

Culturally Biased Assumptions in Health Care

The predominant medical culture draws many conclusions based on the erroneous assumption that all patients have common experiences, values and expectations. Below is a compilation of some of these culturally biased assumptions. The point of providing this list is to show that many patients do not share these assumptions.

- Focus on the Individual: A belief that the patient must take responsibility for her- or himself. An emphasis on the importance and uniqueness of the individual.
- Verbal Expression of Emotions: Health care in the mainstream U.S. system is most accessible to and effective for patients who are verbal, articulate, assertive and able to express their feelings. The major medium of expression is spoken English.
- Openness and Intimacy: Self-disclosure and discussion of the most intimate parts of one's life are hallmarks of only some areas of health-care practice. They are not relevant in the majority of medical practice.
- Linear Static Time Emphasis: The United States operates by "clock time." Showing up late for appointments is a sign of disrespect.
- Nuclear vs. Extended Family: Even though it is no longer the norm in the United States, the "nuclear family" is still held to be the ideal from which we conceptualize and practice family health care.
- Locus of Responsibility: Responsibility for change resides with the individual. The locus of the problem is generally internal.
- "Normal" Behaviors/Habits: The "normal" label carries with it the necessary corollary that abnormal behaviors/habits exist.
- Health-Care Practitioner as "Expert" or the "Authority": Patients are often not viewed as partners in the healing and diagnosis process.
- Provider Awareness: Health-care professionals/providers are aware of their assumptions and biases.