

# Culture and Ethnicity within the Space of the Clinic

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## Paediatric Hospital Setting

- Diversity of the clientele (45% of families are born outside Canada)
- Evolution of clinical practice (increase of complex chronic pathologies & technological progress)
- Reform of the public health care system



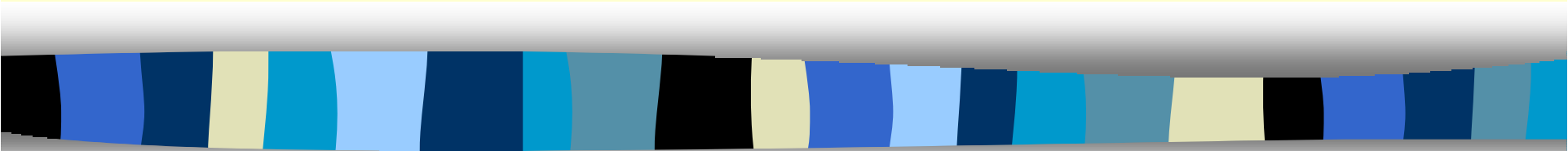
# Montreal, a Plural Society

- 27% immigrant population
- 90% of all immigrants in Quebec live in Montreal
- 30,000 immigrants / year from over 100 different countries

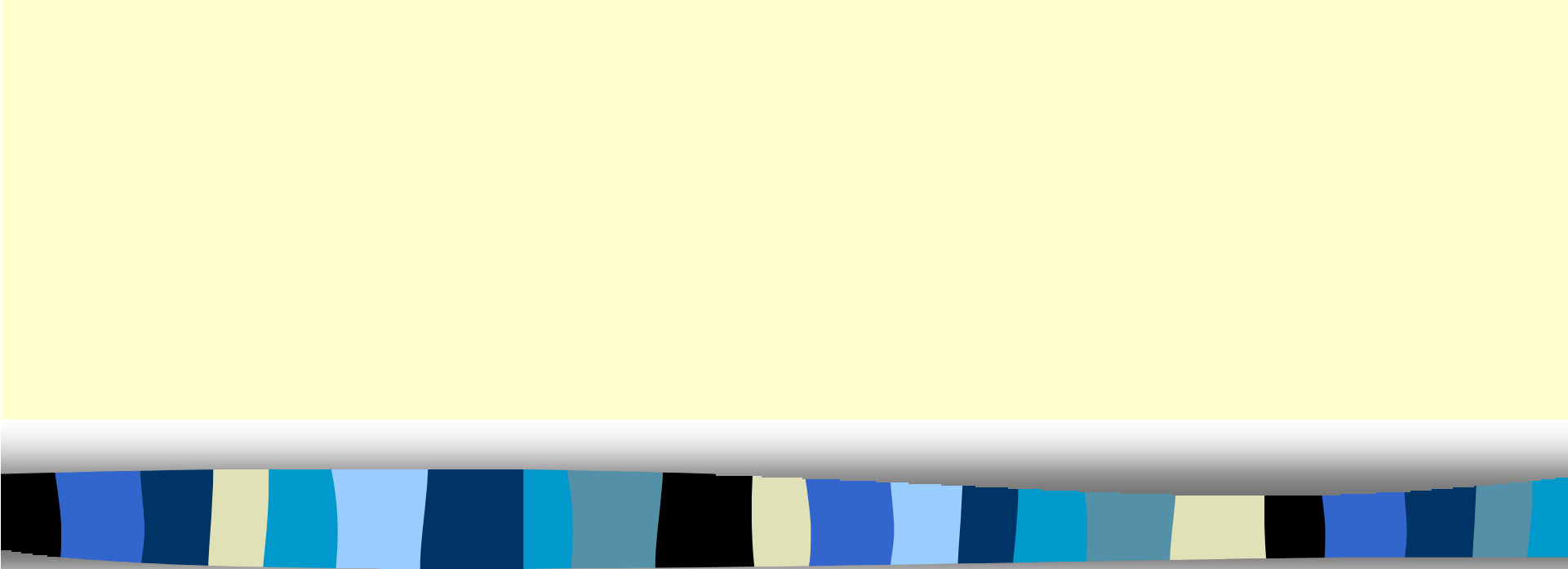


# Ongoing Study of Clinical Practices

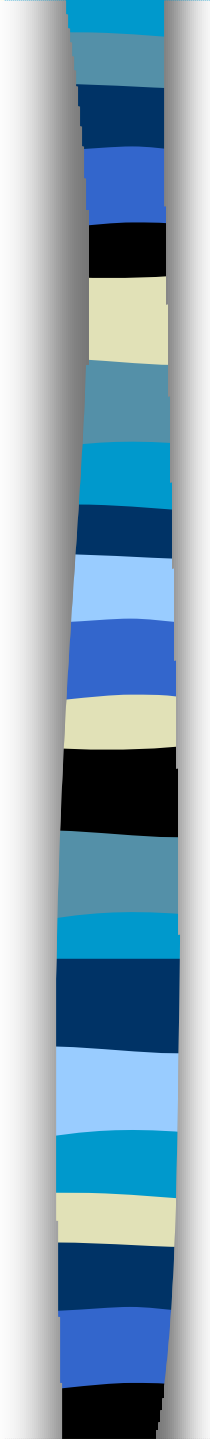
- Qualitative study of different clinical spaces (notably cancer, palliative care)
- Observation of clinical settings
- Interviews with physicians, patients, families



