Why Practice Culturally Sensitive Care?
Integrating Ethics and Behavioral Science

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There is increasing recognition among health care professionals that culture may influence patients’ communication styles, their beliefs about health, and their attitudes towards health care. Culturally sensitive care acknowledges these influences and requires that dentists show cultural sensitivity when making oral health interventions. The American Dental Education Association (ADEA) recognizes the importance of cultural competence in the delivery of oral health services and advises dental educators to include “cultural and linguistic concepts” in the dental curricula.

In the literature on this topic, two explanations can be given for adopting a culturally sensitive stance with patients. The first approach points out that culturally sensitive interventions facilitate dental treatment. This reasoning asserts that cultural sensitivity promotes patient rapport and cooperation and increases patient compliance with treatment. A second way of understanding the need for cultural competence focuses on the importance of honoring patient autonomy, including patients’ right to retain their own cultural orientation, in interchanges regarding dental care.

While the first approach can be demonstrated by clinical and empirical evidence, demonstrating the rationale for the second reason requires analysis of content taught in the ethics curriculum. This line of reasoning stresses not only communication and patient relationships; it requires attention to ethical principles and reasoning. We believe it is necessary to expand our understanding of culturally sensitive care to include the ethical obligation of such care. Integrating an ethical perspective can contribute to students’ understanding of the need to respect cultural differences.

What Is Culturally Sensitive Care?

The following fictional vignettes illustrate the importance of identifying and understanding the underlying ethical issues involved when providing culturally sensitive care.

Case #1: The Unhappy Daughter. A twenty-five-year-old woman comes to a dental clinic complaining that her maxillary left central incisor has been hurting for three days. Her past medical history is unremarkable except for a five-year history of toothaches. Clinical findings include a relative absence of traditional dental hygiene practices, severe dental decay on other maxillary anterior teeth, minimal dental caries on the posterior teeth, and moderate to severe gingivitis without gross evidence of periodontitis. The maxillary left central incisor is slightly mobile and displays other clinical findings consistent with the diagnosis of a necrotic pulp without acute periapical abscess. The patient is seeking immediate treatment to alleviate the discomfort. The dental student completes the examination, records the dental findings in the chart, and then consults with a faculty member. The student suggests full mouth radiographs and endodontic access opening with preliminary biomechanics as the emergency management strategy until all diagnostic data can be gathered and treatment plan options formulated and discussed.

The patient asks if the radiographs are necessary. After the student explains the benefits of the radiographic survey, the patient asks the student to
speak with her father. Recognizing the patient’s desire to involve her family in this decision, the student discusses the proposed treatment with the father. After that, he says a few words to his daughter in a language not known to the student and then responds to the student, “Just take care of the tooth that’s bothering her today. If the other ones bother her later, we can take care of those when they start hurting. We don’t need all those x-rays; just take a picture of the one that’s bothering her, if you really need it, to get the tooth out. We just want the tooth out today.” The daughter sits quietly after her father speaks, avoids looking at the student or her father, and seems unhappy. The dental student is uncomfortable with the patient’s silence and is not sure how to proceed.

Case #2: The Older Man. A seventy-year-old man presents for dental treatment with pain in his lower right first molar. The tooth is an abutment for his removable partial denture. An examination reveals deep, but restorable dental caries. He is accompanied by his wife, who translates for him. A review of the man’s medical and dental history reveals that he is relatively healthy and active, has most of his natural dentition, and practices excellent oral hygiene. The student does a preliminary assessment of the situation and presents a set of treatment options to the couple. After the wife explains the options to her husband, they appear to discuss them. They seem to reach agreement, but when the wife begins to speak, the patient stops her and speaks directly to the student in understandable but broken English. He thanks the student for her time but rejects all of the options, saying that he is “too old” to fuss over his teeth. He asks for extraction of the tooth because it is the quickest and cheapest way to relieve his discomfort. When the student explains the drawbacks of extraction, he replies, “At my age, it’s not important anymore.” The patient continues to ask for the cheapest and quickest option for relieving his discomfort, despite the significant drawbacks.

