

Proposal to Address Social and Cultural Stigmas in Undergraduate Medical Education Curriculum of Developing Countries [Letter]

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Dear editor

The authors found the paper by Amanda Landers and Tim J Wilkinson very interesting in that it addresses the topic of attitudes of medical practitioners towards challenging medical scenarios such as those presented in end-of-life care of patients.¹ The authors would further like to add that even though now we see medical practice progressing rapidly to maintain higher standards of Physician's code of conduct while interacting with patients hailing from different cultures, developing countries still struggle to adequately understand and address the intersection of culture and medical practice. Mental health issues are still widely stigmatized in developing countries such as Pakistan, India, Columbia, Nigeria and Ethiopia due to the prevailing cultural mindset, and patients with Mental illness remain hesitant to share their experiences with health-care providers.²

The authors therefore suggest that to bridge the gap in communication that leads to poor attitudes of doctors towards their patients, medical students should additionally focus on understanding prevalent social and cultural stigmas and how a medical practitioner should respond to them accordingly. Growing evidence suggests that the use of Question Prompt Lists (QPLs) may be helpful in establishing effective communication between patient and Physician. Modules can be introduced for students where they focus on the use of QPLs, especially in the setting of end-of-life care where asking questions can become difficult for patients. Recent studies have shown that doctors often face challenges when addressing patients of diverse cultures, with individuals speaking different languages, in the setting of palliative care. Therefore, use of cultural competency and sensitivity training can prove to be beneficial. In addition, a hybrid simulation program can help identify areas of communication that need improvement.³⁻⁵ Learning strategies that make patients feel comfortable with their physicians can prevent physicians from missing important information that the patient might have otherwise withheld.

A thoughtful and knowledgeable doctor, who adequately understands the need for managing patients in the setting of the individual patient's cultural and social circumstances can serve the community much more effectively than a doctor who is only clinically competent. Therefore, medical education should consist of modules and courses that prepare future practitioners in managing patients hailing from diverse cultures. Medical students will only be able to confidently address patients with culturally stigmatized conditions and challenging terminal conditions if they are taught through a well-balanced curriculum that addresses the influence of a patient's social and cultural background on their effective medical treatment and care.

Disclosure

The authors report no conflicts of interest in this communication.

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