The Patient / Family / Physician relation takes place in a specific time and place. It is central to the illness trajectory and the treatment itinerary.

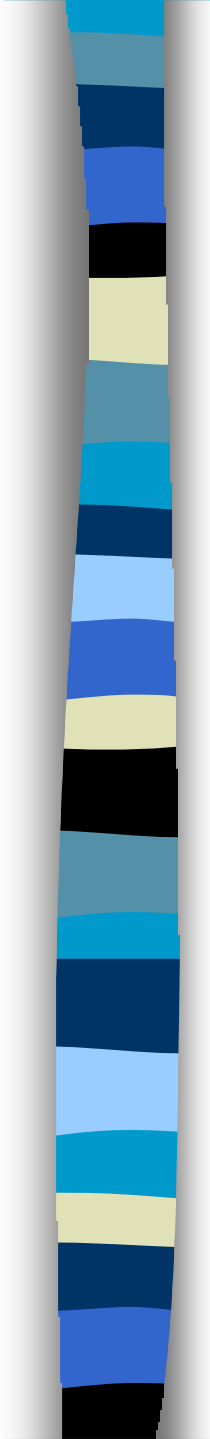


The space of the clinic as a social space invested with norms, values and social models.

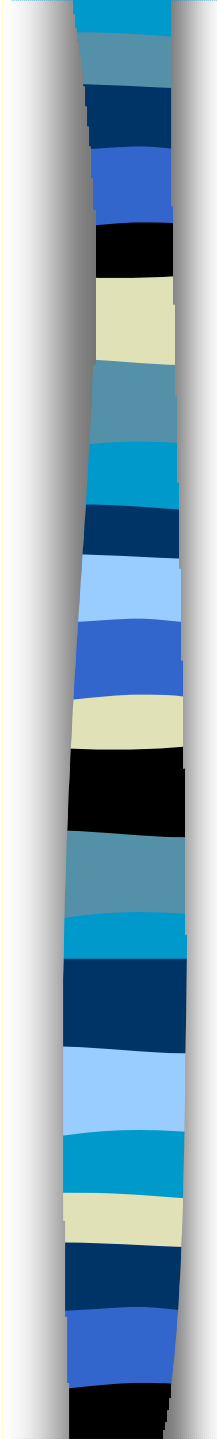


# The biological body is immersed in a social and cultural universe

- The biomedical model which focuses on biological aspects of individuals dominates Western societies and imbues the training of health care professionals
- An approach centred, a priori, on the organic or biological aspects of a disorder is limited in its ability to discern the diversity of the other



Current urban pluralism asks that human, social, and cultural dimensions of children and their families be taken into account, dimensions that should be included and articulated with other aspects of healthcare (medication, technology, surgery).