To effectively analyze these two situations, we must understand the nature of culturally sensitive care. Culture influences our way of perceiving the world. It is reflected in our attitudes, beliefs, and assumptions about our world. For example, ideas about what constitutes a “close family member” are influenced by culture. In some cultures, this designation may include extended family and close friends (i.e., the role of Compadrazgo in Hispanic culture); in others, it might be limited to members of the immediate family. Similarly, culture can influence health care interactions. Patients may have a different view of illness and care than that held by the health care provider, communication styles may differ, and cultural practices might conflict with prescribed treatment regimens.

Culturally sensitive care acknowledges that cultural differences can impact the health care process. When faced with diversity, the sensitive practitioner is aware of his or her cultural values and attitudes, resists stereotyping, and allows patients to communicate their views. Culturally sensitive providers assess cultural practices that impact health care delivery. The practitioner is nonjudgmental when faced with cultural differences and selects interventions that respect cultural differences. For example, dental health professionals may demonstrate cultural sensitivity when they learn about and take into account cultural influences on a patient’s diet during dietary counseling.

Understanding the Importance of Cultural Sensitivity

Commentators who have addressed the need for cultural sensitivity in the dental setting point out that an approach to care that embraces cultural understanding is more effective than one that does not. In Dental Hygiene: Theory and Practice, the authors state that “cultural diversity is evident in different languages, foods, dress, daily cultural practices, motivational factors, cultural beliefs and values, and cultural influences on disease and health behaviors. . . . these factors . . . must be recognized and integrated into dental hygiene care if preventive and therapeutic goals are to be achieved.” Similarly, in an article examining the need for training in multicultural sensitivity in the dental school curriculum, Galvis writes, “A number of studies have suggested that if health professionals are interculturally competent and skilled in recognizing and working with patient/client values and beliefs, the client response is enhanced. Thus, if practitioners prescribe culturally relevant preventive, therapeutic, and maintenance regimens, it is expected that patient/client compliance will increase.”

Advocates of this line of reasoning contend that a culturally sensitive approach helps the patient meet his or her health care goals. According to this logic,
students should recognize that interacting with patients in a culturally sensitive manner is important to obtain an accurate health history, develop rapport, and manage patient stress, anxiety, and pain. In this pragmatic approach, respecting and understanding the patient’s perspective help to create an environment that fosters patient compliance and lead to a better outcome. This approach also has an intuitive appeal that is likely to be effective in motivating students to adopt culturally sensitive practices.

However, a second, more fundamental reason for adopting a culturally sensitive stance is based on ethical principles and reasoning. Culturally sensitive care is not only associated with better outcomes; it is consistent with a view of the dentist-patient relationship that promotes patient autonomy, beneficence, and justice. Emphasis on these ethical principles points out that health care providers have an ethical obligation to respect cultural differences in the health care setting (that is, culturally sensitive care respects the patient’s autonomy). We believe that emphasizing the ethical obligation of providing culturally sensitive care not only improves students’ appreciation of the need for such care, but has the added advantage of providing them with reasoning tools necessary for negotiating compromises when they are faced with different cultural values about health care.

### Assumptions of a Multicultural Approach

Several writers have focused on the ethical underpinnings of the multicultural movement. Fowers and Richardson⁸ point out that “multiculturalism is, at its core, a moral movement that is intended to enhance the dignity, rights and recognized worth of marginalized groups.” These writers observe that some of the underlying “moral sources” of multiculturalism include a regard for individual rights, an importance placed on the unique values and contributions of different cultures, the opposition to the domination of one cultural group by another, and the toleration of cultural differences. Similarly, Sue et al.⁹ write that “Multiculturalism is not only about understanding different perspectives and world views but also about social justice.” These authors point out that the multiculturalism movement supports “equal access and opportunity” for all groups and is opposed to an established group using power or influence to force their values and beliefs on others. Anderson and Ellis (as cited in Galvis⁴) also emphasized these ethical underpinnings and recommended that health care providers “recognize that diverse cultures approach life with a different set of expectations, values, and interpretations, and that their approach can be as satisfying and as rich to them as any other culture is to any other person.”

