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CELEBRATING DIVERSITY

RESPECTFUL CURIOSITY SAVES LIVES: A LESSON IN RELIGION AND HEALTH CARE

The video began to play. An Afghan immigrant with stomach cancer who does not speak English visits his doctor due to severe pain in his abdomen. His doctor calmly explains to the patient and his daughter that the pain is likely due to the stomach cancer he has known about for six months, but refused to treat with chemotherapy.

The patient explains to his daughter that he cannot allow the pump for chemotherapy because it conflicts with his Muslim faith. Then she poses a life-altering question to the doctor: “Is there anything else you can do without using the pump?”

After six months of suffering without treatment, the patient learns there were other options available without the use of the pump. His doctor had interpreted the religious objection to be about the therapy. But it was actually only about the pump, which would have interfered with his daily prayers.

This story, and other lessons about the importance of interreligious understanding in the health care setting, were shared at a recent workshop for NYC Health + Hospitals staff as part of the month-long series of activities to celebrate the diversity of our health system.

Lynn Stoller, the facilitator from The Tanenbaum Center for Interreligious Understanding, turned to a crowd from NYC Health + Hospitals/Woodhull and asked, “How did this happen?”

Workshop attendees quickly rattled off answers while some sat quietly in a moment of introspection.

“Where was the interpreter?” one participant asked.

“How could they justify allowing the family to do that work?”
“The doctor never thought to explain all of the different options?” asked another participant in bewilderment.

Another participant got to the heart of the lesson: “There’s no nuance! The nurse kept saying the patient believes in the will of Allah. No one actually stopped to ask which part of the treatment the patient found objectionable.”

NYC Health + Hospitals’ Office of Diversity and Inclusion has partnered with Tanenbaum to bring interreligious workshops to many of our patient care centers including Bellevue, Elmhurst, Harlem, Jacobi, Kings County, Metropolitan, Queens, and Woodhull. The workshops include staff from all disciplines and are kept small in order to stimulate discussion. Additional workshops will be offered in the fall.

Stoller urged participants to use respectful curiosity when working with patients, especially when deciphering their cultural and religious beliefs and practices. She noted that all too often Americans fear discussing politics or religion due to societal taboos, but noted that 92% of Americans believe in God or a higher power, and 80% state that religion is very or fairly important in their life.

What does that have to do with delivering quality health care? It turns out, a great deal: a study found that 41% of inpatients want to discuss religious concerns – only half of those same inpatients reported having such a discussion during their stay.

**BEST PRACTICES FOR ALL STAFF:**

**ADMISSIONS STAFF** should perform a spiritual screen that asks basic questions to determine the patient’s faith and religious needs.

- Are you a member of a faith community?
- Are there any religious/spiritual concerns you have related to your health that you would like me to know about?
- Do you have any religious beliefs/practices that would impact your daily activities while you are here in the hospital?

**CLINICIANS** should conduct a more in-depth spiritual history to identify religious concerns that can impact care.

- Learn the patient’s main concerns about their illness.
- Discuss the diagnosis and treatment plan and nail down the specifics of any objections to treatment.
- Determine if the patient needs spiritual support or guidance – if it would be beneficial, ensure that the patient is connected to a chaplain.

**CHAPLAINCY SERVICES** should be utilized by all staff to offer spiritual support and guidance when necessary.

**ALL NYC HEALTH + HOSPITALS STAFF** can also access the Culture + Diversity portal at Diversity.nychhc.org for resources and more information about our patients’ diverse cultures, languages, backgrounds and religions.
General knowledge about a particular religion or culture can be very handy, but it cannot paint the whole picture. The doctor in the film clip thought he was being respectful of his patient’s religion and culture – but he made dangerous assumptions based on his perception of those norms.

“Don’t confuse general knowledge of a culture or religion with understanding an individual’s thoughts and needs,” says Stoller. “I like to say that you should employ the curiosity of a toddler to begin asking patients about their beliefs and how they may relate to their health care, but with the restraint and appropriate respect of an adult. You’ll be amazed at how much you learn about what your patients need and want.”

We welcome your feedback! Send us your questions, comments, or story suggestions to news@nychhc.org.