



Cultural Competence and Informed Consent

Carole Chatalalsingh, PhD, RD
Practice Advisor & Policy Analyst

RDs in Ontario work with a population that is culturally diverse with many different languages. This includes clients who may identify with a disability culture, a gay culture or a particular religious or ethnic group. When treating clients from different cultures and groups, RDs must be satisfied that they have obtained informed consent, which means that the client understands the treatment that is being proposed, the risks involved, is aware of alternatives, and is in agreement. The ability of Registered Dietitians to recognize the cultural beliefs, values, attitudes, traditions, language preferences, and health practices of diverse clients and apply that knowledge to gain informed consent is an aspect of cultural competence.

Cultural competence is a client-centred approach where the clients themselves are recognized as the best source of information about their health perspectives. Dietitians are responsible for developing cultural awareness and the skills necessary to help clients to give complete information and to understand the treatment proposed so that informed consent for treatment can be obtained.

THREE COMPONENTS OF CULTURAL COMPETENCE^{1, 2, 3}

RDs are culturally competent when they practice the three components of cultural competence. This means they 1) manage their own prejudices, 2) communicate respectfully across cultures and speak in a way that does not presume that the other person shares their own values or experiences, and 3) understand a client's culture by asking open questions.

1) Managing Prejudices

Many people may unconsciously generalize, thinking that "Those people are all alike". Eliminating such thoughts

What is cultural competence?

Culture can be seen as a pattern of learned beliefs, values and behaviours that are shared among groups. They include thoughts, styles of communication, ways of interacting, views on roles and relationships, practices and customs. Culture shapes how we explain and value the world, and provides us with the lens through which we find meaning.^{1,2}

Cultural competence in health care describes the ability of systems and health care professionals to provide high quality care to clients with diverse values, beliefs and behaviors, including tailoring delivery to meet clients' social, cultural and linguistic needs.

Source: *Commonwealth Fund, Cultural Competence in Health Care Report*

and feelings may be impossible, but as regulated health care professionals, RDs can learn to manage prejudices so that they do not affect the way they provide service.

2) Communicating Across Cultures

Communicating across cultures means listening and speaking effectively. A culturally competent RD will ask, "What message do I need to convey? What information do I need from the other person? What words should I use? What words might be considered offensive? How do I make the other person comfortable to ask questions, or to tell me they have a different point of view?"

3) Understanding A Client's Culture

A client's culture affects how they understand health and illness, how they access health care services, and how they and their families respond to health care interventions. Ask open-ended questions to learn about how a client's cultural values and preferences affect

health-related decisions, for example in some cultures, the husband may be consenting on behalf of his wife or perhaps the grandmother is the decision-maker and not the mother or the client themselves.

ATTITUDES, KNOWLEDGE AND SKILLS FOR CULTURAL COMPETENCE

Rather than making assumptions about various cultural groups and their beliefs and behaviours, the cultural competent client-centred approach emphasizes the development of attitudes, knowledge and skills that are particularly useful in obtaining informed consent.

Attitudes³

- Willingness to understand our own cultural values and how these influence informed consent.
- Commitment to continued development of RD cultural awareness and interprofessional cultural practices.
- Attentiveness to differing cultural values between clients, RDs and other health care professionals.
- Willingness to recognize and challenge the cultural bias of interprofessional team members and colleagues or systemic bias within health care services where there are risky outcomes for the client.

Awareness and knowledge³

- Awareness of knowledge limitations and an openness to learn from clients.
- Awareness that general cultural information may not apply to individual clients and their families.
- Awareness that cultural features influence health and illness, including disease prevalence and response to treatment.
- Respect for clients and an understanding of their cultural beliefs, values and practices.
- An understanding that clients' cultural beliefs, values and practices influence their perceptions of health, illness and disease; their health care practices; their interactions with health care professionals and the health care system; and treatment preferences.
- An understanding that the concept of culture extends beyond ethnicity and that clients may identify with several cultural groupings.

- An awareness of the general beliefs, values, behaviours and health practices of particular cultural groups most often encountered by RDs, and knowledge of how this can be applied in dietetic services.

