenous prepared substances are also given to the patient to drink as an adjunct to the treatment process.

3. *Mal de Ojo*: This illness has its etiology in the "evil eye" concept, and develops when someone pays attention to another person as a result of his or her beauty or ugliness. It is believed that certain persons in the community can cause this illness, and certain others, especially women and children, are vulnerable to it. Symptoms associated with this disease are headaches, fretfulness, high fever, weeping, etc. When this occurs, family members try to trace where and with whom the child has been during the preceding hours in order to locate the person who might have caused this illness to appear. When the appropriate diagnosis is made, the treatment

consists of mixing one hen's egg in water and putting this mixture under the head of the bed where the patient sleeps. This mixture of egg and water supposedly has the power of drying out of the body of the patient the bad influence put on him through the mal de ojo. If untreated, the patient is believed to deteriorate physically and even die as a result of severe vomiting and coughing. In many instances, families do not bring patients to physicians for this problem, fearing that the physician will miss the diagnosis, and thus make the patient worse.

4. *Susto*: This illness is supposed to be caused by a frightening experience or exposure to upsetting situations. In any case, the illness is manifested by periods of languor, listlessness, and anorexia. The belief among Mexican Americans is that the frightening experience can lead to the temporary loss of one's own "spirit." The treatment consists of putting the patient on the floor with hands outstretched like a cross, and then the patient is swept with indigenous herbs by a healer who also prays while sweeping the patient in order to bring back the "spirit" to the patient's body. Undoubtedly, understanding these culturally bound diseases is of great importance to physicians who expect to gain the trust and confidence of patients from this Hispanic ethnic subgroup. Needless to say, the rural origins of most of the Mexican-American migrants who are now residing in the United States has much to do with the prevalence of these illnesses among them.

Now I would like to focus on the use of *curanderismo* by Mexican Americans residing in the United States. This type of folk healing practice has been profoundly studied and reported in the medical literature in recent years (10–12). While cases of the previously described culturally related medical illnesses are sometimes brought to the attention of *curanderos*, for the most part, they do not fall under the exclusive domain of curanderos. Religion is the central focus of the curanderos, who perceive life as being under the constant influence of the divine will. Further, persons are believed to be born as sinners, and death is the result of sins. Under this notion, curanderos focus their treatment approaches on relieving patients of their sins when possible. Based on this concept, suffering is an integral part of the process of getting well, and death the ultimate failure to cure. This practice has been tied to the mixture of Spanish-Catholic tradition and Indian heritage in Mexico (13).

The curandero believes in the importance of food, water, and air in the maintenance of health, and their imbalances in the production of illness. For the curandero, illness is the result of an imbalance between water and food on one hand and air on the other, and also might be the result of an imbalance between man and God, or even between man and his family. Along these lines, "hot" and "cold" might in turn cause further imbalances in these systems, and thus either contribute to illness or cure it, according to how these properties are used. Based on these concepts, all illness can be

explained as a result of these imbalances, and cure can be obtained through balancing the disturbing problem. Their treatment techniques include prayers, suggestions, practical advice, and indigenous herbs.

Curanderos are consulted irrespective of the patients' contacts with the established medical system; that is, sometimes before a patient seeks medical care, at other times concomitant with the medical contact, and sometimes after a patient has consulted medical practitioners. In the latter case, this is usually the result of the patients' rejections of what the established medical system has offered them. As with Puerto Ricans, the knowledge on the part of the physician of these cultural characteristics among Mexican Americans who reside in the United States will undoubtedly lead to an improvement in the total health care of this Hispanic population subgroup.

