

Hispanic - Ask the Expert

What is the role of family with regard to patient care in traditional Hispanic culture?

When someone is ill, it is generally expected that their family members will spend as much time with them as possible. It is an important avenue for expressing love and caring. It is usually best to allow family members to spend time with your patient and, as desired by the patient, to assist the patient with daily activities. Welcome the large number of family members who may visit, since the immediate family often includes aunts, uncles, cousins, nieces, and nephews.

How comfortable are Hispanics talking to professionals about their personal problems?

In general, family problems are to stay within the family and not be discussed with strangers, including professionals. To build trust, a professional may need to share personal information about themselves, as you are comfortable, as part of the trust building process.

What can I do to make female patients more comfortable?

Ask your patients about their preferences for comfort. Modesty is important, especially among older women; try to keep them covered whenever possible. Acknowledge the patients desire for modesty and solicit the patients input on how to make them comfortable. If you need to provide patient education or counseling in an outpatient setting, allow the patient to get dressed or cover themselves with blankets or additional gowns (as the patient desires) prior to the education or counseling.

What is the typical decision making protocol for a Hispanic family?

Ask the patient (or parent) if they prefer to discuss issues with other family members before coming to a final decision. Accept that an older, more traditional wife may defer to her husband in decision making, both regarding her own health and that of their children. Involve the family in decision making whenever possible. Recognize that within the household, the grandmother may be the important decision-maker for the children. It is often helpful to involve family members in patient teaching. By talking to your patients you may recognize that among younger 2nd and 3rd generation Hispanics, decision-making will likely mirror that found in mainstream American culture. This is particularly true for those that achieve higher education, beyond high school.

What are Hispanic customs for birth and pregnancy?

Pregnancy is seen as a normal condition, so prenatal care may not be sought. In labor and delivery, a woman's mother may be the preferred birthing partner. Some laboring women yell out a loud form of controlled breathing. Others may be stoic. Less acculturated new mothers may avoid cold, bathing, and exercise for six weeks postpartum. Respect post-partum prescriptions for rest. Sponge baths may be preferred. Pregnancy is considered a hot condition; birth depletes the body of heat. Restoration of warmth is important. Hot and cold in this context refer to energy properties. Offer liquids in addition to ice water, which may be deemed too cold.

Is it acceptable for Hispanics to be expressive of pain, or are they more likely to be stoic?

It is generally acceptable to be expressive (loud) when in pain, although males may be more expressive around family members than around health-care professionals.

Does time orientation affect care?

The culture tends toward a present-time orientation, which may impact the use of preventive medicine and follow up care.

How do Hispanic families prefer to receive bad news, particularly a fatal diagnosis?

Family members may want to withhold a fatal diagnosis from the patient; ask the patient upon admission (or before the need arises, if possible) whom should be given information about his or her condition. Check with your legal department to make sure the appropriate forms are signed or that the responses to this information is documented so that you do not violate HIPAA laws.

What is hot and cold body balance, and what does it have to do with health?

Different cultures have different concepts regarding the cause of illness and the source of health. One common belief is that health reflects a state of balance, while illness results from an upset in body balance. This belief is thought to have originated in China and spread from there to influence beliefs in Asia, India, Spain, and Latin America. All foods are thought to have the quality of being hot, cold, or neutral, though what is considered "hot" and "cold" vary not only from country to country but from region to region.

Hot and cold refer to qualities, not temperature. Emotions are also thought to be hot or cold, and thus, an excess of emotion can result in illness. In some ways, this is not unlike the notion that stress can lead to illness. Diseases and conditions are believed to be hot or cold, and thus should be treated by its opposite in order to restore balance. For example, pregnancy is generally considered a "hot" condition. Foods that are high in protein are also generally thought to be "hot." Physicians should make sure that pregnant women get enough protein, since they might avoid "hot" foods when they are in this "hot" condition. Birth, on the other hand, is believed to suddenly deplete the body of "heat," making the restoration of heat through eating "hot" foods important. Ice water may be avoided as too extreme, and likely to cause the body to become too "cold."

What can be done if a patient refuses to eat certain foods or take certain medications?

Ask if there are other foods or liquids they would prefer. If patients refuse certain foods it may be because they are seen as upsetting hot and cold body balance, If they have a "hot" illness, they might prefer "cold" foods. If a specific medication was once used to treat what they perceive as a "hot" condition, they may reject it for treating what they see as a "cold" condition. In such cases, you can offer alternative foods and liquids. They may not take the pill with water, but orange juice might "neutralize" it.

Ask your patient if they prefer ice water or an alternative before serving, Be aware, however, that patients will rarely verbalize the notion of "hot and cold." If they believe in it, they may simply act according to the rules as second nature, without ever using the terms.

What special challenges might a physician face in helping Hispanic women deal with diabetes, hypertension, and obesity?

Among traditional Hispanic women, a larger body size is seen as healthy, in contrast to middle class Anglo American women who prefer a slimmer body image. It may thus be more difficult to convince traditional Hispanic women to lose weight. In addition, many Mexican foods are high in fat and salt. Nutritional counseling may be necessary for diabetics and individuals with high blood pressure. There are cookbooks for heart healthy Mexican cuisine you can refer patients to.

Are there any superstitions to be aware of regarding adult interactions with children?

Some may believe that complimenting a child without touching him or her can cause evil eye (mal de ojo). To be safe, touch the child when admiring him or her.

Are herbal remedies used in the Hispanic culture?

Herbal remedies are commonly used. It is important to ask about them in a non-judgmental manner. For example, say something along the lines of, "Most of my patients try home remedies before they come in to see me. Often times, they get better and don't need to come in. However, it's important that I know what you've tried, because I don't want to give you anything that might interact badly with something you've taken." While most are effective or neutral, azarcon (a bright reddish-orange powder) and greta (a yellow to grayish-yellow powder), which are used to treat empacho (stomach pain), have lead and can be dangerous.

Which countries do Hispanics come from?

The term Hispanic is used to encompass people from Mexico, Cuba, Puerto Rico, El Salvador, Honduras, Costa Rica, Guatemala, as well as from any of the countries in South America. Although with the exception of Brazilians, they all speak Spanish and share some cultural characteristics, their cultures are different. (Brazilians speak Portuguese.) The material in this section, however, focuses primarily on Mexican culture, since Mexicans comprise the largest group of Hispanics in the U.S.

Do most people from the countries you mentioned prefer to be called Hispanic?

No. Some prefer the term "Latino" to "Hispanic." Most, however, would prefer to be called by their country of origin, such as "Mexican," "Peruvian," or "Guatemalan."