Skills³

- Ability to establish a rapport with clients of other cultures.
- Ability to elicit a client's cultural issues which may impact obtaining informed consent.
- Ability to recognize when RDs' actions might not be acceptable or might be offensive to clients.
- Ability to use cultural information when making client-centred decisions.
- Ability to work with the client's cultural beliefs, values and practices in developing a relevant dietetic plan.
- Ability to include the client's family in their health care when appropriate.
- Ability to work cooperatively with others in a client's culture (both professionals and other community resource people) where this is desired by the client and does not conflict with other health or ethical requirements.
- Ability to communicate effectively cross culturally and recognize that the verbal and nonverbal communication styles of clients may differ from your own and adapt as required.
- Work effectively with interpreters or translators when required.
- Seek assistance when necessary to better understand the client's cultural needs.

Errors are made more frequently when healthcare professionals fail to obtain informed consent. Cultural competence will broaden an RD's awareness of the cultural differences that create barriers to informed consent and will help them avoid errors, assumptions and ineffective communications.

RDs have a responsibility to ensure that their clients consent to treatment, including nutritional therapy. This consent, however, does not need to be written (or even

verbal), but can be implied. What is important is that the RD is satisfied that it is informed. The emphasis on cultural competence is to improve the quality of dietetic services and outcomes for clients from all cultures and groups in Ontario.

References:

1. US Department of Health and Human Services. 2001. National Standards for Culturally and Linguistically Appropriate Services in Health care. Washington, D.C.: Office of Minority Health
2. Price-Wise, Gail "Language, Culture, and Medical Tragedy: The Case of Willie Ramirez," *Health Affairs Blog*, November 19, 2008. <http://healthaffairs.org/blog>
3. Statement-on-Cultural Competence. *Medical Council of New Zealand* (2006) accessed on May 21, 2013 www.mcnz.org.nz
4. Flores, G., et al., "Errors in Medical Interpretation and Their Potential Clinical Consequences in Pediatric Encounters," *Pediatrics* 111, no. 1 (2003): 6–14[Abstract/Free Full Text]; and P. Ebden et al., "The Bilingual Consultation," *Lancet* 1, no. 8581 (1988): 347.[ISI][Medline] Joint Commission
5. Institute of Medicine. 2004. *Health Literacy: A Prescription to End Confusion*. Washington, D.C: The National Academies Press.
6. *Tackling Health Inequities Through Public Health Practice: A Handbook for Action*, The National Association of County and City Health Officials, 2006.
7. Jeanne Brett, et.al. "Managing Multicultural Teams" *Harvard Business Review*, November 2006.
8. *Consent to Treatment Act*, 1996.
9. *Personal Health Information Protection Act*, 2005.



Practice Scenario

Is Exercise Training within the Dietetic Scope of Practice?

Deborah Cohen, MHS, RD
Practice Advisor & Policy Analyst

A group of RDs in a Diabetes Education Centre (DEC) have researched the value of health professionals recommending exercise regimens for their clients as a means to improve blood glucose control. The RDs are exploring the idea of delivering exercise classes to DEC clients. The RDs would be leading the clients through the exercise routine, including a warm-up and a cool-down session.

Is delivering exercise classes within the dietetic scope of practice?

To work through the scenario we used the RD Role & Task Decision Framework developed for the 2011 CDO Workshop: The Evolving Role of RDs in Changing Practice Environments (résumé, winter 2012, p. 9).

According to the Dietetics Act and CDO's Definition of Practising Dietetics, recommending general exercise as part of the overall health and nutritional recommendations is within the dietetic scope of practice as it promotes health and prevents disease through nutrition and related means.

While recommending general exercise is within the dietetic

scope of practice, leading exercise classes and the actual demonstration of techniques falls outside the parameters of the above definitions of dietetic practice. Demonstrating specific exercises does not enhance a nutrition assessment, nor is it providing nutrition care or education by nutritional means. In addition, fitness assessments/testing would also be considered outside of the dietetic scope of practice.

It is important that the DEC RDs recognize that they may conduct fitness assessments and teach specific exercise classes, but when doing so they are not practicing dietetics.