

For Rich or for Poor: Who deserves Healthcare More

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“I have neither given nor received, nor will I tolerate others’ use of unauthorized aid.”

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“Cultural differences should not separate us from each other, but rather cultural diversity brings a collective strength that can benefit all of humanity” (Alan, 2014). As Alan said, culture should be celebrated and not looked down upon because of differences. Throughout the world there are conflicts because people cannot (or will not) change their perspective to see the other side of the argument. Healthcare is just one of the many areas that has to be able to adapt to foreign cultures and vulnerable populations to give the client the patient centered care they are promised.

Cultural Competence

Culture plays a vital role in the world we live in today; it can be both beautiful and misunderstood at any given time. In the world of healthcare, cultural ethics and values lay the groundwork for how medical treatment should be presented. Cultural competence is defined by Hood (2018, pg 281) as “a developmental process that builds continuous increases in knowledge and skill development in the areas of cultural awareness, knowledge, understanding, sensitivity, interaction, and skills.” This can be summarized into one word, acceptance. Although it can be simplified down into a single word, the process to achieving cultural competence can be much more complex. As with any subject, the more research you do, the more informed you become whether it is through a book, the internet, or first-hand interaction; knowledge is power. Having the ability to take a step back from a situation and see the different aspects can greatly improve your nursing practice and create a positive experience for your patient. There are thousands of cultures throughout the world, and as a nurse, the goal should be to provide patient centered care that’s includes the patient’s cultural values and beliefs. Iserson (2018) states that “basic ethical principles apply in every culture within the context of their patient and community values.” He

continues to explain that healthcare providers need to be perceptive to culture, especially when they are faced with ethical issues. One example of this could be making sure a female nurse is the one attending to a female Muslim patient especially when it comes to bathing and toileting.

Caring for the impoverished

As stated by Iserson (2018) “Many of the world’s people with the most health problems live in fragile contexts and remote areas. Their access to food, safe water, improved sanitation facilities, and health care remains elusive, with availability often based on socioeconomic status, gender, ethnicity, or geography.” Many of the people that are in these conditions have no control over the situation, and unfortunately, for most people living in poverty there is a very slim chance that they will escape this lifestyle due to the fact that the gap between the rich and poor is constantly growing. The impoverished population can be found in every setting of the world and is made up of a diverse group of people. If you were to walk down the street in a big city and observe the homeless population, you might come across an armed forces veteran, a person down on their luck and laid off at work, a person with mental illness, and a person fresh out of jail. The list can continue on and on. However, all these individuals have one thing in common; they are human and deserve to be treated as such. Many individuals, including healthcare workers, ask the question as to why should the poor receive the same medical treatment when they cannot pay for it. Hood (p. 280, 2018) says that “those with power, status, or wealth frequently may be viewed as being worthy of receiving health care services” she also states that “some HCPs may view the working poor as being more worthy of health care than non-working poor, because the working poor contribute beneficial services to society and pay taxes”(Hood, p.281, 2018). I could see how this is questioned, but it all comes down to the fact that humans were created equally, and all deserve to be treated as such, regardless of whether they can pay for the care they

receive. I grew up in a rural area that has a predominant impoverished population which can contribute to a small amount of bias in my opinion on the matter.

My views on cultural competence are positively influenced by my travels to foreign countries, especially those with a high poverty rate such as India, Thailand, and Indonesia. The cultural immersion really allows you to gain a new understanding for the culture and appreciation for the small luxuries you didn't realize were indulgences. It is difficult to be completely free of any biased opinions, however this should not interfere with your nursing practice and providing care to others.

References

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