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Patron: Hayashi, Kayoko

Journal Title: Postgraduate medicine.

Volume: 116
Issue: 4
Month/Year: 2004
Pages: 39 - 46

Article Title: Her, Cheng1; Culturally responsive care for Hmong patients.

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Culturally responsive care for Hmong patients

Collaboration is a key treatment component

Cheng Her, MD, MS  Kathleen A. Culhane-Pera, MD, MA

PREVIEW

Since the end of the Vietnam War, tens of thousands of Hmong refugees have resettled in the United States. This ever-increasing population presents specific challenges to the US healthcare system as Hmong seek to preserve their cultural identity while acculturating to American society. Primary care physicians can enhance their interactions with these patients by seeking to understand various elements of Hmong culture, particularly its approach to medicine and healing. By extension, such knowledge and skills will aid physicians in all settings with patients who belong to minority cultural groups.

"I understand," said the young man as his aged father sat comfortably, gently kypthetic and silently deferential, in the chair nearest me. The older Mr Yang had offered no more than five words since we exchanged introductions nearly 45 minutes earlier. "But we must first convene a family meeting to consider all the options available for my father."

"By all means," I replied, shaking their hands in turn.

The son continued, "We are grateful for your help... and we'll let you know our decision once my uncle arrives from Laos sometime this year."

I nearly choked, my shock and fear poorly camouflaged by a string of guttural utterances. Where had I gone wrong? What more could I have said or done?

Cultural overview

Primary care medicine affords a unique interface between the culture of the burgeoning Hmong population in the United States and allopathic medicine. About 187,000 Hmong reside throughout the United States, although most live in Minnesota, California, and Wisconsin. The federal government recognizes the implications of providing healthcare to refugee populations whose cultural and language needs vary from those of mainstream society. Accordingly, the US Department of Health and Human Services Office of Minority Health created the National Standards for Culturally and Linguistically Appropriate Services in Health Care to help guide physicians and institutions.

It has been nearly 30 years since the first Hmong refugees from Laos were resettled in the United States. Although many of these immigrants are acculturating and assimilating into American society—a process that includes adjusting to biomedicine—traditional concepts of illness and traditional approaches to healing remain important. Health is perceived by Hmong as a balance of forces in the social, natural, and supernatural realms, and treatment is perceived as realizing these forces into harmony (table 1).
Table 1. Traditional Hmong etiologies and treatments

<table>
<thead>
<tr>
<th>Realm</th>
<th>Etiology</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural</td>
<td>Germs</td>
<td>Herbal medicines (tshuaj ntsuab)</td>
</tr>
<tr>
<td></td>
<td>Spoiled foods</td>
<td>Massage (zaws hno)</td>
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<tr>
<td></td>
<td>Imbalance of hot and cold</td>
<td>Diet and activity proscriptions (caiv)</td>
</tr>
<tr>
<td></td>
<td>Changes in weather</td>
<td>Coining and cupping (kav, nqus)</td>
</tr>
<tr>
<td></td>
<td>Febrile illnesses accompanied by rashes</td>
<td>Magical healing (khawv koob)</td>
</tr>
<tr>
<td>Supernatural</td>
<td>Soul stolen by evil spirits</td>
<td>Shamanic rituals (ua neeb)</td>
</tr>
<tr>
<td></td>
<td>Soul frightened out of body</td>
<td>Soul calling (hu plig)</td>
</tr>
<tr>
<td></td>
<td>Ancestral spirit upset</td>
<td>Appeasement of spirits (laig dab)</td>
</tr>
<tr>
<td></td>
<td>Fate, end of life</td>
<td>Renewal of fate (ua neeb thaih ntawv)</td>
</tr>
<tr>
<td></td>
<td>Lives of woman and fetus in peril</td>
<td>Separation of souls (ua neeb faib)</td>
</tr>
<tr>
<td>Social</td>
<td>Stressful situations</td>
<td>Natural and supernatural treatments</td>
</tr>
<tr>
<td></td>
<td>Fighting, cursing</td>
<td>Forgiveness ceremony</td>
</tr>
</tbody>
</table>

*Any given illness event may have a range of interpretations and treatments, which change with time.

