

## Choosing Our Words Carefully

One of my favorite television shows (when I win the fight for the remote control) is “Booknotes” on C-SPAN. There is something very luxurious to me about listening as an author spends what seems like an unlimited amount of time discussing a topic in great depth and giving us a glimpse into the writing process and a better understanding of the many ways in which information can be viewed and interpreted. This show can make even the most esoteric book seem appealing. After watching a recent episode, however, I was left with a feeling of unease that still has not left me entirely. Sally Satel, MD, was discussing her book *PC, M.D.: How Political Correctness Is Corrupting Medicine* (New York: Basic Books). This book attempts to document what happens when the tenets of political correctness (e.g., multiculturalism) are allowed to influence medical care.

Cultural competence and multiculturalism are values that the Oncology Nursing Society (ONS) not only has espoused in recent years but also has worked hard to bring to life in the practice of oncology nursing and in our world view. From the earliest days of the Multicultural Advisory Council to the *Multicultural Outcomes: Guidelines for Cultural Competence* to the ongoing attention we devote to this topic at Congress and in our journals and other publications, ONS has sought to educate and sensitize its members to the importance of understanding the ramifications of culture on our health and our ability to respond to a patient’s healthcare crisis. Imagine my dismay and discomfort to learn from Dr. Satel that within medicine today the meaning of the term “multiculturalism” has been subverted and applied to a care philosophy that borders on racism. It

seems that, in the spirit of attending to diverse cultural needs and influences, some practitioners, particularly in the field of mental health, are advocating culture-specific care regimens and attributing disease conditions to race and racism. These notions are not new. According to Dr. Satel, as far back as the 1970s, some San Francisco hospitals had Hispanic wards and Asian wards. What sounds to me like segregation was viewed by these hospitals as grouping patients needing culturally specific care. Today, some mental health practitioners employ techniques of “multicultural counseling.” On the surface, this sounds quite wonderful. In reality, participants in this type of therapy are taught that their psychological problems are the result of racism.

I am disquieted by this odd spin on the values we have been espousing. This upside-down version of multicultural care and cultural competence seems to risk a retreat to the times when segregation was the norm and the notion of “separate but equal” was thought of as acceptable. Sensitivity to cultural backgrounds and influences is supposed to broaden and enrich our approaches to health care, not limit our perspectives and options. Race and culture are, after all, social, not biologic, constructs. Each of us has a right to quality health care based on medical diagnoses and healthcare needs, not on the color of our skin or our country of origin. This revision of meaning of the term “multicultural” in the context of health care risks changing our focus in just such a way.

Some would argue that ONS’s focus on cultural competence grew out of a political correctness motivation. I am not going to pander to those individuals by arguing the

point. In the end, however, it really does not matter. There is no one-size-fits-all approach to cancer care. Each individual deserves medical and nursing care tailored to the needs of his or her diagnosis and personal circumstances. Prevention and detection of disease, in particular, will be successful only when we fully consider **all** of the elements, culture included, that are involved in a person’s decision making about healthy lifestyles and screening behaviors.

We owe it to ourselves and our patients to ensure that the care we deliver lives up to the philosophy and meaning behind the words we use to characterize that care. Just as labels without action have little value, it now seems that our labels can be used to disparage our actions. The ways in which we care for our patients must reflect the philosophy behind that care. Once it does, our actions will speak louder than the words and our meaning and motivations will not be disputed. \_\_\_\_\_ 

### Errata

As a result of an editing error, two of the answers to question #2 of the Continuing-Education Examination for “Childhood Acute Lymphoblastic Leukemia: Current Perspectives” in the June issue of the *Oncology Nursing Forum* (Vol. 28, p. 834) were identical. The correct answer, “Paternal smoking and maternal alcohol use,” was inadvertently eliminated. This question will be eliminated from the scoring of all tests submitted. We regret the error.