These features of multiculturalism are consistent with accepted ethical principles in dentistry, such as patient autonomy, beneficence, and justice.¹⁰ Patient autonomy calls for the dentist to respect the patient’s decisions—such as the choice to practice one’s own culture—but does not obligate the dentist to provide inappropriate care.¹¹ Justice requires that dentists treat patients fairly. On a societal level, the principle of social justice encourages dentists to “improve access to care for all.”¹² Similarly, beneficence requires the dentist to work for the patient’s wellbeing by engaging in “the competent . . . delivery of dental care . . . with due consideration being given to the needs, desires and values of the patient.”¹²Consistent with these ideals, culturally sensitive care requires that culturally diverse beliefs be treated respectfully and that both the patient’s and dentist’s interests be considered in the dental alliance. Moreover, both justice and beneficence dictate that dentists be mindful of the discrepancy in social power between the provider and the patient¹³ and not use their health care provider role to unthinkingly impose their own values and beliefs on their patients. Lack of sensitivity¹⁴ or ethnocentric attitudes toward cultural differences come into conflict with the aims of beneficence because they impede communication and do not allow a patient’s viewpoint to be fully considered. Students are exposed to these fundamental ethical principles in their study of dental ethics.¹⁵

### Respecting Cultural Differences

Understanding the ethical basis for culturally sensitive care can also be helpful when students encounter situations in which patients report cultural practices that are harmful to dental health or engage in cultural customs that interfere with established dental practice. For example, patients may report the use of folk remedies¹⁷ that can result in delayed treatment for a medical or dental condition. In these cases, students are often advised that cultural practices should be accepted unless they are harmful to the
Consistent with a pragmatic understanding of culturally sensitive care that does not acknowledge the ethical necessity of such care, such advice may appear to contradict one of the basic tenets of multiculturalism (that cultural differences should be respected) if not considered in a broader context. Again, integrating the ideas of respect for the patient’s point of view, good communication skills, and reflecting on what is ethically important in this situation allows for a fuller representation of this situation to students.

Similarly, many treatment decisions do not involve clear-cut harmful consequences for a patient, but instead involve cultural differences that conflict with a practice pattern valued by the dentist. For example, a patient may request an elective aesthetic dental procedure that the dentist finds cosmetically unacceptable by traditional practice standards. Although evaluating aesthetic procedures involves weighing the potential for future complications and risk to dental health, judgments about the benefits of aesthetic procedures also take into account the psychological benefit of such a procedure for the patient. These decisions take into account and assign a value to cultural factors. These assessments are complex and force practitioners to examine their professional values. Moreover, weighing issues of patient autonomy, beneficence, and justice is necessary. In these cases, the advice to respect cultural practices unless they are harmful offers students little help in making complex decisions about cultural values and preferred practice considerations. Practice in ethical reasoning gives the students another way to both understand this complex situation and value the importance of respecting another’s point of view in the treatment equation.

Behavioral Management versus Negotiating Sensitive Cultural Care

Another advantage to emphasizing the ethical underpinnings of culturally sensitive care is that it helps the student become conscious of the assumptions made about the dentist’s model of patient care. Galvis’s work demonstrates how these assumptions are embedded in our understanding of culturally sensitive care. She writes, “Individuals from different cultural backgrounds bring to the clinical setting varying sets of values, beliefs, and practices that must be managed [emphasis added] in an effective manner.” Consistent with a behavioral philosophy of patient management, management implies that differences can somehow be directed by the dental provider. A consequence of the behavioral approach is that it implies that the dentist is responsible for directing the course of interaction. This paternalistic approach does not embrace the types of interventions that culturally sensitive care requires: nonjudgmental acceptance of differences, the need for communication about cultural differences, negotiation about valued practices in the dental partnership, and the importance of recognizing patients’ right to make choices about their own treatment.