Whereas each cause of a condition or disease has corresponding treatments, illnesses can have a range of interpretations and therapeutic approaches.

The traditional Hmong religious perspective addresses questions pertaining to the cycle of birth and death, wellness and disease. The World of the Light and the World of the Dark exist side by side, so the mostly unperceived, transparent spirit world permeates everyday reality. Disruption of harmony and balance between souls in the real world and spirits in the spirit world culminates in disease. When one of a person's three major souls wanders off, becomes lost, is ensnared by evil forces, or leaves the body to be reincarnated, then pain, suffering, and death will follow.3,10

For animistic Hmong, shamans (tus twiv ua neeb) remain at the epicenter of healing. It is these individuals' unanimity with helping spirits (dab neeb) in the spirit world that allows them to traverse the boundaries that separate the perceived, real world from the unseen spirit world. Shamans' helping spirits choose men (and sometimes women) to become shamans by inflicting them with life-threatening illness. Once their illness is diagnosed by a shaman and they are healed, they apprentice with an experienced shaman. They become skilled in rituals that breach the spirit world, track the lost soul, grapple with evil spirits, negotiate for the soul and, ultimately, outwit the spirits with their cunning. Shamans use paper as "spirit money" to ransom the soul and may exchange an animal's soul for that of the afflicted person. As warrior- emissaries, shamans risk their lives on their spirit-world journeys.1-12

Shamans serve people of all ages and both sexes. They treat wide-ranging symptoms perceived as spiritually caused illnesses, including depression, schizophrenia, chronic pain, breathing problems, infertility, and a range of other diseases (eg, hypertension, diabetes). If shamans are unable to cure an illness, they often refer patients to other healers, including physicians.

Soul callers (tus twiv na zaws hno) "fallen" from the individual's body; women learn their role by copying the soul calling ceremony from the soul from the physical plane (eg, road, hospital, home and call the spirit with incense and chant to entice the soul with sweet, loving promises of a good life). Ceremonies often include offerings of chickens, rice.3,10

If Hmong convert to Christianity, clergy and lay people assume roles in spiritual healing. Christian Hmong generally attend churches, but they also attend churches of every community, even for sale of magic (tus xweb fwb) and treatment (tus xweb fwb) and music. The possibilities of Hmong spiritual healers are not limited to theوت community. Herbalists that are due to natural remedies (and sometimes illnesses. They make use of (tshuaj) and may have a study of a renowned specialist as well as from other plants, which they use to treat a variety of ailments. They may be within the sphere of fertility, menstrual cycles, pain, abdominal pain.

Similarly, skilled healers (tus twiv na zaaw hno) use massage (tus twiv na zaws hno) to facilitate the healing process. Massage is an important component of spiritual healing, and it is often used in conjunction with herbal medicines and shamanic rituals. Massage is believed to help balance the body's energy flow and to aid in the release of toxins.
Soul callers (tus hu plug) can call souls that have "fallen" from the body (poob plug). These men and women learn their craft from other soul callers. During a soul-calling ceremony, soul callers first summon the soul from the place where it may have left the body (eg, road, hospital). They then return to the person's home and call the soul from an open door. As they burn incense and chant in Hmong, they entice the soul to return with sweet, loving words and promises of a good life. These ceremonies often include offerings of chickens, eggs, and rice.

If Hmong convert to Christianity, clergy and prayer assume roles in spiritual and physical healing. Christian Hmong generally avoid shamans, soul callers, and magic healers, but they may use herbs. Hmong attend churches of many denominations in nearly every community, and ordained Hmong ministers (tus xub fub) and priests (tus txw plug) guide many US congregations. These healers of faith offer further opportunities for Hmong followers to attain balance, harmony, forgiveness, and reconciliation.

Because not all illnesses are spiritually based, non-spiritual healers also provide services to the Hmong community. Herbalists (kus tshuaj) often treat illnesses that are due to natural causes. These practitioners are women (and sometimes men) who diagnose and treat illnesses. They may also have helping spirits (dab tshuaj) and may have apprenticed under the tutelage of a renowned specialist. They collect plants from Asia as well as from other herbalists and grow their own plants, which they make into teas or poultices for a variety of ailments. Some health problems included within the sphere of the herbalist's expertise are infertility, menstrual irregularity, impotence, joint pain, abdominal pain, headache, and diarrhea.

