

# migrant-friendly hospitals

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My name is Manuel Fernandez, I am a psychiatrist working in Sweden. I have a background as migrant and refugee. In the next week it will be 30 years since I came to Sweden. I have been working at a small unit for transcultural psychiatry in a very big hospital. Our hospital, University hospital of Uppsala, has 1000 beds and about 8000 employees. So as you can imagine, it is not difficult to find well motivated staff in learning cultural competence in a such big organisation. So we had two courses in the spring 2004.

One course was for the staff who takes care of cancer patients in their homes, 15 persons, 2 doctors, 2 social workers and 11 nurses, participated in this course. They had long experience, so I think we had more than a training - an exchange of experiences, we were discussing cases all the time. I was one of two trainers. The other one was a researcher from the faculty of theology. We talked about questions of religion, terminal disease and death. But we started with the module according to the project, sensitization and knowledge on the local groups, our migrant groups in Uppsala: Iranians, Kurdish people, Iraqi and so on, mostly refugee groups. So we must discuss the question of traumatism and posttraumatic stress disorder in those populations.

The other course was with staff from cardio thoracic surgery department with 9 nurses. They were asking not only for training in cultural issues. They told us that they had experiences of several cases of refugees with experience of refugee trauma, who hade severe heart disease, demanding operation and with psychological symptoms that became worse, already before the operation. The nurses were demanding education on posttraumatic stress disorder. Our courses were special in that way, we discussed a lot about traumatized patients. We learned a lot of them and this was important for us in our first course for somatic departments.

My unit is working with staff education all the time, we organise seminars and conferences and so on. And we must continue with other departments, even when they are not so motivated. 86% of the participants were satisfied with the course.

It is a different situation working with staffs that are not motivated. We call it sometimes as a case of cultural blindness when the staff is denying the importance of culture. They are thinking that they can make diagnosis and give treatment without knowing so much about culture. We need more research, both national research, and local research too, in our own hospitals and departments. Research takes time and money, and we are in an urgent situation.

In many cases we can not wait years for the results of the research. We can cooperate with patients and with their patient organisations. Patients can tell the



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staff about cultural differences, and about satisfaction with the treatment or not in our setting. Patient organisations can maybe tell the staff about inequalities in our department.

I think that many of us are in an urgent situation and we can not wait for research. It is necessary to begin now with contacts with patient organisations.

I think the Amsterdam Declaration is a very good instrument to discuss with the staff and with politicians, but maybe we need national declarations too and local agreements.

Thank you

