

Communicating with Your Latino Patient

Adapted from *Culture Clues™*, University of Washington Medical Center, November 1, 2007;
<http://depts.washington.edu/pfes/cultureclues.html>.

Culture Clues™ was designed by the University of Washington Medical Center to help increase awareness about concepts and preferences of patients from diverse cultures. *Culture Clues™* is to be used along with information from the patient and family to guide your communication and your patient care.

Remember — every person is unique; always consider the individual's beliefs, needs, and concerns.



How does the Latino culture deal with illness?

Explaining the cause of illness and disease

- Your patient may see illness as an imbalance. The imbalance may be between internal and external sources (for example, hot and cold, natural vs. supernatural, the soul is separate from the body).
- There are folk-defined diseases such as *empacho* (stomach ailment) and standard western medically defined diseases such as measles, asthma, and TB.
- Many patients seek medical care from *curanderos* or other folk healers.

Helping your patient take an active role in care and recovery

- Your patient may believe that God determines the outcome of illness.
- The patient is seen as an innocent victim, and will be expected to be passive when ill.

Understanding concerns about depression

- Depression may not be seen as an illness. It is often seen as a weakness and an embarrassment to family.



How are medical decisions made in the Latino culture?

Making decisions about health care

- The mother determines when a family member requires medical care; the male head of the household gives permission to go to the medical center.
- Head of household, often oldest adult male, is the decision-maker, but important decisions often involve the whole family. The family spokesperson is usually the father or oldest male.

Managing medical news

- The family would prefer to hear about bad medical news before the patient is informed. The family spokesperson usually delivers information about the severity of illness. The family may want to shield the patient from the bad news.

Gaining family support

- La familia – the family – is an important source of emotional support during recovery. Patients like to be able to see and embrace their family members.
- The family may want to allow the patient to remain passive during recovery while they provide complete support for activities of daily living.



What are the Latino culture's norms about touch?

Understanding relationships

- Your patients value relationships. They prefer a polite and friendly encounter before a therapeutic relation.

Understanding norms about eye contact and body language

- Eye contact with health care professionals or people of authority may be avoided as a sign of respect.
- For some patients, eye contact may be related to evil spirits. An illness may be attributed to receiving an "evil eye" or mal ojo.
- Another example of evil eye is the belief that if you admire a child by looking without actually touching him or her, the child can become very ill.
- When your patient nods his or her head, it does not necessarily signify agreement, but that he or she is listening to you. Silence is more likely a sign of not understanding or disagreement.

Understanding norms about touch, modesty, and body language

- Consider the modesty of women and girls; having a female provider may be helpful.



What is unique about this patient and family that you will not learn from culture tips or information?

- Country of origin, education, and income level make a difference about how your patient perceives illness and makes health decisions. What are the questions you want to ask to learn more about this patient and their family?