



Journal of Intercultural Management and Ethics

JIME

ISSN 2601 - 5749, ISSN-L 2601 - 5749

published by

Center for Socio-Economic Studies and Multiculturalism
Iasi, Romania
www.csesm.warter.ro

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EDITORIAL

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In the contemporary society, characterized by multiculturalism and globalization, the interaction between people from different cultures is becoming more and more frequent. Without trying to define culture, a difficult approach that is not the purpose of this editorial, we can say with an important degree of generalization that culture is what we inherit from our forefathers, what we live in and what we pass on to future generations.

Every person builds his/her own system of values and principles of life through the filter of the culture to which he/she belongs. This reality is evident in all aspects of our lives and is essential in the interaction between patients and the healthcare system and, in particular, in their interaction with healthcare professionals. Within this interaction, values of different cultures can be brought into contact, which requires the identification of ways of harmonizing them so that all the actors involved can place themselves on a common ground of problem-solving and finding the optimal solutions. The cultural competence of medical systems and of the professionals working in this field is therefore essential, as reflected in the capacity to recognize, accept and harmonize cultural differences. Patient-centered care considers that each patient is a unique human being, to be approached and understood in his/her individuality, respecting his/her principles and values and, implicitly, the culture to which he/she belongs.

This issue of the Journal of Intercultural Management and Ethics is devoted to the interaction between culture and healthcare, addressed from a variety of perspectives, by authors from diverse professional fields, but who all build up scientific arguments to support the approach of the interaction between the patients and the healthcare professionals and, also, between the patients and the healthcare system through the cultural "lenses".

The scientific approach undertaken in this issue of the Journal of Intercultural Management and Ethics starts from the general level of the relevance of culture in the healthcare system and continues with the analysis of particular situations in which cultural values and their harmonization are essential.

Huib Wursten and Carel Jacobs support the idea that the organization of a medical system depends on the system of values of the country to which it belongs. At the same time, all cultural groups bring their own values into the medical system, reflected in beliefs and practices about health, which can differ substantially from the generally accepted values. The authors analyze how people perceive or relate to society and organizations, including the medical ones, through the cultural clusters.

Emanuel Vidican and Mircea Gelu Buta discuss the need of every human being of spirituality and his/her weakness in the face of Divinity as well as the importance of the spiritual component in the field of bioethics, analyzing various aspects of human beings confronted with life problems, including those related to the medical field from the perspective of Christian Orthodox religion.

Mariana Cuceu and coauthors approach healthcare and medical ethics in the context of patient centered and patristic Christian understanding of the human being, starting from the work of the philosopher Emmanuel Levinas. The authors develop a vision of ethical culture that can be applied both in general and in the medical field, in different cultures.

Carel Jacobs and Huib Wursten make an intercultural comparison of the physician-patient relationship. Physician-patient interaction is analyzed by reference to five dimensions

of culture identified by Geert Hofstede, and based on the results of this analysis, the authors formulate suggestions for building an effective intercultural interaction between physicians and patients.

The following articles pass from the general level to the particular one and analyze different aspects of current medical practice through the influence of cultural factors and the way they can be approached optimally so as to ensure good quality healthcare and an optimal relationship between the patient and the medical staff.

Stefana Moise and coauthors analyze the results of a qualitative study conducted in Rroma communities in two regions of Romania, which looked at issues related to end-of-life suffering in family and social context. The authors show that psychological and spiritual suffering at the end of life is polymorphic and identifying the cultural factors that contribute or generates it is essential in order to provide optimal medical care to the patients belonging to this ethnic minority.

Sumiko Shimo addresses the issue of aging societies and of the increasing number of people suffering from dementia. In this context, it is necessary to assist these people in communicating and being connected with the members of their families, as well as reducing the burden they represent for those who care for them. Thus, the development of culture-sensitive social assistive robots is considered, taking into consideration that the way people and societies care for the elderly is culturally dependent.

Obesity is another acute problem of modern society that requires culturally-adapted prevention programs. Starting from this, Veronica Mocanu analyzes the relevance of using the Health Belief Model in collectivist cultures that could be a useful tool in the prevention of obesity in these societies, adapted to the specific cultural model.

Diabetes mellitus is one of the pathologies with important social, medical, and personal impact in the context of contemporary life. Iulian Warter and Liviu Warter points out that in order to ensure good medical control of this chronic illness, where lifestyle is essential, effective communication is needed between the physician and the patient so that the patient actually gets involved, becomes a partner of the treating physician. Good communication, however, requires the physician to recognize the importance of the patient's cultural background, to respect it, so as to ensure a competent cultural approach for each patient.

Andreea Hlescu and coauthors show that contemporary medicine, marked by the obvious benefits of technology and over-specialization, has undergone an essential change in the physician-patient relationship by transforming it- in most of the clinical situations- in a relationship between the members of the medical team and the patient. Under these circumstances, the patient will communicate with more professionals, each with their own professional and cultural background, which makes communication and collaboration between team members essential to the management of each case. This reality of contemporary medical practice is recognized and, therefore, standardized tools have been developed to provide the medical professionals with the skills they need to communicate effectively with each other and with the patients they care for.

The holistic approach of the relationship between healthcare and culture by authors who have contributed to this issue of the Journal of Intercultural Management and Ethics is a solid argument for the need for a culturally sensitive medical approach that allows the provision of adequate medical care from both technical and human perspective.