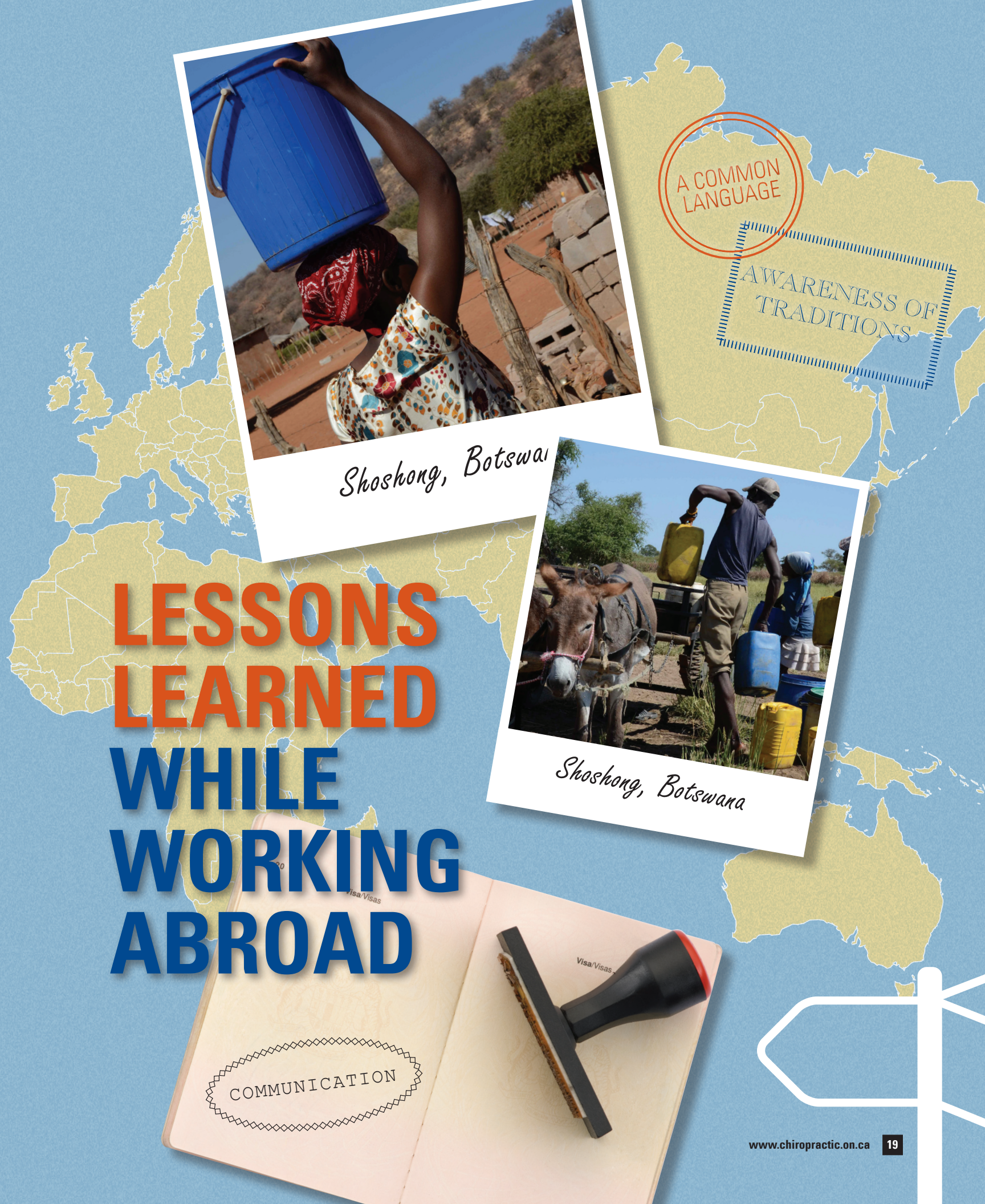
CULTURAL IMMERSION:

Papua New Guinea

Ranthambhore, India

PERMISSION



LESSONS LEARNED WHILE WORKING ABROAD

Like a new language or a new modality, culturally sensitive care is often learned best through immersion and practice. Chiropractic is spreading throughout the world, and those chiropractors who have had the opportunity to volunteer or work abroad have returned with new perspectives on holistic patient-centred care. In this article, four chiropractors share what they have learned while working abroad.

