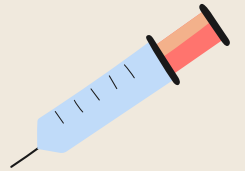




Culturally Competent Care in Clinical Practice: Addressing Diversity Through Ethical and Equitable PA Practice

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Introduction and Ethical Context

- U.S. healthcare serves a culturally, religiously, and socially diverse population.
- Diversity enriches clinical practice but creates complex ethical challenges for healthcare providers, especially PAs.
- Patients' beliefs influence how they perceive illness, seek treatment, and engage with providers.
- PAs must navigate the ethical tension between respecting autonomy and ensuring safe, evidence based care.

Introduction and Ethical Context

- Some ethical challenges include:
 - Language barriers affecting access and comprehension.
 - Faith-based end-of-life decisions.
 - Refusal of care based on provider gender, modesty and privacy
 - Inadequate culturally appropriate nutrition (e.g., halal, kosher, vegetarian).
- These issues raise concerns related to autonomy, beneficence, nonmaleficence and justice
- Providing ethical, patient centered care requires more than awareness, it demands structural change in healthcare delivery .

Language Barriers in Care


- ~25 million people in U.S. are Limited English Proficient (LEP) (Diamond et al., 2019)
- Leads to: Misunderstandings & misdiagnoses, Medication errors, Poor adherence to treatment
- Undermines PA ethical principles:
 - Justice – equitable access to care
 - Beneficence – acting in patients' best interests
 - Autonomy – informed decision-making

Better Outcomes with Language-Concordant Care

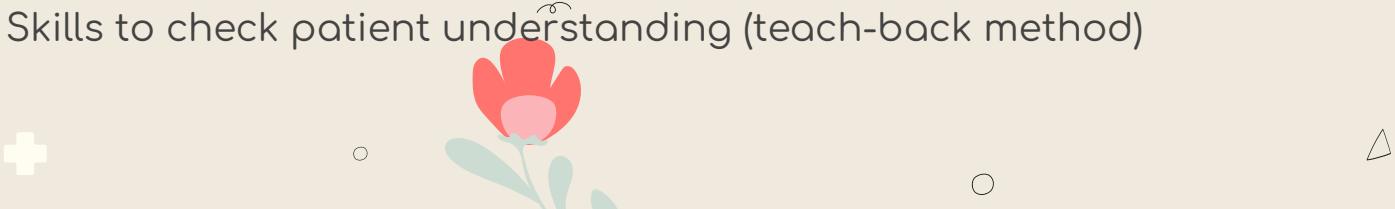
- A systematic review found that in 76% of cases, patients who received care in their preferred language had significantly better health outcomes.
- Benefits:
 - Improved satisfaction
 - Better adherence to treatment
 - Fewer medical errors
 - Lower hospitalization rates

76%

Better outcomes with
language-concordant
care



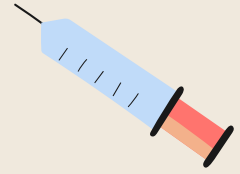
Addressing Language Barriers in Practice

- Expand access to professional interpreters:
 - Avoid family/untrained staff as ad hoc interpreters (risk of errors, breaches of confidentiality)
 - Document language preferences in electronic medical records (EMRs)
 - Recruit & train bilingual providers in communities with high LEP populations
 - PA education should include:
 - Training on working with interpreters effectively
 - Skills to check patient understanding (teach-back method)
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Religious Beliefs

- The wide range of religious and spiritual beliefs across the world presents challenges for healthcare professionals striving to provide culturally competent end-of-life care.
- Religion influences patients' attitudes, preferences, perceptions, and decisions, often shaping their expectations and experiences for health care in general
- Ethical Dilemma:
 - Autonomy
 - Beneficence

Orthodox Jewish Beliefs and End-of-Life Decisions



- Traditional Orthodox Jewish beliefs defines death as the irreversible cessation of both cardiac and respiratory function
 - contrasts with the standard medical definition, which identifies death as the permanent cessation of brain activity
- Differing definitions can create ethical and emotional tension between clinicians and patients or families
- PAs need to demonstrate cultural humility and involving religious leaders can foster trust





