Intersectionality also helps us recognize that individuals’ experiences are not limited to their most visible or dominant identity (the “box” they might be put in on medical records) and that some individuals may hide certain identities from their health care practitioner (e.g., sexuality) to feel safe or avoid judgment. To avoid further negative impacts of sociocultural experiences, it’s important to create a space where people feel comfortable sharing and expressing their own diverse identities, backgrounds, and experiences. This includes allowing individuals to be complex and not “boxed” beings. Importantly, embracing complex intersections means we must allow individuals to have ambivalence about their identities and experience contradictions, such as dissenting from certain dominant beliefs of their social groups or culture(s) while accepting others.

Three: Stories Are Power

In the late 1980s, anthropologist and psychiatrist Arthur Kleinman explained how a patient’s subjective experience of a disease — the patient’s “illness narrative” — can help clinicians understand the often-irregular symptoms of chronic illness, particularly in how symptoms relate to the patient’s life experience and the cultural significances of the disease (Illness Narratives: Suffering, Healing, and the Human Condition, Basic Books, 1988). Narratives give people a sense of cohesion when things fall apart; for instance, forming a narrative can help individuals make sense of the “before” and “after” of a new diagnosis. Being able to narrate one’s own experience also gives patients a sense of power in a world that can often feel powerless.

Although many illness narratives are verbal, they can also be material and social, such as creating new routines, renegotiating relationships, and discovering new ways to find joy. An inclusive health care environment is one that makes space for a multiplicity of healing plotlines, including the possibility of ever-evolving, sometimes disconnected, and entirely implausible plotlines.

A Final Note

Cultural anthropology teaches its practitioners, called ethnographers, to remain open to experiences as they mindfully participate in and observe other people’s worlds. Through this process, ethnographers collect a variety of information and experiences that help them understand a social context. I like to say that learning to be a good ethnographer is a skill that can be applied anywhere — I’m sure there is truth to this for LTC as well.

What Medical Anthropology Teaches Us About Inclusive Health Care

By Tess Bird, DPhil, MSc.

In my years as a medical anthropologist with a race and gender studies background, I’ve long considered what it means to create culturally-attuned and inclusive health care environments. As I supported our editorial team in putting together this special section on diversity, equity, and inclusion in long-term care (LTC), I became curious about how my knowledge translates to the LTC setting. Although I am not an expert in this setting, I can share three core medical anthropology concepts that support inclusive care.

One: Culture and Medicine Are Intertwined

Born in the 1960s, medical anthropology examines the cross-cultural experiences and practices of health and healing. The dominant type of health and healing practice in the United States context — known as biomedicine — is not always as objectively “scientific” as we would hope it to be. Rather, it is infused with cultural beliefs about things like healing, grief, and death, as well as economics and power, that can sometimes blind us to the realities of people right in front of us.

Dominant belief systems around medicine can be particularly hard for patients who come from different medical systems, such as Chinese medicine or other so-called “traditional” medicines (better known as complementary and alternative medicines). A well-known book on this topic is Anne Faadiman’s The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures (Farrar, Straus and Giroux, 1997).

Building an inclusive health care environment is about honoring various cultural experiences of healing, including finding the resources to translate non-native speakers’ experiences and taking the time to understand where a patient’s healing beliefs come from.

Two: Bodies Are Impacted by Sociocultural Environments and Their Intersections

Individuals come from a variety of sociocultural backgrounds and ecological environments, which can have a positive or negative impact on their health. Today, health care practitioners may be familiar with the term intersectionality, which similarly captures how our political, social, and cultural identities intersect and impact our embodied experience of the world. For instance, an intersection of underprivileged identities — such as being Black, female, and low income — can influence the type of care someone receives as well as negatively impact her health outcomes.

Intersectionality also helps us recognize that individuals’ experiences are not necessarily the sum of their experiences, particularly as objectively “scientific” as we would like to be. Learning how to work with patients from all walks of life to negotiate their health outcomes is integral to being a good ethnographer.

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The Core Curriculum provides education about PALTC that I did not get from medical school, residency, or fellowship. It is specific to better navigating the complex clinical and administrative challenges in the nursing home. AMDA’s education is very high yield and relevant to my practice in the nursing home and as medical director.

The Core Curriculum is the toolbox that gives you the solutions, answers, and guidance you need to become a successful medical director. California has already passed a law requiring medical directors to be certified, and more states likely will follow suit.

Dr. Bird is the managing editor of Caring for the Ages. She has a DPhil and MSc in Medical Anthropology from the University of Oxford.