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Informed Consent: A Cultural Dilemma

Emily Junck

In America, we take it for granted that we make our own healthcare decisions. We expect our doctors to present the facts about important treatments and procedures, and to let us make choices about whether or not we want to receive them. We see this as a right and to treat without consent is a set-up for a lawsuit. However, in some countries, it is customary for particular decisions to be made by the patient's doctor or family, and the patient may even become offended if asked to make a choice. I learned about such beliefs when an elderly Korean woman, whom we will call Mrs. Lee, was admitted to the hospital last year. She had become severely anemic from a gastrointestinal bleed and needed a blood transfusion. The resident grabbed the consent form and walked down to her room to explain the treatment. Mrs. Lee was sitting in her hospital bed with her daughter nearby. The resident offered to call for a Korean interpreter, but the patient asked her daughter to translate instead. The resident began explaining her medical diagnosis, why she needed a transfusion, the pros and cons of such a treatment, and the risks of refusing a transfusion. He went over the small risk of contracting HIV, Hepatitis, and TRALI, the very rare but serious condition of 'transfusion-related acute lung injury.' Both the patient and her daughter became more agitated and wide-eyed during this discussion, and the Korean explanations were becoming lengthier. At last, the resident leaned forward to offer Mrs. Lee the consent form and a pen, and asked her if she would receive the treatment. Mrs. Lee sat still and did not reach out to take the form. She slowly shook her head, and said something to her daughter in Korean. The daughter hesitated, then explained that her mother did not want to sign the form.

Over the next day, the reasons behind her refusal were revealed. In Korean culture, it is traditionally considered bad luck for a patient to know about a serious diagnosis or a poor prognosis. Decisions are typically determined for the patient by the doctor or the family, which is considered to be in the patient's best interest. Being ill, the patient is in no state to have to think through such decisions and their consequences. But more importantly, without knowing about his or her condition, the patient is able to maintain hope. Traditionally, Koreans believe the doctor is the expert and will make the best decision for his or her patient.¹⁻³ While Western medical decision-making styles are becoming more widespread, it is not uncommon for doctors to make major decisions for their patients without their input. Mrs. Lee interpreted the young doctor's detailed explanation of her diagnosis and treatment plan as a reflection of his incompetency and unprofessionalism. She believed it would have been more respectful to have first presented the situation to her family and to have allowed them to help decide how to explain it to her.

There were many cultural barriers that affected this interaction. Medical discussions can often be very technical and the interpretation may not have been accurate. A professional translator would likely have led to a more clear and culturally-appropriate understanding. Also, the patient was likely wary about signing an official document. It is not as common to ask for a signature in some countries and people may be more cautious about signing a document for fear that doing so may bring legal or financial consequences. Another factor that may have led to patient dissatisfaction is that the resident provoked anxiety by describing the details of Mrs. Lee's medical care. In many countries, including Korea, death and disease are taboo topics and medical information, including statistics about risk, are not as commonly discussed. Patients may also not want to intervene with aggressive treatments because of religious or cultural beliefs. They may believe that their disease is a consequence of actions they made during their life and that taking a passive role is a type of repentance. A patient's religion may teach that it is up to a higher power to decide when their life will end or how it will proceed.¹⁻³ Potential cultural differences such as these must be kept in mind when healthcare providers approach the process of informed consent.

Western practices of full disclosure are becoming more common in Korea. However, this change seems to be inspired more by a desire for legal protection by healthcare practitioners than by a change in patient attitudes. Lee et al published a study in 2008 in which a selection of forty-eight Korean physicians, nurses, and patients and their family members who had recently undergone a major medical decision were interviewed about their beliefs and experiences with informed consent. Patients, their families, and nurses viewed informed consent as a “coercive process” that negatively impacts the patient and is performed as a formality to protect physicians against legal consequences. However, the majority of patients and their family members wanted better communication with their doctor and felt the doctor’s attitude was authoritarian and discouraged questioning. Younger patients complained that they would prefer to make their own decisions, but that explanations were more often provided first to their family members and that their physicians seemed to place a greater value on the wishes of the patient’s family members than on their own. Physicians felt that the process of informed consent builds trust and creates a better relationship with the patient and their family, though they acknowledged that it has a legal purpose as well.⁴ These results illustrate the differences between physicians and patients in their views of informed consent. Patient preferences are changing with younger generations, but old practices in Korea remain ingrained in the medical system. Patients are beginning to desire more information and more power in their own medical decision-making, but family-centric values still dominate in the approach to this process.

Though a patient may wish for the doctor to make decisions for them, or may wish to receive a treatment without having to sign a document, we still must observe Western practices in the American system. However, confusion and discord can be avoided by using a few techniques when approaching this topic. Explaining the process of informed consent is important to educate patients about their role in their own healthcare. One such approach would be to explain that each person has different values that affect the quality and quantity of his or her life. By making a decision, the doctor is not abandoning the patient or refusing to advise him or her, but simply allowing the patient to be involved in deciding what is important in his or her life. The doctor should include in his or her explanation that the patient can involve family and friends in their decisions, although he or she will be the one to designate his or her final choices. The purpose of the signature should be explained and the patient should be ensured that the document only releases the doctor to do the specified treatment, but that they will have to ask the patient in order to perform any further interventions. It should be guaranteed that if the patient changes his or her mind, the procedure or treatment can be stopped at any time.

The resident in our story thought that using Mrs. Lee’s daughter to translate would make her more comfortable and would allow the team to receive consent and begin treatment more immediately. However, he did not attain the intended results and would have likely been more successful with the use of a professional translator. The process of informed consent requires thorough explanation, attending physician involvement, and skilled translation. Many residency programs are now conducting courses about proper methods to obtain informed consent, but some residents feel that time constraints restrict them from strictly following the recommended procedures. However, taking the time to assure that the patient understands their diagnosis and treatment options will produce greater patient satisfaction and more efficient treatment long-term.

Using a multicultural approach to informed consent can help decrease miscommunication and conflict. Healthcare providers cannot assume that a patient will hold certain beliefs simply because they are foreign. Likewise, they cannot assume that a patient will understand or accept the conditions surrounding a treatment because they look “American” or speak without an accent. Mrs. Lee eventually received her blood transfusion, but not until the attending physician discussed the issue with her entire family. A hospital translator helped with the challenging explanation of the possible complication of TRALI and calmed her fears about contracting HIV. Her case teaches us lessons about tactful approaches to explaining complicated medical topics. The process of informed consent is important to

allow patients an active role in their healthcare and should be performed thoroughly and sensitively with all patients.

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