Social research in the healthcare setting, along with an increasing number of clinical experiences, reveal the necessity to reformulate the notion of culture.



# Symbolic Resources:

- Social recognition attributed to the individual, based on his social position and the value attributed to this position within a given context

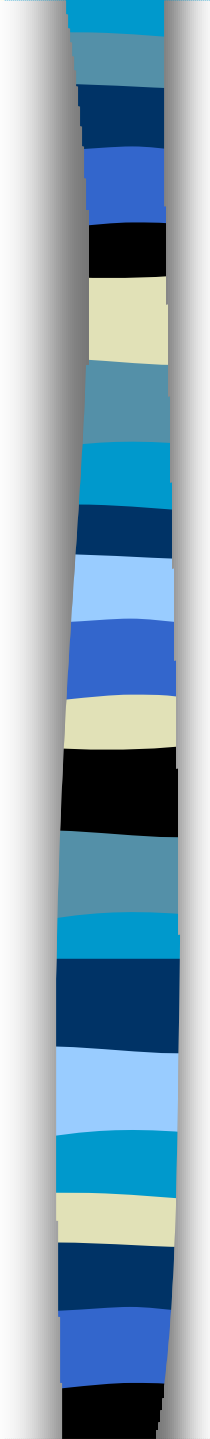
I. Taboada-Leonetti, Revue internationale d'action communautaire, 1994



# Culture Within a Social Relation

- Culture is not a given, but is constructed with and within a **social relation**, based on a **hierarchy of values** linked to a particular context. The positive or negative sanctioning of practices derives from a historically constituted system of categorization, enacted by some and acknowledged by others.

P. Bourdieu, La distinction, 1979



*“The relationship of culture and ethnicity to health care, [...], has been obscured by the use of major census categories to designate groupings of people, such as Latin-American, Native American, African-American. [...] These categories, which have found their way into common place parlance, do not reflect cultural reality and [...] mask rather than illuminate culture. [...] Variability within any cultural or ethnic group often exceeds that between groups and populations continually adapt to changing circumstances. Furthermore, when culture or ethnicity is identified on the basis of phenotypic characteristics, such groupings may not be meaningful designations of culture [...] but instead serve as proxies for socioeconomic status.”*

Jill Corbin, Nelson Textbook of Pediatrics, 2004



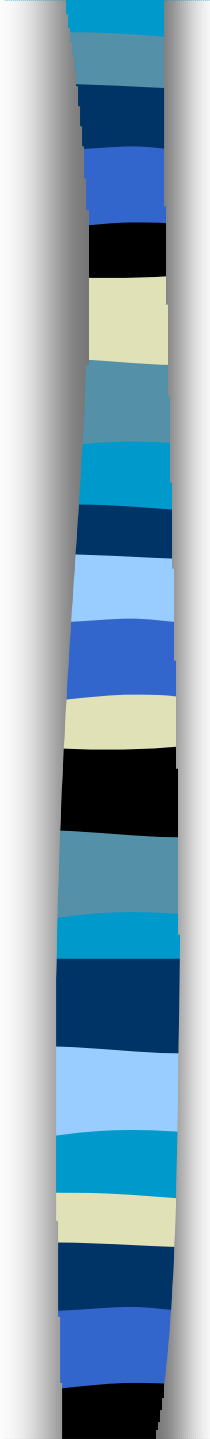
## Essentials to the Therapeutic Project

- Acknowledgement of :
  - the patient's social and family environment,
  - the relation to the body, health and illness,
  - the compliance with the suggested treatments
- This acknowledgement also involves :
  - a reflection on the treatment and the way it is carried out,
  - the decision-making process (within healthcare teams)
  - the frequently unequal dynamics of interaction in the clinical relationship.



# Concluding Remarks

- Medical training
- Multidisciplinarity
- Time
- Uncertainty



Embracing cultural differences is a never-ending process. It lies in the way of perceiving, of listening rather than in a specific body of knowledge. To accept uncertainty and the unknown is part and parcel of clinical practice in a multi-ethnic, plural context.

Thank you