
Cross-Cultural Caring: A Handbook for Health Professionals in Western Canada

Nancy Waxler-Morrison, Joan Anderson and Elizabeth Richardson, eds.
Vancouver, British Columbia: University of British Columbia Press, 1990. 282 pp.
\$16.95 (paper)

Reviewer: Peter H. Stephenson
University of Victoria

This book is an important contribution to the practical side of Medical Anthropology and Sociology. The goals of the book are to provide potentially significant information on ethnicity to people working in the health care field without jargon or pretence. The contributors and editors largely succeed, in my view, in doing this because the work is highly collaborative. Members of the various communities described served as principal authors, or co-authors, of the various chapters. The contributors are also people deeply involved in the cultural life of their communities, as well as in medicine, nursing or social work.

The cultural groups described include: Cambodians and Laotians, Central Americans, Chinese, Iranians, Japanese, South Asians, Vietnamese and West Indians. Many of the important subdivisions which exist under these headings are discussed in the book, and important issues related to changing sex roles, violence and drug abuse are not glossed over but dealt with. Topics include: mental illness, dental care, hospitalization, birth and death, nutrition, traditional beliefs and attitudes, and problems of adjustment. Conditions propelling immigration or refugee status are described, and the appendix contains a helpful summary of immigration regulations and their relationship to the provision of health services to immigrants. The book is available in soft-cover, apparently in two versions: spiral-bound or paperback. The spiral bound version may be especially useful as a reference item on wards.

The conclusion offers some extremely pertinent advice (particularly about the use of translators) which I can thoroughly endorse. In some of my own recent research, *The Victoria Multi-Cultural Health Care Research Project* (Secretary of State Multiculturalism, 1991) I found that a large majority of health care workers preferred to use family members as translators because they had the "trust" of the patient. Most felt that the use of house staff was problematic due to potential breaches of confidentiality. Community members in the study (Vietnamese, El Salvadorans and South Asians), however, overwhelmingly pointed out that intra-familial privacy was impossible when family were used. Issues such as sexual abuse, drug abuse, violence, personal histories involving torture, etc., some of which are of major concern in their communities, could not be dealt with due to professional reliance on familial translators.

I would like to have seen some of the special legal and medical problems of refugees more clearly separated from those of immigrants. As well, although the conclusion deals squarely with issues of stereotyping, perhaps some of the individual chapters themselves could have included caveats about internal cultural variation. Throughout some chapters there is an inconsistent stance with respect to multi-culturalism: while their authors clearly embrace cultural and political pluralism, they assume an assimilationist tone with respect to medical pluralism. For example, in several chapters long post-partum periods of "lying in" are assumed to be, at best, harm-

less cultural practices which will eventually disappear. At worst, they are assumed to be a problem in hospitals where rapid and energetic post-partum activities are the policy. This is an unwarranted and untested assumption. Systematic cross-cultural research may yet reveal what many medical anthropologists already suspect based on participant observation work: that longer periods of post-partum relaxation are related to lower rates of post-partum depression. I also wish the terrible problems of survivors of torture had been dealt with in more detail.

In summation, I have very few quibbles with this book, which I think accomplishes some modest goals very well indeed. Although the goal of informing the health care worker of his/her client's cultural background may be modest, it is not without difficulty. Finding a middle intellectual ground which is neither condescending nor confusing, and dealing squarely with some glaring educational inadequacies among health care workers without raising what might be termed a "defensive inadequacy reaction" in the profession (which precludes education), is no easy task—and one I have personally struggled with more than a few times. Finally, as an acid test, I have used this book as a supplementary text twice in a medical anthropology course taken by large numbers of nurses, medical administration and pre-medical students. A number of students from various ethnic groups (Iranians and South Asians) liked the book (and so did their parents). Additionally, those students with considerable work backgrounds "in the trenches" found the book particularly helpful—these included mainly working nurses and one prison guard! I think this book will be extremely helpful to my students in the future, and I plan to continue using it.