Cultural Competence

Cancer knows no cultural boundaries. According to the charity Cancer Research UK, 6.7 million people worldwide die of the disease every year. While certain cancers appear to be more prevalent in specific regions, several types such as lung, prostate, breast, colon and rectum are among those that affect the majority of people worldwide. Just as cancer impacts people of every culture, the fight against the disease is a cross-continental effort, with the United States serving as a leader in the search for a cure. People from all nationalities come to America in order to be involved in oncology research and it is for this reason that I came to UTMB, where I am now working as a graduate student in the Cell Biology department. Due to the multicultural effects of the disease and nature of the research surrounding it, working in the field requires cultural competence, which is the ability to interact effectively with individuals of different nationalities and backgrounds. Through my life experiences, my ideas of cultural competence have evolved and my position at UTMB has provided me with an outlet to express my views.

Being from a mixed background and having lived in four different countries during my life, Lebanon, Italy, England, and the United States, I have been afforded me the ability to relate cultural competence to my work and personal life. I grew up in a very conservative family where the notion of respect was continually stressed. I was taught to respect the elders, the poor, and the rich,
essentially everyone who was different. Living in Lebanon in a Christian family was quite hard, as the country is largely composed of Muslims. However, as Christians we learned to coexist, respect them, and accept their cultural differences. Living in Italy presented challenges as well because my family and I were Maronites residing in a Catholic area. Despite the religious differences, we again learned to respect and accept. When my family moved to London, I felt like an outsider, as people treated me differently because of my Lebanese heritage. I particularly remember more than one classmate asking me if I rode camels to school in my home country. In light of their ignorance, I educated these people about my nation and attempted to clear up misconceptions. Despite its large Muslim population, Lebanon is the only Christian country in the Middle East and possesses cities as modern as New York or London. Currently living in the United States, I continue to see cultural differences daily, but I have learned from my experiences and try my best to pass on my knowledge to others and use it for the good of the people at UTMB and worldwide.

I value the knowledge and wisdom that I have gained from my exposure to the new experiences, cultures, and ideas of each country where I have lived. Being a foreigner in different areas granted me fresh perspectives of the cultures, which I consider advantageous as I can apply these insights to every day situations. These experiences have broadened my understanding of other people groups and have allowed my cultural competence to mature. I now feel equipped
with skills, such as my knowledge of four languages and cultures, which I can use to promote cultural competence. This knowledge serves as a bridge and enables me to connect with people of other races. To illustrate, before I started the PhD program at UTMB, I interned at MD Anderson where I also trained to be a phlebotomist. I worked with many cancer patients during my time there, some local and some foreign. One patient in particular was a ninety year old man from Qatar who had traveled to MD Anderson from his native country in search of treatment for his cancer. He could not speak English and was confused about aspects of the procedure. Knowing that he was from the Middle East, I was able to communicate with the patient in Arabic and clear up his confusion, which put him at ease. Since coming to UTMB there have been several occasions that I have spoken with patients in the hospital in another language, primarily Spanish, about my role at UTMB and answered other questions that they may have had. Being able to converse with patients of different nationalities promotes increased unity between patients and caregivers and illustrates an application of cultural competence.

While my knowledge of multiple languages has served me well in communicating with people in need, my awareness of other cultures has enabled me to understand people on a more personal level. During my time at MD Anderson, I interacted with several Muslim individuals. In one instance, I was standing in line to order my lunch and a lady in the front of the line was ordering
a pork dish. I realized that the lady was Muslim as she was wearing a veil and was able to converse with her in Arabic telling her that what she had ordered was pork, not beef. She was grateful that I had intervened and thanked me several times, as the consumption of pork conflicts with her religious beliefs. I believe that knowing more about a patient’s culture allows for stronger connections to be forged in the medical community and life in general. Interacting with patients such as these is very important because it creates a bond between scientists and the patients whom their research will affect.

Despite the cultural variations of the world’s inhabitants such as ethnicity, background, language, and culture, cancer is a disease which does not pay heed to these differences. Working in the field of oncology research has helped me to realize the importance of applying cultural competence to one’s work and life. Ultimately, the color of one’s skin, his or her height, native language, religion, or personal beliefs have no bearing on the search for a cure; instead what matters is that we work as an effective unit to treat the disease. Cultural competence is the way in which individuals from all over the world can work together for the betterment of humanity, as one team, for one goal; together we fight for life. Cancer knows no cultural boundaries, and neither should the search for a cure.