

Practicing Medicine through the Culture

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Letter to Editor

Medicine is an applied science. There are several but defined ways to operate on a gallbladder and several but also defined ways to treat a minimal change disease. Consensus meetings are international and aim to unify the care. Also, as medical students we learnt about evidence based medicine and the importance of guidelines in treating a patient. Many of us studied in the same reference books the anatomy and the physiology and pathophysiology, no matter where we were residing, in India, the states or the Middle East. However, seldom did we learn about the practical aspect of treating a patient.

As a medical doctor and a surgeon, we (both) have practiced medicine in different countries, and we are really enriched by the experience we are trying to share.

If the treatment options of the patient are often established by the scientific aspect of medicine, a doctor must tailor his approach with the patients on many levels.

First and foremost, we should consider the cultural aspect of medicine. Culture is defined as the beliefs and attitudes that are learned and shared by members of a group [1]. A common example would be a Jehovah's witness refusing the possibility of a blood transfusion after a difficult operation [2].

But physicians should also conform to the unwritten rules of society. For instance, a medical doctor in a patriarchal society must deal with the family of the patient as an entity by itself [3]. The family is continuously present and needs to be integrated in the medical approach, because of the repercussion a disease will have on each individual of this welded family. On the contrary, practicing in some first world country made us discover a whole new approach. With the prolonged survival age, we were faced to patients in their 90s, being admitted to a hospital and completing a several-days hospitalization with no one to talk to except you! This is quite frequent in countries where people are overwhelmed

with work and distances. And as much as accompanying a dying patient and his family is hard on a physician, exploring the options of a dying patient is harder when he has no one to share his fears with. You'll find yourself enjoying small chats with this patient after your long day of work.

Another important aspect is in the communication. We are not going to discuss the ethics of who to reveal the diagnosis to. We would rather focus on the different ways of communicating a disease [4]. For instance, in a middle-eastern hospital, a doctor would use careful words when explaining the disease and often end up with an encouraging word. In first world countries, one would go straight to the point. Statistics are important and patients often prefer to hear the probability of their remission more than encouraging words that would "dramatize" the situation.

The cultural aspect is quiet intricated with the spiritual aspect of medicine. For instance, in Lebanon where religion plays a pivotal role in everyday life, physicians tend to use expressions such as "May God's will be made" or "May God accompanies you". The patient might not be religious but these expressions tend to recomfort both sides. The effect of such words isn't the same in laic countries where again going straight to the point is better than using tournures.

Medicine is a science and its practice is quite a changing and challenging exercise.

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