Dr. Claude Bourassa and his wife Carolle have travelled extensively, offering chiropractic services in over 100 countries in Southeast Asia, South and Central America, the Middle East and Africa. Dr. Becky Carpenter practices in Toronto and worked for 6 weeks with World Spine Care (WSC) in Botswana. Dr. Ismat Kanga also worked with WSC in Botswana for 7 weeks and now practices in Mumbai, India. Dr. Andrew Wilson is a board member of Global Peace Network and worked in Tanzania as a Clinic Manager and Chiropractor in the summer and fall of 2014. Dr. Stefan Eberspaecher has practiced in Brisbane, Australia and is now in Moca, Dominican Republic, setting up a permanent World Spine Care clinic with Dr. Patricia Tavares.

Permission for Manual Therapy

While chiropractors' ability to treat patients in regions without reliable electricity is a great advantage, receiving permission to touch a patient can be complex. "There is no substitute for patience," Dr. Bourassa said while reflecting on his time in sub-Saharan Africa. He found that it could take several hours or days before he was allowed to touch clan members. He notes that this is especially true when elders (a term which may include anyone over 50) and other high-status individuals are involved.

Gender may also dictate rules around how a practitioner may touch a patient. Dr. Kanga has often found in her Mumbai clinic that some patients are more comfortable being treated by a doctor of the same gender. "In these cases," she says, "it is sometimes preferable to refer them to another practitioner."

When a same-gender practitioner is not available, supervision by others or adjustments to technique may open the door to treatment. In Northern Burma, Dr. Bourassa received permission to perform a cervical examination of a long-necked woman called a "femme giraffe" as she removed multiple brass rings revealing an

atrophied musculature only after moving to the village's central courtyard in full view of the community.

In an Egyptian desert outpatient clinic, he was allowed to perform an unrestricted motion palpation examination on a female nurse with severe lower back pain so long as she was sitting or standing. Dr. Bourassa said that "the moment side posture manipulation and mobilization was attempted, this proved too intimate and the treatment session was aborted, regardless of the fact that the room was filled with 8-10 other observant female nurses. There would be no question of a non-related male, regardless of marital status, to be alone behind a closed door with a lone female."

Awareness of Local Healing Traditions

Dr. Kanga has encountered many diverse cultural and religious beliefs governing the medical decisions of her patients. "In Botswana," she shares, "individuals would often present with a thread around their waist that was given to them by their traditional healer for back pain. In Mumbai, patients have come in with scars from blood-letting." Not unlike practitioners in Canada, she has seen patients who use Reiki, reflexology, acupressure, ayurvedic remedies and homeopathy for conditions from lower back pain to ankylosing spondylitis. She notes the importance of practitioner awareness of other healing methods used by their patients.

Dr. Wilson also emphasizes the importance of inquiring about other types of healers. In order to provide holistic health care, "we need to know what natural remedies and medications people are taking as well as what other practitioners they are working with." In Tanzania, he saw patients with progressing conditions including untreated fractures and bacterial wound infections. Since the hospitals were far away, less understood and more costly, "patients gave themselves a trial of care with their traditional healers for a few months first. This led to some patients developing irreparable damage in the worst of cases and developing progressive or chronic conditions in others."

Despite a lack of evidence for certain remedies, Dr. Kanga urges practitioners not to try to influence their patients against them. Rather, she describes cultural competency in patient care as being "mindful of the differences in culture, not being disrespectful or voicing opinions regarding certain practices or beliefs, and treating all patients as equal regardless of their race, religion or ideals."

Dr. Eberspaecher agrees. "If you accept your patients for what they are, non-judgmentally, you will do just fine. Everyone has a reason for being the way they are. Allow the patient to tell you who they are and what they need." Focusing on mutual respect leads to better doctor-patient communication, trust and improved health outcomes.

Communicating Without a Common Language

In Botswana, Dr. Carpenter worked with the aid of a dedicated translator. She quickly realised how important it was to address patients directly, rather than directing questions to the translator. "By speaking directly to patients," she said, "it helped build trust and they were more willing to open up and answer questions more thoroughly."

"Regardless of the country," Dr. Bourassa writes, "we always made an effort to learn the basics of the language." A smile and a simple 'hello' and 'thank you' served as an effective ice breaker and helped Dr. Bourassa to build trust and gain invitations to remote rural communities.

