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### e-Ethics, 2002 October

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## The Cultural Context of Complementary and Alternative Healing Practices: Seeking Cooperative Healing

**D**elivering the standard array of healthcare services to increasingly diverse populations requires understanding and responding to a wide range of cultural beliefs about health, illness, and treatments. Many people subscribe to such health-promoting and healing practices as herbal medicine, acupuncture, homeopathy, massage, chiropractic interventions, bioelectromagnetics, and folk medicine. Patients often seek out such interventions, labeled complementary or alternative medicine (CAM) by proponents of mainstream medicine, even as they participate in more conventional biomedical care. Given ethical commitments to respect patients as persons, seek to do good and prevent harms, and promote clinical excellence, conventional healthcare professionals may encounter significant ethical questions involving the healing practices of cultures that do not have a biomedical foundation.

S is an 18-year-old Hmong woman with a history of hemodialysis treatment for end-stage renal disease and hypertension. She is compliant with treatment, but her parents are uncomfortable with their daughter's medical care and her need for continued hemodialysis. Hmong cultural health practices are based on the belief that spirits cause illness and spiritual healing is necessary to remove their harmful influence. Without notifying her nephrologist, her

parents have begun a series of treatments with a folk medicine healer—a shaman—well known in their community.

Recently S was admitted to the hospital after becoming febrile. Unfortunately, her dialysis line had been infected with *Staphylococcus aureus*, and a chest X-ray revealed a complete opacification of her left chest. A chest tap revealed a hemothorax with old, thickened blood surrounding her left lung. A consultant suggested immediate surgery to clear out the blood and possibly restore function to the lung. S asked that her father make all healthcare decisions for her. Communicating through a translator, he initially agreed to the surgery, but soon rescinded his consent.

Guided by their paradigm of health care, S's family saw the accumulation of blood as the result of inappropriate care by her physician and believed that the hospital wanted to use the surgery to destroy the evidence. They pressed strongly for shamanic intervention to treat her lung.

Some members of the treatment team considered S's father "difficult" and "superstitious." Other team members supported the proxy's right to refuse treatment. They were less sure that the hemothorax was surgically treatable, since the blood had been present for quite some time and might have damaged the lung permanently. Others suggested invit-

ing the Hmong shaman to provide "alternative" treatment at the hospital, in hopes that the family could be persuaded to continue dialysis and perhaps reconsider surgery. The attending physician requested an ethics consultation to review all parties' concerns and possible options.

S was too ill to participate in the conference. The committee invited her father, as proxy decision maker, and the translator to attend. In the past, when medical professionals insisted that a Hmong family accept biomedical treatments and avoid using traditional folk medicine, the result had been an adversarial relationship. That outcome typically destroyed any trust between caregivers and family and effectively ended the relationship. In this case, by involving the family in the ethics conference, the committee wanted to demonstrate respect for the patient's and family's values and preferences while seeking the best outcome for the patient consistent with clinical excellence.

One committee member noted that, for many people, Western biomedicine is "alternative medicine." Another observed that when patients and their families refuse interventions that are relatively benign in nature, healthcare professionals rarely raise an ethical eyebrow. The greatest difficulties occur when patient or family are unwilling to accept a life-



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sustaining biomedical intervention and want a scientifically “unproven” intervention. When patients choose CAM treatments and avoid well documented, effective medical treatments for serious conditions, clinicians may feel torn between a desire to respect the patient’s preference and a duty to prevent harm. Ideally, culturally respectful approaches should enhance the quality of care. But what if such respect leads clinicians outside the scientific paradigm of medicine?

In this case, two factors seemed significant: the questionable value of the surgical intervention and the family’s skepticism about the biomedical explanation and treatment of S’s condition. The ethics committee concluded that supporting the family’s spiritual and medical practices and honoring the refusal of surgical intervention would serve the greater good. They hoped that this recommendation would help restore the therapeutic relationship, so that the family would continue their daughter’s ongoing dialysis. The committee accepted a degree of harm—the potential loss of S’s lung—in the hope that she would continue to receive life-sustaining dialysis.

As a result of the ethics consultation, the attending physician agreed to discharge S home, where she would receive shamanistic treatment. The family agreed to a follow-up meeting in three days to air additional concerns and develop a further plan of care. Ten days later, S received a repeat X-ray. To the surprise of many,

the hemothorax had completely resolved. Supported by her family, S continued her dialysis appointments, and a successful first discussion was held about the possibility of renal transplantation.

Medical skepticism about CAM interventions is based on a perception that these treatments are unproven, and a corresponding concern for patient well-being. Interestingly, some commentators argue there is a very fine line between conventional biomedical interventions and CAM, as much of Western medical care is based more on tradition than carefully validated scientific studies. Wherever one draws that line, CAM and biomedicine share at least two central values: a commitment to the patient’s well-being, and a recognition that trust is vital to the therapeutic relationship.

Clinicians should assess the cultural background of each patient and inquire about cultural values that may affect health care. Recognizing the biomedical culture in which they themselves participate, clinicians should become aware of specific beliefs and practices of the populations they serve—and should always inquire whether an individual patient adheres to those cultural beliefs. The art of medicine requires that practitioners ask their patients about the use of CAM and learn enough about CAM interventions to support the patient’s goals, working always to minimize harm and maximize cooperative healing.

**e-Ethics** provides discussion of important ethical issues in clinical care and organizational life. In specific cases, fuller ethical analysis may be required. The discussions in *e-Ethics* should not be construed as legal advice and do not necessarily represent official positions of Advocate Health Care.

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