Similarly, skilled practitioners of therapeutic massage (tus ua zaws hno) can provide relief from common ailments such as fevers, colds, headaches, and muscle aches. These skills are taught to apprentices by masters, and it can take years to become a skilled and credible healer.

Magic healers (tus ua khawv koob) are also vital contributors to the health of a community. Although they work primarily with naturally caused illnesses and are not chosen by the spirit world, magic healers nonetheless work with healing spirits (dab khawv koob) after apprenticing with other magic healers. While invoking their helping spirits with incense, magic healers chant incantations and direct their healing power by blowing air and water onto a sick person's body. These healers are skilled in attending to burns, broken bones, eye infections, wounds, infertility, hyperstartle in children (ceeb), and childhood febrile illnesses accompanied by rashes (ua qoob). Some healers claim to have the power to remove stones from the body that occur as a physiologic process (eg, kidney stones) or are placed in patients through black magic.

**Themes in cross-cultural medicine**

Working with Hmong people in medical settings raises a number of important cross-cultural health issues. For example, many Hmong people are apprehensive about the effects of invasive procedures. Specifically, patients may resist blood draws and lumbar punctures because tapping a finite amount of vital fluids can invite negative consequences. In addition, Hmong often fear operations because of the potential for impaired spiritual health. That is, souls may become frightened and leave the body during surgery, or the disfigured body may doom the soul to disrevered misery in the next reincarnation.

Similarly, Hmong often have concerns about the...
effects of long-term medications, particularly when they are prescribed for a condition that does not necessarily cause a patient to feel ill (e.g., hypertension, diabetes). In general, people expect recovery and wellness in a short period of time. This expectation could be rooted in traditional Hmong medical practices (after all, if people didn’t improve, they may have died) and further influenced by experiences of quick recoveries after antibiotic injections administered in refugee camps. It seems that patients’ lack of adherence to medication regimens or other treatment methods can often be traced to misconceptions about the curative properties of such therapies.4,7

For Hmong patients, activities, food, temperature, and weather are important factors in health and healing, as they can influence the hot-cold balance.4,7 For example, women in the immediate postpartum setting are considered to be in a “cold” state, having lost “hot” blood. Obeying prescriptions (caiv) not to ingest cold food, engage in sexual intercourse, or be exposed to cold wind is crucial to their long-term health and well-being.4,7 Similarly, Hmong people tend not to drink cold water or engage in sexual intercourse after exercise.

Physicians should not underestimate the influence of a patient’s family when strategizing about a care plan. Since Hmong belong to a patriarchal culture that values family-based decision making, patients often turn to relatives to decide courses of action, and male clan leaders may be consulted if a disease is serious and the treatment plan is perceived as dangerous. As a source of insight and support for the patient, the clan’s primary responsibility is to the physical and spiritual health of family members.4,7

### Health issues in the United States

When Hmong arrived in the United States, they brought with them conditions endemic to Southeast Asia.4,7

<table>
<thead>
<tr>
<th>Table 3. Recommendations for working with Hmong patients and families</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inquire about</strong></td>
</tr>
<tr>
<td>History: birthplace, war experiences, refugee experiences</td>
</tr>
<tr>
<td>Current status: religion, formal education, employment</td>
</tr>
<tr>
<td>history, English language skills</td>
</tr>
<tr>
<td>Family: location of and support from nuclear and extended</td>
</tr>
<tr>
<td>family</td>
</tr>
<tr>
<td>Illnesses: name, cause, severity, previous treatments,</td>
</tr>
<tr>
<td>desired treatments</td>
</tr>
<tr>
<td>Medical fears: diagnosis, therapy</td>
</tr>
<tr>
<td><strong>Do</strong></td>
</tr>
<tr>
<td>Apply the LEARN model (see table 2) in clinical</td>
</tr>
<tr>
<td>interactions and be willing to negotiate</td>
</tr>
<tr>
<td>Communicate through trained medical interpreters</td>
</tr>
<tr>
<td>Work with nuclear and extended families, as patients desire</td>
</tr>
<tr>
<td>Provide medical knowledge to empower patients</td>
</tr>
<tr>
<td>Be patient: do not raise your voice or show anger</td>
</tr>
<tr>
<td>Avoid saying the patient may die; rather, say the patient</td>
</tr>
<tr>
<td>may not improve as everyone wants or that the future</td>
</tr>
<tr>
<td>does not look very bright</td>
</tr>
<tr>
<td>Learn about Hmong culture (see box on page 45)</td>
</tr>
</tbody>
</table>

