



## Linda Brodsky Memorial Journal

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“How do you say ‘sorakaya’ in English?” my mom whispered to me in the hospital room. She had just completed her radiation session for the day, and the radiation oncologist was curious about her diet. They told us that nutrition was crucial for alleviating radiation symptoms like lethargy and warned us against antioxidants (they interfere with radiation waves). “Opo,” I relayed to the doctors, who were patiently waiting for her answer with a smile. I started listing the other delicious Indian meals my mom had that week (with English translation, of course), “snake gourd, cream of wheat, lentil pancakes, curd...” Amidst this, all I could hope was that at least one of the six doctors in the room understood what we were conveying.

Last year, my mom was diagnosed with ameloblastic carcinoma, an extremely rare form of cancer. The word “cancer” provoked immense fear in my immigrant parents- a fear bigger than what I could imagine, since I had the privilege of growing up near world renowned hospitals. Though

my parents had made a life for themselves in America as brilliant engineers, the harsh experiences of their humble beginnings in a third-world country had caused a deep-rooted feeling of mistrust towards the healthcare system; they had lost too many loved ones to curable diseases due to the inaccessibility of quality healthcare. Thus, a medical diagnosis as frightening as “cancer,” in their eyes meant: “death”.

Considering that my mom has a rare form of cancer, I saw a rather overlooked side of medicine this past year: the importance of forming a human connection with the patient. Since it was their first time seeing a case of ameloblastic carcinoma, even highly specialized surgeons and oncologists were unsure of the treatment plan. To best provide comfort to our family, the physicians built a reciprocal bond of trust through effective communication. Specifically, my parents had only wanted the surgical removal of the cancer because treatments like radiation and reconstruction seemed foreign to them. However, the physicians addressed cultural influences on these health-seeking behaviors– “you may

think reconstruction is unnecessary, but it is essential for quality of life”; “the radiation waves only target local tissue”; “the gabapentin is a strong medication, but you will work your way up with doses.” This gave my mom the courage to go through with the necessary treatments: a series of reconstruction and brain surgeries, radiation, and physical therapy.

When I think about my family’s journey, I can only reflect upon the utter essentiality of accessible and equitable healthcare. My family was privileged enough to have access to a qualified team of doctors, but the stark reality is many people do not have the same privilege. This draws on macro-sociological topics such as the social determinants of health. Would a homeless individual receive the same quality of care as an influential political leader? What about Black Americans and their white counterparts? The first step to achieving equitable healthcare is delivering a standard of care that is equal.

However, equitable healthcare goes beyond treating patients equally. Oftentimes, we think of ‘equity’ as synonymous to ‘same’. The fact, however, is that equitable care transcends beyond having the ‘same’ physician-patient interactions when so many factors vary between patients: race, ethnicity, gender, etc. In the face of a

diverse patient population, this means acknowledging the differences between individuals and addressing the challenges (language barriers, health literacy, etc.) encountered by their communities. For my mom, the language barrier was the biggest challenge. Describing her symptoms and writing emails were duties I often undertook. However, physicians can also attempt to understand the subtle cues and communication styles of patients from different cultural backgrounds. Equitable healthcare, in short, requires physicians to develop certain dynamic skills: cultural competence and self-awareness.

Cultural competence is the capability of healthcare providers to have optimal interactions with patients from diverse cultural backgrounds. For instance, when I was explaining the English version of my mom’s meals, I hoped the physicians would attempt to understand the nutritional value of the food even though they were not familiar with it. If they had overlooked the information, it could have negatively impacted my mom’s quality of care. On the other hand, a doctor’s lack of cultural competence can be showcased by my visit to a cardiologist when I was young. I had experienced a series of fainting spells, so the doctor questioned what I usually eat. I was explaining my favorite healthy dish, curd

rice, and he stated, “That doesn’t sound very yummy.” These types of incidents can explain why patients prefer to choose doctors with similar cultural backgrounds, like how my mom intentionally chose an Indian American woman as her OB-GYN.

However, to understand patients from different cultural backgrounds, physicians must first understand themselves through the notion of self-awareness—the recognition of one’s own biases, values, and assumptions. For example, my mom’s healthcare team approved her trip to India since they assumed we would have a similar standard of living. When her radiation site got infected due to unsanitary conditions, they told us to rush to an ER, unaware that the village we were visiting had an inadequate hospital system. Healthcare providers must mitigate certain assumptions and seek information about different cultural environments. This knowledge on how culture informs patients’ daily lives will ensure that the patient receives care that is both clinically sound and culturally sensitive.

Cultural competence and self-awareness are at the core of equitable healthcare delivery because these concepts allow healthcare providers to treat a diverse patient population while remaining respectful of patients’ relative cultural

backgrounds. When physicians can start to understand shared experiences of different communities, they can establish an invaluable bond of mutual trust and understanding with patients. Because my mom’s doctors had never seen her condition before, my family’s foundation of trust did not come from a physician’s extensive training or experience; it came from their willingness to understand and address what my family was going through, physically, and emotionally. This is only possible with cultural competence and self awareness.