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Reflection of the Workshop

On September 14, Dr. Samuel Selasie Mortoti delivered an excellent speech about socio-cultural and health issues in rural Arkansas. He currently serves as a Cardiologist in rural Arkansas so he shared his personal experiences about treating that population. His address resonated with me personally because my mother's side of the family is from Arkansas. A lot of what he was talking about I could relate with because many of my family members in Arkansas have struggled with their health, specifically cardiovascular health. Another aspect of the speech that I resonated with was him discussing how dietary patterns in cultures affect health. I have been raised in the south my whole life and I am aware of how the culture in the south is centered around food. Growing up in Georgia, it is common that Sunday lunch is always a big occasion. You come home from church and my mom makes a big mid-afternoon meal that usually consisted of some combination of fried chicken, mac and cheese, mashed potatoes, fried vegetables and casseroles. This is a tradition that has been passed down from a time that health was not a major concern because of the lack of knowledge of how foods can affect your body negatively. Fried food is its own food group in the south and food is a way for friends and family to be together. Just as Dr. Mortoti said, "While soul food may be nutritious for the soul, serving to expedite the inevitable rendezvous with its maker, it may not be auspicious for the heart while on earth."

The term sociocultural is defined in the book by saying the sociocultural perspective rejects the notion, on the one hand, that health is purely personal, and on the other hand, that people are simply products of their environment. I believe in that perspective because yes, they were brought up in this culture, but they chose to continue the bad habits despite all the

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resources now available for healthier lifestyles. Dr. Mortoti discusses a lot about the culture of Arkansas and how it really affects the health of the people that live there. They eat poorly and have poor medical coverage which is just a lethal combination. Not just in Arkansas, but all the states that he mentioned in the south that make up the diabetes belt, stroke belt and obesity belt. Cardiologists see the results of the poor diet that they indulge in because that's just how they were brought up in their culture. They are a product of the norms in their environment and poor personal decisions.

Preventive care is something that we have discussed a lot about in class and it can be applied in this context. When you think preventive care you think of flu shots, taking your vitamins and seeing your health care provider annually for a check-up, but preventive care can also be eating well, exercising daily and not smoking. Dr. Mortoti emphasized the prevalence of poverty in the region he practices and that influences the populations eating habits. If they don't have much money, their options at the grocery store are limited and typically include food that isn't good for them. Smoking is also a large habit of the south that affects their heart health. Mixing obesity, poverty and smoking makes it difficult for health care providers to stress the importance of preventive care to their patients because they aren't doing their part in being healthy. Doctors, like Dr. Mortoti, have trouble all over the country with preventive care because the United States invests most of their health care budget on treating disease rather than preventing it. America, especially the South, lives in a mindset of, I can eat what I want and treat my body how I want because I can just fix it later. Other countries spend most of their budgets on preventive care so they maintain healthier citizens with the opposite mindset of "I only have one body I am going to treat it well."

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Patient-Caregiver communication is a major part of healthcare. It is the most important relationship in the hospital. Dr. Mortoti discusses how the patient-caregiver relationship in rural Arkansas is different than the culture of other places he has worked. The patient-caregiver relationship in his small town in Arkansas is much more than the relationship in the hospital. He discusses how it was important to the people in town for him to be involved in the community. That was an odd concept for him because Dr. Mortoti thought that the care he provided to the patients was the most important, but they wanted to build a relationship. They wanted to build that trust of him as a person before they built the trust of him as a doctor.

In Dr. Darshak M. Sanghavi's article, "What Makes a Compassionate Patient-Caregiver Relationship," he discusses how patients are at the mercy of an increasingly complex and frequently depersonalized medical system. When reading Dr. Sanghavi's article it showed just how many people are dissatisfied when the quality of health care provided to them. In the article is said that over 50% of those surveyed were overall dissatisfied. It even debates if medical care should be focused around relationships with their caregiver. I began to ponder this question myself and I feel as though if someone basically has my life in their hands, I would appreciate a genuine, comforting relationship from my health care provider. It should not be just "strictly business." Dr. Mortoti is a living example of what a genuine patient-caregiver relationship should be like. I would like to see my doctor around town, at football games and an active member of my community. Trust is a major building block of getting any type of medical treatment from someone.

In a study done by the Center for Studying Health System Change, they collected data about the quality of health care delivered to adults in the United States. The results of this

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study proved that the participants were on average only receiving half of the care that they were legally supposed to get. This could be another factor into the patient-caregiver relationship because that trust isn't there if they aren't being provided the best care to each patient. Even could be a part of prejudices because the percentage of minorities health care provided was lower than the mean.

Going into more detail about the aspect to patient-caregiver relationship is the prejudices from either side and how it affects the care. In Dr. Mortoti's speech he said 16% of surveyed physicians admitted to holding prejudices on patients and it affected the care they provided to them. Which was surprising to me because when I think of prejudice in the hospital, I think about patients holding prejudices over their doctors. I think this behavior by doctors goes along with patronizing behavior. The doctor feels like they are superior to their patients because of race, sexuality, education level or where that person lives. Another part of discrimination in healthcare facilities starts in the waiting room. Dr. Mortoti gives the example of an experience him and his wife has while she was pregnant. They got turned away from a OB facility simply because of the color of their skin. The facilities used the excuse that they didn't accept his health insurance, which he knew was a lie. That type of discrimination is all around us and affects the health care because of stereotypes that people hold.

In the future I hope to work as a healthcare provider on the administrative side of things. But knowing the culture of the patient-caregiver relationship, patient concerns and doctor concerns will help me to better understand the culture of the hospital. Dr. Mortoti shed some light on some important issues that he faces everyday as a healthcare provider. It was interesting to hear of his perspective of how being a doctor in a rural town compared to being a

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doctor in a larger city. I grew up in Augusta, Georgia which is home of the Medical College of Georgia, so I lived in a city that was centered around healthcare and its importance. I was always familiar with the larger city healthcare culture, but I liked how healthcare isn't the main thing that people in his town are worried about. They center around relationships and then just trust his medical opinion from that. Being a doctor really should be about building a relationship with their patient. Getting to know more than just their medical history will help them provide the best care they can to their patients. Dr. Mortoti is building an important foundation for his medical career by gearing his care around relationships with the people he provides to.

References

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