Adapted from Berlin and Fowkes.4,7

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VIAGRA, at any time, is considered to have no impact on resuming the sexual activity of patients with erectile dysfunction.13

**Baseline:** flushing (10%), aerial congestion were generally transient characteristics (e.g., hypertension, or no pain). In these patients, infrequent reports of erections patients should be discouraged.13

Based on online interviews with physicians who are currently confirmed for the use of Viagra.

For more information, please see references for VIAGRA (25-mg dose).

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Asia, such as tuberculosis, viral hepatitis, and parasitic infections. As refugees, many also arrived with mental health afflictions caused by their flight, captivity, torture, and separation from deceased loved ones. Some Hmong have adjusted to American life, while others are burdened by severe or chronic recurrent major depression and posttraumatic stress disorder.

The transition from living in a society based on subsistence agriculture to resettling in a modern, industrial economy has induced in some Hmong chronic, debilitating health problems unheard of in Laos. Primary care physicians are treating a growing number of Hmong patients with hypertension, diabetes, dyslipidemia, obesity, and metabolic syndrome. These conditions and their complications, such as heart attacks, strokes, and kidney failure, appear to be increasing significantly.

Other outcomes of this traumatic change in family and community dynamics include intergenerational conflicts, the most drastic of which have resulted in homicide and suicide, and gender conflicts, which sometimes manifest as domestic violence. While chemical dependency is not new to Hmong culture, other forms of addiction are emerging, such as tobacco use, alcohol use, and gambling. Hmong organizations, along with mental health advocates and healthcare providers, are attempting to address this range of social, economic, and physical problems.

Recommendations for physicians

Our recommendations for working with Hmong patients are listed in tables 2 and 3. The LEARN model (see table 2) is an effective approach for providing culturally responsive care to patients of various cultural backgrounds. Inherent in this model are the physician's roles as an advisor and a presenter of information rather than an authoritarian parent figure.

Fundamentally, it is important to project an attitude of interest and respect. Hmong patients favor healthcare providers who "demonstrate a caring demeanor and a happy, positive attitude; [noting that] a smile or a kind word [is] essential to good care and basic human kindness" and do not necessarily seek out physicians on the basis of their training. A culturally sensitive approach requires demonstrating respect for a patient's cultural beliefs and reaching across cultures with human intentions.

Resources on Hmong culture

Hmong Cultural and Resource Center
http://www.hmongcenter.org

Hmong Health Website
http://www.hmonghealth.org

WWW Hmong Homepage
http://www.hmongnet.org

Hmong Language Institute of Minnesota
http://www.hmonginstitute.org


After Mr Yang and his son left my office, I revisited the interaction and reassured myself that I had indeed communicated as clearly as possible. I had sketched a four-chambered heart and the coronary arteries, depicting the left ventricle bulging with an aneurysm. I had used basic Hmong words to explain the biomedical concepts and recommendations to both of them, and I had spoken directly to the son.

"As you know," I said, "your father has diabetes and high blood pressure and recently suffered a heart attack. The damaged portion of the heart is bulging outward and contains a large blood clot. He gets short of breath and tired easily because his heart is weak. We have medicines that can dissolve the clot and that can improve his heart functioning."
I had been patient, had maintained a calm voice, and had not threatened that Mr Yang would die if he did not take the medicines I prescribed. I had elicited the family’s thoughts about the causes of his health problems and their use of traditional healing practices. I had done what I could do; the decision was up to them as they negotiated between traditional Hmong perspectives and new medical concepts.

Since then, I have continued to see Mr Yang in the clinic regularly, always in the company of his son. I ask my patient about his ailments and offer my medicines. His brother has not yet come from Laos, and Mr Yang has not yet taken all of the medicines I have offered him. Each visit concludes in the same manner: I wish him good health until we meet again, hoping that each visit provides us both with another small measure of mutual understanding.

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