



## Asian women and the C-section

The preference of some Asian women to give birth via cesarean section has led to increasing C-section rates at British Columbia's Richmond Hospital. The hospital — in a Vancouver suburb with a large Asian population — is now “trying very hard to educate a different culture,” says Caroline Porter, the program manager of obstetrics.

The different cultural expectations stem from the widespread “C-section culture” in Asian countries. Many women who had their first baby by C-section in Asia have been told that they will need to repeat the procedure for all subsequent births, explains Dr. Susan Kuo, a Richmond family physician who delivers babies at the hospital.

About 70% of her patients are Chinese women and she has been working hard to dispel their perception that C-section is “easier” by explaining the higher risks associated with surgery. The problem is compounded by the estimated 30% of women giving birth at the hospital who were pregnant when they arrived in Canada, with some close to their delivery date.

Porter says that pain is “one of the biggest issues” confronting her nursing staff, 45% of whom are Asian-Canadian. In response, staff are trying, to “use anything at all” to help these women cope with natural births. Physicians are also very open to alternative methods such as aromatherapy that may be helpful during birth, she adds.

Porter says demands on hospital resources are significantly higher with the C-sections, which require a hospital stay of 4 to 5 days and care from at least 3 nurses, 2 physicians and a pediatrician. Kuo calls the impact on the hospital “really unfortunate,” but says that while she tries to encourage women to attempt a vaginal delivery, many are “really anxious,” and “when it comes down to it, as a doctor, you can only do so much if they refuse.”

In an effort to change these cultural attitudes, the hospital runs prenatal classes using Mandarin- and Cantonese-speaking nurses, who reinforce the positive aspects of vaginal delivery. Kuo says that about 95% of her patients attend. “I insist on it,” she says. — © Heather Kent

## Cool sites

### What's so funny?

Whether speaking in public or just chewing the fat with our colleagues, nearly everyone appreciates medical humour. Curious to see what was on the Internet in the way of doctor jokes, I entered those 2 words into the Alta Vista search engine and received a huge number of matches. Some sites were for general audiences, and others were definitely R rated. After wading through scores of sites, here are my top picks.

One site, [www.makeemlaugh.com/j-doctor.htm](http://www.makeemlaugh.com/j-doctor.htm), has classic “Doctor Doctor” jokes that are safe for kids of all ages. Example: Patient — “Doctor Doctor, I can't stop stealing things.”

Doctor — “Take these pills for a week. If that doesn't work, I'll take a colour TV.”

Another site with good clean humour is [www.medicalink.net/related/jokes2.html](http://www.medicalink.net/related/jokes2.html). I liked the one about the physician who complained about his plumbing bill and noted that he didn't make as much money as the plumber. The plumber shrugged. “Neither did I when I was a doctor.”

A third site, [www.geocities.com/CapeCanaveral/4661/projoke35.htm](http://www.geocities.com/CapeCanaveral/4661/projoke35.htm), offers a good collection of stories, although a few are borderline risqué. It also offers some classics.

Doctor: “I've got very bad news — you've got cancer and Alzheimer's.”

Patient: “Well, at least I don't have cancer.”

Memorizing this material is not guaranteed to make you the life of the party, but at least it may help bring the occasional smile to the face of your patients and friends. And isn't laughter the best medicine? — Dr. Robert Patterson, [robpatterson@email.msn.com](mailto:robpatterson@email.msn.com)