

## Final Report MFH Project at: Hôpital Avicenne, Paris, France

Authors :  
Ms. Felicia Heidenreich  
Mr. Olivier Bouchaud

Address:  
Hôpital Avicenne  
125 rue de Stalingrad  
F-93009 Bobigny- Cedex  
France



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## About the hospital

The Hôpital Avicenne is the university teaching hospital of the Université Paris 13 in the Northeastern suburbs of Paris. It comprises about 500 beds and numerous ambulatory consultation departments. It was founded in 1935 as the Franco-Muslim Hospital and is now part of the Assistance Publique-Hôpitaux de Paris hospital network. Traditionally, a large part of the patients cared for at Avicenne are immigrants from the former French colonies as well as from countries where civil war and difficult economic situations create pressure to emigrate.

## The project

In order to carry the European project within the hospital, a “Comité de Pilotage” was created which holds monthly meetings to discuss and organize the different actions proposed. Members of the group are from different departments and all professional groups (doctors, nurses, administrative staff, social workers, members of the different religious groups, members of associations working in the hospital). The group is under the direction of Pr Olivier Bouchaud.

### ***What***

We chose two of the three sub-project areas proposed by the programme: “Improving interpreting in clinical communication” and “Staff training towards cultural competence”. The project about mother and child care did not fit since our hospital has neither a maternity ward nor a pediatric department.

### ***How***

- For both sub-projects we proceeded as follows:
- describe the existing situation
- assess needs of patients and professionals
- develop concrete measures
- initiate the implementation of these measures
- evaluate the measures taken
- adapt depending on the result of the evaluation.

### ***Improving interpreting in clinical communication***

Concerning this sub-project, the Hôpital Avicenne is in a quite comfortable situation: For many years there has been a contract with an independent interpreting service outside of the hospital providing telephone and face-to-face interpreters. Interpreters are trained in medical issues and members of the psychiatric department provide training in interpersonal and psychological issues for the interpreters.

Since this issue did not necessarily need improvement, the sub-group worked on the development of a pocket folder with some basic vocabulary needed when professionals meet for the first time with patients who do not speak French. The aim is not to be a substitute for working

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with interpreters, but to provide first aid translations in emergency situations when no interpreter is available.

We assessed language needs, vocabulary propositions and started working on the translations. This is still a work in progress. Moreover, the hospital disposes of a list of all its professionals and the languages they can help out with in cases of an urgent need for translation. This list is available through the central telephone service.

## ***Staff training towards cultural competence***

Two distinct actions of staff training towards cultural competence have been organized. We have conducted "journées d'études" (= days of study) on themes related to migrant issues. In 2003 the subject was about the symbolism of blood in different cultures and in 2004 the theme was "becoming old in France as a migrant" with the underlying problem of how to die in another culture. These days were a great success and attendance went as high as more than 300 persons (they were open to all). Very lively discussions followed the presentations and personal testimonials were a central part of the events.

Moreover, in collaboration with the educational office of the hospital we proposed intensive courses about cultural issues in care. It was much more difficult to mobilize staff to attend these trainings due to scheduling problems. Those who attended were satisfied with the contents of the training. In the future, we plan to change the schedule and location of the training in order to make it more readily available.

## **Extra-project activities related to migrants' health**

### ***Travel clinic***

Migrant people (especially those originating from sub-Saharan Africa) living in the area around the hospital are used to going back to their country of origin regularly for holidays, sometimes with their family, including children born in France. Even if only few epidemiological studies are available on the subject, these vacationing migrants are at greater risk compared to European travellers of acquiring diseases during their journey, because of their living conditions. In the case of malaria, studies have shown that African migrants are over-represented (2/3 of the total number) in France. It is also clear that compliance to preventive treatments is poor both for economic reasons and due to poorer understanding of preventive messages (linked to both low levels of education and understanding of French). In addition, some journeys (for example, a pilgrimage to Mecca) requires specific advice. Even if the Avicenne Travel Clinic is open to everyone, it is especially dedicated to migrants with:

- adapted organization (no appointments,...),
- Arabic-speaking doctors,
- adapted messages,
- specific training for nurses and doctors,
- low-cost-oriented prophylaxis, etc.
- In addition, research projects are on-going or planned to ensure a better understanding of migrants' travel problems and to find solutions to them.

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## ***Providing culturally adapted food to migrant patients: a community experience to improve the patient-medical team alliance.***

It is almost four years now since the community association "Femmes médiatrices" (Women as mediators) began working in the Department of Infectious Diseases and Tropical Medicine at the Avicenne Hospital. Originally this project was focused on migrant patients from Africa but has now grown to include patients from the West Indies and Asia (mainly India, Pakistan, Sri Lanka and China). The main reason for this project was that many migrant patients did not eat hospital food because it was not adapted to their cultural food habits. As a result they lost weight and even asked to be discharged. Most of these patients have poor social conditions, are non-French speakers and are often isolated and rejected by their families. In addition to an improvement of their nutritional status, our main goal is to use this culturally adapted food as a vector to create or improve the alliance between patients with chronic diseases (HIV -Aids, tuberculosis...) and the medical team.

## ***Transcultural psychiatry***

The department of psychiatry has a special consultation for immigrant patients (children and adults) presenting psychiatric troubles. The "consultation transculturelle" proposes a specific approach which takes into account traditional etiologies and therapeutic logics. Working with interpreters and with therapists of different origins, thorough work on explanatory models and underlying meanings is made possible. This approach is based on George Devereux' ethnopschoanalysis and complementarism. Psychiatrists of the department are available for counseling in diagnostic or therapeutic questions concerning migrant patients.

## ***Conclusions and perspectives***

We hope to be able to continue the actions begun in the context of the European project. Hôpital Avicenne will be an active part of the task force within the Health Promoting Hospitals network. We are very much interested in sharing our experiences in the areas we have been doing pioneer work in order to question our methods and to include new approaches which might enrich our practice.