

Having Culturally Competent Conversations With Your South Asian Patients With IBD

South Asian patients battle not only their illness, but also many cultural stigmas and family influences that prevent them from receiving optimal care. As a healthcare professional, it is important to be aware of these considerations during your conversations.



Help your patient wade through advice they receive from well-meaning family and friends

- ✓ Understand **“log kya kahenge?”** (or **“what will people say?”**), a Hindi/Urdu phrase ingrained from childhood that people should be more concerned about what others say about their actions—and that includes medical conditions or treatments—than what may actually be best for themselves.
- ✓ **Consider use of a translator**, if needed. Do not use family to translate, as they may omit or rephrase your message out of respect for the patient.
- ✓ **Complementary or alternative therapies (CAMs)** may be favored in SA communities over traditional Western medicine and surgery. Be prepared to provide clear evidence of recommended treatments and to discuss known or unknown efficacy and safety.
- ✓ **Destigmatize ostomy surgery.** Ostomies are considered “unclean” and are extremely stigmatized in SA culture. Talk with patients and their families about how this is a life-saving measure that can improve quality of life. **Connect patients to ostomy support groups** where patients share their experiences, including **SAIA's IBDesis Community** (www.facebook.com/groups/ibdesis).
- ✓ **Consider religious restrictions.** The use of colonoscopies, enemas, or suppositories may be frowned upon. For these patients, biomarkers and other tests may be needed to monitor treatment response.
- ✓ **Seek out nutrition consultation to work on reintroducing food groups and improve diet** in a culturally inclusive manner. Patients including vegetarians may not know how to include spices, fiber, or protein in their diets. There are dietitians who specifically treat South Asians with gastrointestinal conditions.
- ✓ **Clinical trial participation,** Patients and/or family may be fearful of “research” or consider trials a last-resort option and therefore may be reluctant to participate in them. **Encourage patients to participate while they are in the clinic**, not by phone. Provide them with study information, explain how clinical trials work, and discuss potential benefits on quality of life.
- ✓ **Agree on goals of treatment.** Achieving clinical targets may not be as important to patients as quality-of-life targets. It is important to discuss and agree on goals with patients using a shared decision-making process.