

# Medical Pluralism as a Matter of Justice

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Dr. Kathryn Muyskens

Lecturer, Yale-NUS



# Introduction

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- What is health? What is medicine?
- What happens when members of different cultures give different answers?
- Where do these differences show up in clinical practice and what should you do to prepare?

# Singapore's Context

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- Multicultural
- Multi-ethnic
- Multi-religious
- Multi-lingual
- **+Multi-medical**
- Individuals hold different health-related beliefs that intersect with their other identities.
- This effects how and when they perceive themselves to be unwell and what actions they take to get better



# Singapore's Context

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- Doctors come from a variety of ethnic and cultural backgrounds, and so do their patients.
- In such a diverse environment, cross-cultural communication and understanding are key to effective care

# Descriptive vs Prescriptive

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- Descriptive = Singapore is medically diverse
- Prescriptive = Singapore's healthcare system **ought to embrace** this diversity
  - What does that look like?



# Analogy with Multiculturalism

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- Multiculturalism has similar descriptive and prescriptive senses.
- In Singapore's context, multiculturalism is both a practical reality and a valued part of the national identity
- Therefore, Singapore's healthcare system ought to align with this by embracing prescriptive Medical Pluralism as well.

# Practical Concerns

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- Doctor-Patient Relationship & Trust
  - Will the patient be forthcoming? Will the doctor be judgmental?  
Will the patient trust that the doctor has their best interest at heart?
- Patient Compliance
  - Will the patient take medication as instructed? Will the patient come back?



# L. J. Kirmayer “Multicultural Medicine and the Politics of Recognition” (2011)

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- Cultural differences may **impede access to health care, accurate diagnosis, and effective treatment**. The clinical encounter, therefore, must recognize relevant cultural differences, negotiate common ground in terms of problem definition and potential solutions, accommodate differences that are associated with good clinical outcomes, and manage irresolvable differences. **Clinical attention to and respect for cultural difference (a) can provide experiences of recognition that increase trust in and commitment to the institutions of the larger society, (b) can help sustain a cultural community through recognition of its distinct language, knowledge, values, and healing practices, and (c) to the extent that it is institutionalized, can contribute to building a pluralistic civil society.**

(410)



# The Moral Dimension

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- Patient autonomy is a widely embraced norm in modern biomedical practice – **informed consent**, etc.
- Respecting patient's autonomy requires **refraining from coercive** and **paternalistic** practices
- With regard to medical pluralism, this means respecting patient choices in how to handle their conditions and regarding which health behaviours they engage in.

# *Prescriptive* Medical Pluralism: The Dilemma

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## Ignoring Medical Pluralism

- Risk of alienating patients, undermining doctor-patient trust
- Risk of (unintentional) coercion and culture loss, and epistemic injustice
- Risk of ineffective care (as a consequence of the above)

## Embracing Medical Pluralism

- Risk of promoting or permitting pseudoscientific, misinformed or ineffective medicines
- Risk of charlatantry and exploitation of patients by quacks



# Haavi Morreim “A Dose of Our Own Medicine: Alternative Medicine, Conventional Medicine, and the Standards of Science” (2003)

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- Standard medicine is not nearly so scientific as is usually assumed. Among other factors, there are far too many phenomena to study; limited research resources are often directed as much by political and commercial interests as by medical needs; actual practices do not reflect well the science that has been gathered; the most pristine science is often the least useful in the real-world care of ordinary patients. (222)

# How to Resolve the Dilemma?

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- A dose of **Humility**:
  - Western biomedicine “can sometimes be more ‘guilty’ than CAM of wasting money, engendering false hopes, and of even causing harm” and “much of actual clinical practice does not and never can measure up to the scientific standard to which critics of CAM would like to hold alternative medicine”  
(Morreim 2003, 222)



# How to Resolve the Dilemma?

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- There is no simple answer. Instead, there is only a call for **continual negotiation** and **communication** between doctors and patients

# Final discussion

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1. What can medical personnel do to **bridge the communication gap** with patients, approach patients' understanding of health and illness more **sensitively**, and make sure that patients feel **acknowledged** and **respected**?
2. How does the **acknowledgement of alternative ways of understanding** and treating a problem (and their uneven position in the formal healing area vis-à-vis biomedicine) contribute to the medical practice?
3. How can you develop a **collaborative/inclusive approach** with other non-biomedical practitioners in the interest of the patients' wellbeing?

Discuss with your groupmates



Thank You!