CUBAN AMERICANS

Unlike the Puerto Rican and Mexican migration, the Cuban migration to the United States is predominantly a political one (14). Further, in contrast to other Hispanic migrant groups, the Cubans who migrated to this country came, for the most part, from urban areas of Cuba. These differences must definitely be taken into consideration in trying to understand the cultural heritage of the Cuban migrants. For instance, an occupational survey of the Cubans living in Miami in 1974 (15) produced these statistics on socioeconomic status: professionals and technicians 13.5%, clerical and salespersons 24.6%, skilled labor 17.3%, unskilled labor 44.6%. From another angle, the urban areas of Cuba in the pre-Castro period, particularly Havana, were heavily influenced by American medical traditions. Before Castro took power, much of the Cuban middle class used to come to the United States for a variety of reasons, including to seek health care. As a result of these factors, the Cuban migrants who recently settled in the United States had no problem whatsoever in adapting to and/or accepting the health care offered by the established American medical system. However, this is not to say that a certain number of Cuban migrants have not displayed culturally related behavior in the process of securing health care in this country. In this regard, two factors have to be considered, and therefore discussed here.

The first one concerns the utilization of Cuban health care programs similar to health care organizations used in this country; these were very popular in urban areas of Cuba. This system is best described as "mutualistic clinics." These clinics operated on a prepaid basis, with a family financial quota. Occasionally, social and recreational services are also offered as part of their benefits. In many ways, these programs represent an advanced step toward socialized medicine. This type of health

care program has mushroomed in Miami, and perhaps represents the largest percentage of health care services used by Cubans who live there. Despite the socialistic characteristics of these mutualistic clinics, the established medical profession in Miami has so far tolerated their existence.

The second cultural factor insofar as the health care system is concerned has to do with the practice of *santeria* and *brujeria* (witchcraft). These two folk healing approaches have their roots in Africa and came to Cuba during the slavery era of the Spanish colonization period (16). In West African regions, particularly Nigeria, the Congo, and Guinea, the practice of the *Lucumi* religion was quite widespread. These ceremonies were held in the *Yoruba* dialect and had a major impact on the island of Cuba as the slaves brought them with them. During the beginning of the slavery process, these folk healers were strictly confined to Black slaves (17); the practices later spread through all classes and races of Cuba. As practiced by Cubans, santeria and brujeria not only have healing powers, but also harming qualities as well. According to these folk practices, illnesses, regardless of whether they are physical or mental, can be caused by either natural (diseases) or supernatural phenomena, and the symptomatology for physical illness is the same whether the origin be natural or supernatural (18–20). In this context, if a person suffers from colitis, colds, headaches, fever, and the like, it is quite possible that these clinical symptoms and their sequelae are due to supernatural forces, and therefore are treated as such. In these cases, folk healers (santeros) use such treatment approaches as prayer, animal sacrifice, special baths, perfumes, oils, candles, herbs, weeds, plants, and the like. As with Mexican Americans and curanderismo, Cubans who believe in santeria use it as a way of health care delivery sometimes before they see a physician, at other times while they consult a physician, and on occasion after a physician has been consulted and lack of confidence and mistrust have developed on the part of the patient. Without question, physicians and other health care practitioners must be aware of and sensitive to these culturally related clinical practices if they expect to reach, keep, and successfully treat Cuban migrants now living in the United States, particularly those who belong to lower social classes or are part of the skilled and unskilled labor force.

CONCLUSION

Culture affects every aspect of an individual's life, including the way that health and illness are perceived by patients, the doctor-patient relationship, and the health-care-seeking behavior. A thorough knowledge of these cultural factors will certainly offer physicians a unique understanding of the patient's conceptualization of his illness, and thus will give him a better

chance of insuring treatment compliance and cure. In this study, I have discussed the most important cultural factors that have clinical relevancy, and the ways in which Hispanic migrant subgroups living in the United States seek their health care. In so doing, I have focused on the three Hispanic ethnic subgroups with the largest populations in the mainland United States: Mexican Americans, Puerto Ricans, and Cuban Americans. However, by no means do I wish to imply that other subgroups (e.g. Salvadorans, Dominicans, Colombians) are not also important. They must also be given attention and understood in this context. Unfortunately, my experience and expertise has so far been limited to the three subgroups previously discussed. I hope that other researchers will shed light on other Hispanic ethnic subgroups as well. Finally, I hope that the data discussed here will serve as a point of reference in improving the provision of health care services for the Hispanic-American migrant residing in the United States.

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