



# Communicating with Your Vietnamese Patient

*Perception of Illness • Patterns of Kinship and Decision Making • Comfort with Touch*

Culture Clues™ is designed to increase awareness about concepts and preferences of patients from the diverse cultures served by University of Washington Medical Center. **Every person is unique; always consider the individual's beliefs, needs, and concerns.** Use Culture Clues™ and information from the patient and family to guide your communication and your patient care.

## How does the Vietnamese culture deal with illness?

### *Helping Your Patient Feel Comfortable with UWMC*

- Remember to find out if this is your patient's first visit to University of Washington Medical Center.
  - **Keep in mind that patients who are new to the system may not be aware of the role of the Primary Care Team or the process for getting a referral to a specialist.**

### *Explaining the Cause of Illness and Disease*

- Your patient may explain illness:
  1. *As an imbalance between body and nature* (yin and yang, male and female, dark and light), and folk cures for these imbalances are expressed as "hot and cold";
  2. *As an obvious cause and effect relationship* (rotten food or poisonous water), and medicinal herbs or therapeutic diets are used to cure these disorders; or
  3. *As a result of germs.*
  - **Ask your patient, "What do you call your problem? When did it start and why then? What do you think caused the problem? Have you treated the illness? Do you believe the illness is serious?"**

### *Building Bridges Between Folk Remedies and Western Health Care*

- Many patients will get their care from folk healers first, and will seek western medical care if the folk treatments fail. As a result, patients may present at the medical center acutely ill.
- There are a variety of common folk remedies that your patient may use, including *cao gio* (coin rubbing) or *bat gio* (skin pinching). These remedies are used to allow unwanted winds or elements to escape the body. They are not harmful, and many patients report feeling better afterwards.
  - **Build bridges between folk medicine and western care: when considering folk practices, determine when the remedies are beneficial, neutral, or harmful. Incorporate beneficial and neutral remedies into the plan of care. Consider potential drug interactions.**

### *Helping Your Patient Understand Medications*

- Your patient may believe that western medicine is too strong and may not take the full dose or complete the course of treatment. Your patient may cut the dose in half or stop taking the medicine whether they feel better or not.
  - **Explain that the dose is customized for your patient's height, weight and metabolic needs. Describe the need to take the full dose whether your patient feels better right away or not. Ask open-ended questions to ensure understanding.**
  - **Alert: Be aware your patient may have some enzyme deficiencies that require a reduction in medication dose. Contact inpatient or outpatient pharmacy for a consult on medications.**

### *Understanding the Meaning of a Hospital Stay or Surgery*

- Your patient may see the hospital stay or surgery as the last resort before death. A visit from a clergy member may also be perceived as a death-bed visit.
  - **If possible, perform outpatient procedures or ensure understanding of why a hospital stay is necessary. Check with your patient or family member before a member of the clergy visits your patient.**
  - **If your patient does not want to make decisions for him/herself, let your patient know he/she needs to prepare a Durable Power of Attorney for health care. Obtain forms from Admitting or Social Work.**
- The informed consent process may be a new experience for your patient.
  - **If it is your patient's first experience with informed consent, explain its purpose. (The UWMC publication *Information About Your Health Care* is available in Vietnamese.)**

## How are medical decisions made in the Vietnamese culture?

### *Making Decisions About Health Care*

- Consult with the family in cases of serious or terminal illness. The family may want to make the health care decisions to avoid worrying the patient. The family spokesperson is often the person with the best English.
  - **Ask your patient whom he/she wants included in medical decisions.**
- Women act as primary providers at the bedside although the entire family may care for the hospitalized patient.
  - **Be aware of the importance of family members serving in caregiver roles and consider extending visiting hours. Explain the visitation policy before admission or surgery so that the family knows what to expect.**

### *Understanding Communication about Health Care and Treatments*

- Your patient may nod, smile, and/or say “yes” or “ya” to acknowledge he/she heard you, rather than that he/she understands or approves. Your patient may be reluctant to say “no” to a doctor or health care provider because it may be considered disrespectful or cause disharmony.
  - **Ask your patient open-ended questions to verify understanding and encourage them to ask questions.**

## What are the Vietnamese culture’s norms about touch?

### *Understanding Personal Space*

- Handshakes are appropriate between men; women do not shake hands.
- Respect is shown to authority figures by giving a gentle bow and avoiding eye contact.
- Your patient may highly value emotional self-control, appearing stoic. Be aware that your patient may not show pain or ask for pain medications.
  - **Instead of asking your patient about pain, ask, “May I get you something for pain?”**
  - **Be respectful of your patient’s desire to keep emotions in control when asked about upsetting subject matters.**
- Some elder or new immigrant patients may consider the head sacred. Avoid touching it unless necessary.
  - **If an exam or procedure requires head care, let your patient know in advance. Some patients may feel protected if the opposite side of the head or shoulder is also touched.**
  - **When examining your patient, do a head-to-toe assessment to honor the highest, most important part of the body first.**

### *Understanding Norms About Modesty*

- Consider the modesty of women and girls when giving a pelvic exam. Many young nulliparous women are modest about having an exam and may prefer a female doctor to do it. In some cases, your patient may refuse a gynecologic exam from a provider of either gender.
  - **Before you begin a gynecological exam, it is important to ask your patient, “May I examine you?”**
  - **Ask your patient if she prefers a female doctor, attendant or interpreter to remain in the room during the exam.**

## What is unique about this patient and family that you will not learn from tips or information about their culture?

There are differences based on age, ethnic group, generation, migration wave, and length of time away from Vietnam. What are the questions you want to ask to learn more about this patient and family?

### Check Out These Resources to Learn More About Health Care and Vietnamese Culture

- ✓ **Ethnomed:** <http://ethnomed.org>
- ✓ **Culture and Nursing Care, A Pocket Guide**, J.G. Lipson, S.L. Sibble, P.A. Minarik, 1997, pp. 280-290\*.
- ✓ **Explaining Illness Research, Theory, and Strategies**, Whaley, Bryan B., Lawrence Erlbaum Associates, 2000, pp. 283-297\*. (\*Available at UWMC’s Learning Resource Center cc420.)
- ✓ **Culture Clues and End-of-Life Care Sheets:** <http://depts.washington.edu/pfes/cultureclues.html>

Culture Clues™ is a project of the Staff Development Workgroup, Patient and Family Education Committee  
Contact: 206-598-7498/Box 358126/pfes@u.washington.edu

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