Using a translator can be a slow and sometimes frustrating process particularly when inquiring about complex medical issues. Dr. Carpenter suggests "being patient with the process and asking the question in different ways or using hand

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Dr. Stefan Eberspaecher

gestures to emphasize points" when clarifying difficult questions.

In Botswana, Dr. Carpenter's patients taught her that pain can be described differently from culture to culture. "In English," she explains, "we 'feel' our pain and describe an injury using those types of verbs. In Setswana (the language used in Botswana), patients describe their pain through verbs related to hearing." Even her English-speaking patients would describe their pain by saying, "I can hear it." This description of 'hearing' pain is connected with local practices of funerals, grief and mourning through singing and music. Small language barriers such as this served as opportunities to learn more about the patient's culture.

While some language barriers can indeed be informative about a patient's perspective, Dr. Eberspaecher reminds us not to overgeneralize individual characteristics to a larger group. "Here in the Dominican," he says, "we have been struck by how challenging it is for patients to describe the character of their pain. At first this seems like a cultural difference." However, this is not a unique cultural trait. Canadian patients also find it challenging to describe pain and clinicians learn to read between the lines and prompt responses as necessary. Dr. Eberspaecher finds it important to ask, "Is this a true cultural difference or is it a communication barrier in disguise?"

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>
> **Dr. Claude Bourassa**

Bringing it Home

When travelling, you may have experienced the way new environments can open your mind and heighten your senses. We return and see our home in a fresh light. Whether it's a broader range of adjustment methods for different body types, a greater reliance on manual adjustments, or a new set of questions for patients, chiropractors who spend time working abroad often find that the experience influences their approach here in Canada. Above all, they find themselves slowing down to listen in the clinic.

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By the Numbers:

Chiropractors working around the globe.

65,000
U.S.A.

8,000
Canada

3,000
Australia

2,000
United Kingdom

100 to 500
Belgium, Brazil, Denmark, France, Ireland, Italy, Japan, Mexico, The Netherlands, New Zealand, Norway, South Africa, Spain, Sweden, Switzerland

Source: World Federation of Chiropractic

appreciate the importance of incremental introduction of novel information back here," Dr. Bourassa says. While Canadians have more exposure to the profession than people in many other countries, Canadian chiropractors often treat patients who have never received this type of care before. It is equally important in Canadian clinics to introduce information slowly, especially when discussing expectations around treatment outcomes.

"One simple tool I use is allowing a patient to express themselves freely at first without interruption," Dr. Eberspaecher shares. "By observing how things are said, wording, tempo, body language, eye movement, you can learn a lot." At the end of each visit, he also offers patients a chance to ask him anything that hasn't yet been discussed. "Recently, I had a patient who expressed some views which indicated that she may be beginning to head toward a chronic pain mindset," he says. Having identified this in the early stages, he is now more able to assist her.

Dr. Carpenter also finds these conversations useful in her practice: "I've seen that taking a bit of time to understand the patient's background — where they are from, what it is like in their home country, when they came to Canada — can help establish a good rapport and trust between the chiropractor, patient and translator."

Canada is a diverse and ever-changing society and each patient offers a chance to see the world from a different perspective. Taking the time for curiosity in the clinic will enrich your ability to offer effective care. "The more that the patient and therapist are on the same page," Dr. Bourassa says, "the more improved the chances of a better patient experience." His clinic in Cochrane, Ontario has a new motto: "If it seems agonizingly slow, it is probably just about right." ON

Interested in Working Abroad?

Chiropractors interested in serving abroad have a number of options. Here are a couple of starting points:

WORLD SPINE CARE

World Spine Care aims to create a world in which everyone has access to the highest quality spine care possible. With clinics in the Dominican Republic, Botswana, Tanzania and India, WSC welcomes applications from students and volunteers.

http://worldspinecare.org/volunteer

HEALTH MISSION OUTREACH

This Canadian charity organization offers free medical aid to people in need here in Canada and abroad. HMO is currently recruiting participants for a mission in Guatemala in August 2015. Applications are due February 28, 2015.

http://www.hmocanada.org/

When preparing to work internationally, ensure that you inquire about legal scopes of practice in that country along with liability and practitioner insurance.