

## Bioethics for clinicians: continuing the series

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Understanding and accommodating patients' values is a key aspect of patient-centred care. Patients respond to illness and make health care decisions within a unique personal context shaped by culture, religion, temperament and experience. The values and beliefs that they bring to health care decision-making may be the product of long and deep reflection, or may be largely unexamined. Many people faced with a crisis draw comfort and guidance from long-held beliefs; others find those beliefs sorely tried. Some patients are distressed to manoeuvre through a health care system whose implied values do not closely mirror their own.

Clinicians become involved in health care choices as facilitators of the patient's decision-making process. As such, they need an awareness of how their own cultural and religious background may influence their view of the patient's situation, as well as familiarity with religious and culturally based values different from their own. Although understanding and accommodating the unique cultural and religious views of patients — especially in relation to the ethical aspects of practice — is a critical determinant of quality of care, guidance for physicians on how to do so is not easy to locate in the medical literature.

The first 17 articles in the Bioethics for Clinicians series appeared in *CMAJ* from July 1996 to October 1998. These articles, available on the series Web page ([www.cma.ca/cmaj/series/bioethic.htm](http://www.cma.ca/cmaj/series/bioethic.htm)) and in book form,<sup>1</sup> presented key concepts in contemporary bioethics, ranging from issues surrounding informed consent to dilemmas in end-of-life care, and provided practical guidance on applying these concepts in daily medical practice. With this issue we launch a new set of articles that extends the range of discussion into areas such as the disclosure of medical error and the determination of brain death. As with the first set, the purpose is to elucidate key concepts in bioethics that will help clinicians make well-reasoned and defensible decisions. In educational terms, the goal is to support performance: what clinicians actually do.<sup>2</sup>

These new articles include a subset that tackles head-on the complex issues that arise from the cultural diversity of the context in which Canadian physicians practise. Articles on Aboriginal, Chinese, Hindu and Sikh, Islamic, Jewish and Christian beliefs examine how tensions between values such as duties and rights, individual autonomy and familial bonds,

independence and interdependence may be played out against different cultural and religious backgrounds. Sadly, cultural differences sometimes result in miscommunication, misunderstanding, conflict and even mistrust between patient and physician. The aim of this multicultural emphasis is to make physicians aware of the potential for misunderstanding or perceived disrespect in their interactions with patients and their families and to offer practical advice on effective communication.

Because any exercise of this type runs the risk of stereotyping cultural groups, particular care has been taken to emphasize the diversity within each group. Although certain beliefs or traditions may be typical of a religious or cultural community, they are not necessarily adhered to by any particular member. Clearly, each patient will have unique values and preferences with respect to medical care that need to be elicited by the clinician, no matter what the norms of the patient's culture or religion might lead the clinician to expect.

As in the previous articles, the concepts discussed are anchored in case examples that present ethical dilemmas within a specific, plausible context. As the case examples illustrate, bioethics is not an esoteric pursuit removed from the exigencies of everyday practice; rather, bioethics is in the background of every encounter between physicians and patients and their families. The cultural and religious values of physician and patient are critical aspects of this context. We hope that these new articles will prove to be useful to physicians seeking to make ethically sound decisions in a diverse and increasingly challenging context of practice.

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### References

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