Another result associated with a behavioral approach to patient management is that it does not give students the tools to negotiate culturally sensitive care. If the dentist is directing and managing issues related to cultural differences, how can the patient’s views be accommodated? An understanding of the ethical issues of paternalism, professional obligations, and patient autonomy can help the dental student appreciate the full situation. Again, courses that require students to analyze ethical dilemmas can help teach them about their role in the dental alliance. Ethics teaches students how to weigh alternatives about patient autonomy and provider nonmaleficence and to examine the role of professionals in relation to the model of care they provide.

Approaching culturally sensitive care with a focus on ethical decision-making places the emphasis on individual patients, their point of view, and their needs. It steers students away from focusing on group differences often presented in textbooks describing cultural differences and instead places the emphasis on communication with the patient. Since understanding and respecting a patient’s perspective are critical to establishing conditions that promote desired communication about differences, this approach reinforces and complements basic themes taught in the behavioral sciences. Several writers have noted the need for a more comprehensive approach to cultural competence in the health care curriculum.

Analysis of Illustrative Vignettes

Culturally sensitive care requires the student to understand cultural factors that may affect a den-
tal situation. In the two vignettes at the beginning of this paper, it is important for the student to ask: “Do the patient and the provider have the same expectations with respect to this situation?” While information on differences in cultural values may help the student generate hypotheses about this patient’s behavior, training in communication skills is also necessary to help the student see the situation from the patient’s point of view. The behavioral sciences curriculum can provide some of the tools needed for this task: information on how to establish rapport, demonstrate empathy and acceptance, and ask productive questions, as well as training in other communication skills to help establish understanding and encourage responding. Most importantly, integrating information from the ethics curriculum can also contribute to a student’s understanding of the situation.

In both vignettes, there appears to be a conflict between the patient’s and the professional’s definition of what constitutes “proper” dental care. The patient’s request for limited and immediate treatment may not be consonant with the dental student’s perception that more comprehensive treatment is needed. An appreciation of possible differences between the dental student and the patient is important for the student to understand the situation and make an ethical decision about the patient’s request for limited treatment. The student wishes to respect the patient’s desires, but also wants to practice dentistry in a manner that does not compromise the patient’s oral health and functioning or the student’s ethical obligation to practice good dentistry. Weighing the ethical principles of autonomy against nonmaleficence is a common task for dental ethicists—and requires that a discussion of ethics be introduced into the negotiation of culturally sensitive care.

A second ethical issue in the first vignette involves informed consent: Who can agree to treatment for this patient? Dentistry views the agent of informed consent as the patient being treated, not the family. In this example, the patient appears to be allowing her father to consent to treatment on her behalf, and it is not clear if his consent actually represents her wishes. Here again, an integration of behavioral science and ethics is necessary. To fully appreciate this situation and develop an intervention that is both culturally sensitive and ethically defensible, the student must understand what informed consent is and the ethical implications of obtaining an informed consent. The student must also identify factors interfering with obtaining consent in this case, and come up with an intervention that both respects cultural differences and allows for an informed and autonomous treatment choice. This reasoning requires an understanding of the patient’s point of view, good communication skills, and comprehension of the ethical issues involved.

These cases illustrate that teaching culturally sensitive care should include more than information about communication and cultural practices to students. Integrating an understanding of ethical issues is also important. When explaining the importance of culturally sensitive care to students, we need to point out that respecting differences is not only associated with establishing rapport and promoting compliance; it is consistent with the ethical treatment of patients and core ethical principles in dentistry.

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