

The New Diversity in the Medical Education

“Diversity 3.0”- achieving the full potential of this diversity as a business priority that is fundamental to our competitive success. Requires a focus on differences beyond race and ethnicity.

Provides a model for cultural competence in doctor patient interactions that can improve patient satisfaction.

“Visual diversity”- that of race and sex: it is easily measurable, but we should focus beyond this.

Emergency Medical Practice: Advancing Cultural Competence and Reducing Health Care Disparities

Institute of Medicine report, “Unequal Treatment”: minority patient populations in the US often receive an inferior quality of care across the spectrum of medical care from preventive measures to management of chronic conditions to treatment of acute conditions. These disparities contribute to decrease life expectancy and increased disease-specific morbidity and mortality.

Obstacles to care: language barriers, economic hardships, differences in beliefs, and cultural practices

Factors Playing a Role in Lower Quality of Care:

Systemic factors such as legal and regulatory climates of health care, insurance policies, and access to services contribute to disparate levels of care.

Patient factors such as differential individual risk factors for diseases and exposures, socioeconomic status, health care seeking behavior may result in worse health outcomes.

Provider-level factors include bias or prejudice against minorities or stereotypes held, and greater clinical uncertainty.

Understanding the Reasons Why:

Lack of trust in providers and health care systems

Culture gaps in understanding disease processes or treatments

Poor prior interactions with the system

Increased cultural sensitivity fosters better patient-doctor relationships and communication, and reduces observed health care disparities.

Principal approach (principlism)

Nonmaleficence- do no harm to the patient, both physically and psychologically

Respect for persons- empowering the patient to make his/her own informed decisions about his/her care, while also protecting those with diminished autonomy

Beneficence- health care providers have a central obligation to provide benefits and to balance those benefits against risks while delivering health care

Distributive justice- limited resources must be fairly allocated so as to maximize health care to benefit all

*to provide culturally competent care and reduce disparities stems from principles of beneficence and social justice.

Strategies to aid in reducing disparities and furthering cultural competence:

1. Reduce provider bias and increase cultural awareness
 - a. Cultural competence training
2. Clinically accommodate patient preferences and needs through modifying our practice styles and practicing clinical negotiation as much as feasible
 - a. Patient-centered model of medicine
3. Promote workforce diversity as it may assist the health care system in becoming more tolerant and receptive to the needs of minorities
 - a. Mixed workforce may advocate systematic changes that would promote an environment that is more responsive to the needs of vulnerable populations
 - b. Trust, participatory decision making

END POINT: Emergency medical providers should become aware of the disparities that exist and effect measures to provide competent, sensitive and equitable health care to all