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*by* L J

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**Submission date:** 27-Apr-2021 05:22AM (UTC-0700)

**Submission ID:** 1571314258

**File name:** Ethical\_and\_cultural\_inquiry.edited.docx (18.79K)

**Word count:** 677

**Character count:** 3682

**Ethical and Cultural Inquiry**

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## **Ethical and Cultural Inquiry**

### **Question 1**

I concur with writer's discussion showing patients respect is critical at the same time health care workers should familiarize about some given customs of other people's cultures in providing quality health care. Besides, knowing other people's customs makes the health practitioner know the values, norms, and morals of other people's cultures, using the knowledge to understand the patients while handling them. The differences observed in patients are patient illness, personality, socio-economic class, or educational background (Galanti, 2000). For example, lack of or inconsistent eye contact in American culture means cowardice, embarrassment, or lack of interest by the patient to relay information to the physician. In contrast, in Chinese culture, lack of eye contact means showing respect to the physician by the patient. This shows that an American physician avoids misinterpreting a Chinese patient when the patient avoids eye contact with the physician. The American physician should learn that Chinese culture demands that it is a sign of respect to avoid eye contact.

### **Question 2**

I believe there is danger in stereotyping people from other cultures. People may come from a given culture, but it is a bad idea to stereotype that those cultures apply to everyone within the locality from where a person comes from. Notably, there is a significant danger that comes with stereotyping people regarding the cultural considerations of norms, for everyone holds a unique character that lacks in other people (Galanti, 2000). This means that it is a bad idea for any physician to hold a stereotyping remark on a patient because by so doing, the physician gives an ending point with no definite quantification of holding such attitudes towards

an individual. For example, it is inappropriate for one to blankly think that they must have many children and a large family. Everyone, therefore, should be handled uniquely independently to achieve the best results when being handled by health practitioners because, bottom line, not everyone in the society subscribes to all the societal, cultural norms and practices.

### **Question 3**

I am most familiar with the Iranian culture, which upholds hope to the patient as the vital principle and determinant of the patient's recovery. Also, I am most conversant with the orthodox Jewish culture, which prohibits touch outside handshakes and regard such as evil and immoral. The Iranian culture dictates that if a patient is sick. After diagnosing the patients, the health provider first informs the family that then considers how, when and if to inform the patient about their health condition. They believe that if the patient is bombarded with the bad news about their health conditions, then the information may kill their hopes of living by causing more stress to them, worsening their condition and making them die. And therefore, as a health practitioner, it is essential to understand that such a culture demands that the family be given the information first and not the patient. On the same note, the orthodox Jewish culture requires the health practitioner not to touch a patient of different gender anywhere apart from the hands. This is considered immoral and against values and cultural norms.

### **Question 4**

Culture plays a very essential role in healthcare issue that I am expounding. For a patient's right and appropriate diagnosis, a health practitioner is expected to employ both physical, psychological and laboratory examinations. The physical examination includes touching the affected body parts of the patients to ascertain the extent of the illness's effect on the patient. At

the same time, psychological examination, which includes direct eye contact with the patient and lab examination, may require the physician to take samples that some cultures consider humiliating to show to a second party. Therefore, the variation in cultural norms hinders the healthcare practice because some patients may consider being silent about their illness, for they may consider it culturally embarrassing to talk about such issues with the doctors.

### Reference

Galanti G. A. (2000). An introduction to cultural differences. *The Western Journal of Medicine*, 172(5), 335–336. doi:10.1136/ewjm.172.5.335

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PAGE 1

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PAGE 2

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PAGE 3

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PAGE 4

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PAGE 5

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