Religious Hesitancy in Care Discussions

- Religion is a deeply personal and sensitive topic across many faiths and not all patients feel comfortable discussing their religious beliefs, which can complicate conversations around medical interventions and healing
 - Lead to feelings of alienation, vulnerability, and mistrust
- As PAs, we can approach the religious hesitancy with sensitivity and clear, empathetic communication.
 - Involves building trust through self-education and an awareness of the historical and personal experiences that shape patient perspectives



Muslim Women & Modesty in Care

- **Ethical Issue:** Muslim women face cultural and religious barriers in healthcare settings related to Modesty, Provider gender preferences, and privacy, which directly affect access, trust, and quality healthcare.
- **Relevant Findings:**
 - Islamic Teachings: Promote modest dress and minimal physical contact with opposite gender
 - Tackett et al. (2018): Muslim women follow a hierarchy of provider preferences rooted in Islamic bioethics.
 - Hierarchy: Muslim female > non-Muslim female > Muslim male > non-Muslim male
 - When these preferences are not met, care may be delayed or avoided
 - Vu et al. (2016): 53% of Muslim women delayed care when a female provider was not available
 - High religious and modesty commitment strongly correlated with care delays
 - High religiosity: Odds ratio 5.2
 - High modesty: Odds ratio 1.4
 - Enyan et al. (2022): Modesty, gender mismatch, and physical privacy were major barriers to cervical cancer screenings
 - Out of the 431 women, 21 (4.9%) had ever participated in cervical cancer screening.

Relevance to PA practice & Ethical Principles

- Physician Assistants (PAs) are at the frontline of patient care
 - Perform physical examination, conduct initial assessment, and perform procedures
 - This places them at a key position to support culturally appropriate and sensitive care.
- Failure to accommodate cultural norms risk violating autonomy, nonmaleficence, and justice
 - Autonomy: If cultural or religious needs are not acknowledged, patient may feel forced into care that conflicts with their beliefs or may avoid care altogether, which means they cannot truly make informed choices
 - Non-maleficence: Failure to acknowledge cultural norms can cause emotional distress, loss of trust, potential delays in diagnosis and treatment, all of which cause harm to the patient physically and psychologically
 - Justice: Difficulty in accessing care that accommodates their needs leading to delayed care

Common Misconception & Recommendation

- Misinterpreting Religious Beliefs as Noncompliance
 - Providers view delays or refusal of care as noncompliance or avoidance, where in reality these actions are rooted in religious values and beliefs, such as modesty, gender boundaries, and privacy
 - Implications: erodes trust, delays care, violates ethical principles (e.g, justice)
- Recommendations: promoting culturally sensitive care
 - Respect modesty and Privacy
 - Always ask patients if they have a gender preferences for provider/chaperones
 - Use privacy curtains, close doors, avoid unnecessary physical contact
 - Promote Gender-concordance care
 - Defer sensitive physical exams and conversations to female providers when possibly
 - Institutional & workforce strategies
 - Recruit a more diverse clinical workforce
 - Implement ongoing cultural awareness and religious sensitivity training
 - Community Engagement
 - Partner with Muslim community organization to increase trust and educate about preventive services

Cultural and Religious Diversity in Healthcare Nutrition

- Cultural diet may conflict with medical guidelines
- Food and dietary practices are often a key part of cultural identity
- Mediterranean diet
 - Bias; predominantly promoted by white researchers and dieticians
(Duffy, 2020)
- Healthcare inequality
- Loss of trust and engagement
- Routine dietary intake, and advocate for dietary policies



Conclusion





- The cultural and religious diversity of the U.S. presents complex ethical challenges for PAs striving to deliver equitable, patient-centered care.
- Language barriers, end-of-life religious beliefs, gender preferences, and culturally specific dietary needs highlight the need for cultural competence in clinical practice.
- Addressing these challenges requires both provider-level awareness and systemic healthcare changes to support diverse patient populations.
- By fostering cultural humility, improving communication, and advocating for inclusive policies, PAs can uphold ethical principles and reduce healthcare disparities.

Cultural competence isn't optional
it is an ethical responsibility and a cornerstone of
effective patient care.



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


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