Cultural Differences in Patient-Doctor Communication in Japan and the US

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Introduction
In the United States, if a patient has a significant illness and the physician withholds this information, most may find this unethical. However, in other countries around the world, this may not be true. Studying the understanding of cultural differences in communication across countries may be important in providing care for an increasingly diverse patient population. This presentation will focus on differences in communication to patients and their support systems through examining two countries with developed health care systems but prominently contrasting cultural outlooks—the United States and Japan.

The basis for studying Japan and the US stems back to my upbringing in both the US and Japan and my experience working in clinics and hospitals of both countries. Culturally, Japan is a community-oriented society emphasizing social interdependence, whereas the US tends to be individualistic, placing value on autonomy and independence. Hearing American and Japanese physicians and patients talk about medical care, I noticed a sound variation in viewpoints. This made me wonder about the sociocultural influences on physician-patient communication and dynamics. There exists a belief in Japan that telling the individual or he or she has a life-threatening disease can be devastating, burdening them. Not telling them can be thought of as a protective and caring mechanism. In the US, patient autonomy and confidentiality are emphasized.

My hope is that this presentation can fuel a discussion about cultural differences in physician-patient communication beyond just the US and Japan. Examining this topic may reveal factors that underlie certain complications that physicians may encounter in caring for diverse patient populations and help to advance culturally sensitive care for all patients, locally and globally.

Discussion
Cultural Considerations - Health Care in the United States

Shift From a Paternalistic Method to a More Patient-Centered One
• Hippocratic writings to early texts of the American Medical Association did not include a meaningful role for the patient in decision-making. Benevolent deception (withholding information thought to be detrimental to the patient’s progress) was encouraged.
• When informed consent became an ethical obligation in 1958 by the Code of Ethics of the AMA and the APA, physicians were resistant to telling patients about a serious illness, even if the prognosis was terminal.
• Olkin’s 1963 study found that only 12% of physicians surveyed in 1960 said they would tell a patient of insurmountable cancer about their diagnosis.
• Consumer movement and advances in medical technology increased demand for autonomous health care decision making; in 1973 the Patient’s Bill of Rights was published.
• Sound change in 1977 followed by Olkin’s 1985 study: 97% of physicians said they would tell patients their true diagnosis, even if the prognosis was terminal.
• Patient self-determination act (PDSA) of 1990 furthered individuals’ right to self-determination in health care decision-making through advance directives.

Cultural Characteristics of American Society

• Nationwide, the society is based on a concept of idealism, individualism, religious faith, freedom, and equality.

Cultural Considerations - Health Care in Japan

Three Cases Concerning Medical “Truth Telling” in Japan
Case 1
• K.M., a 50 y. old, dike of gallbladder cancer after physician failed to inform her of suspected cancer and instead told her that she had a gall stone.
• In 1995 Supreme Court ruled that a physician does not need to disclose a cancer diagnosis if the patient feels it will have a negative impact on the patient.

Case 2
• Physician disclosed cancer diagnosis to neither the patient nor the family. The family was told at a different hospital that the patient has terminal lung cancer and the patient subsequently died.
• In 2002, Supreme Court concluded that if a doctor does not disclose the diagnosis directly to the patient, she/he must inform the family and discuss whether or not the diagnosis should be told to the patient.

Case 3
• Physician informed patient that he had prostate cancer and recommended he receive specialized medical care at another medical institution but patient did not go to and died of the illness three years later. Family members who did not know about the diagnosis sued the physician, claiming that he had a duty to inform the family about the diagnosis.
• In 2007, Nagoya District Court concluded that a physician has no obligation to inform a patient’s family of a cancer diagnosis as long as the patient is clearly informed.

Legal Considerations
• Physicians have no legal duty to inform or conceal a cancer diagnosis to patients, but do have a professional duty to inform patients.
• Physician has no legal duty to tell the patient’s family if the physician has already informed the patient.
• Even today, some physicians are reluctant to practice full disclosure to patients when it comes to cancer diagnosis.

Cultural Characteristics of Japanese Society

•лизия, autonomous. Literature and social context may reveal the more nuanced ethical reasoning behind this practice. John Deming, “family autonomy,” and preservation of harmony of the larger group are cultural aspects of high importance in Japanese life and are practiced as well in decisions made in the hospital room.

Conclusion and Future Prospects

In sum, full disclosure is not a universal norm. It was not the accepted standard in medical care for the past thousand of years and is currently not the standard in many countries around the world.

• Nondisclosure is ethically appropriate for some patients which may be due to culturally shaped norms. Full disclosure may be better for other patient due to their individual culturally shaped preferences.

• A protective care model is generally accepted, yet still ethically unacceptable to others outside of that culture.

Both cultures have much to learn from each other:
• Japanese physicians, patients, and families are paying increasing attention to patient autonomy.
• American physicians may benefit from re-evaluating the emphasis on the doctor-patient dyad and considering a more inclusive approach to the role of families in medical decision-making.

Future prospects:
• The discussion is shifting now from whether or not to disclose to how to provide pertinent medical information to patients. Next steps may include studying communication mechanisms for different cultures.
• Another consideration is examining what patients desire and what physicians believe patients desire, as well as looking at what the ethical and legal mandates are relevant to the patient populations of respective countries.

• Expand the discussion to other cultures around the world and develop communication guidelines for better understanding and sensitivity of cultural differences.

References

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