

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 underlying cultural basis of 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, while 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 that 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 underly 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.

Background

- In Mayer et al.'s 2005 study of Japanese and US Pediatric Oncologists, 65% of US physicians explicitly told the child of their diagnosis, whereas only 9.5% of Japanese physicians always told the child of their diagnosis
- In another study done by Ruhnke et al. in 2000, few Japanese physicians (17%) but 42% of patients agreed that a doctor should inform the patient of a cancer diagnosis. However, in the US, at least 80% of US physicians and patients agreed that the patient should be informed
- In terms of informing family members, 80% of Japanese physicians and 65% of patients agreed that the physician should inform the patient's family of the diagnosis, while a minority of US physicians (6%) and patients (22%) agreed
- In addition to cultural differences, there appears to be potential differences in what patients want and what physicians think patients would want. Probing these incongruences may also provide insight into providing communication that is most beneficial to patients

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 by the physician to be detrimental to the patient's prognosis) was encouraged
- Even when informed consent became an ethical obligation in 1956 by the Code of Ethics of the AMA and the AHA, physicians were resistant to telling patients about a serious illness especially if the prognosis was terminal
- Oken's 1961 study found that only 12% of physicians surveyed in 1960 said they would tell a patient of incurable cancer about their diagnosis
- Consumerism movement and advances in medical technology increased demand for autonomous health care decision making; in 1973 the Patient's Bill of Rights was passed
- Sound change in 1977 follow up study to Oken's 1961 study: 97% of physicians said they would tell patients their true diagnosis, even if the prognosis was terminal
- Patient self-determination act (PSDA) of 1990 furthered individuals' right to self-determination in health care decision-making through advance directives



Cultural Characteristics of American Society

Individualism

- Became part of the core American ideology by the 19th century, incorporating influences of New England Puritanism, Jeffersonianism, and the philosophy of natural rights
- The ideology that emphasizes the moral worth of the individual and is the foundation of American political and social life

Independence

- Declaration of Independence notes personal freedom, religious freedom, speech freedom, and equal opportunity

Self-determination

- Self-determination is regarded by Americans as freedom from group expectations; self-reliance is seen as a sign of strength

Legal Considerations

Informed Consent

- Requires physicians to communicate to patients about their diagnosis, prognosis, and alternatives for treatment; patients make the decision about treatment
- From a legal perspective, informed consent can be viewed as a mechanism for adjusting authority from physician to patient

Advance Directives

- Legal documents that include a living will, instruction directive, or health care power of attorney that will allow one to express his/her wishes to family, friends, and health care professionals ahead of time – highlighting autonomous decision-making

Summary

- A notable shift from a paternalistic method to a more patient-centered one
- Disclosure of information and patient-centered decision-making mirroring American ideals of autonomy and self-determination
- Moral and legal mandates for physicians in the US developed on the basis of individualist expectations such as the Patient's Bill of Rights and the PSDA



Discussion

Cultural Considerations - Health Care in Japan

Three Cases Concerning Medical "Truth Telling" in Japan

Case 1

- K.M., a 50 y.o. nurse, died 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 diagnosis could have an adverse 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 physician 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 and died of the illness three years later. Family members who did not know about patient's diagnosis sued the physician, complaining 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 legal duty to inform the family if the patient is not notified
- 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

Silent Communication - *Ishin Denshin*

- Japanese idiom that refers to a form of interpersonal communication through unspoken mutual understanding
- Preferred form of communication in Japanese health care settings
- Was used by Emperor Hirohito's physicians when he fell ill from cancer in 1988

Preservation of Harmony

- Greatest virtue of the Constitution, established by Prince Shotoku (604 AD)
- The Constitution urges that one must discuss serious matters with a group, not handle them on one's own
- Individuals of collectivist societies may be less willing to share bad news within the group because it may disrupt the harmony of the group. They may also be less likely to question the decisions made by the family if they think that the decision was made for the overall good of the family (McLaughlin and Braun, 1988)

Family-inclusive decision making

- Strong cultural tradition of individuals consulting with their family before making decisions (Ito et al., 2010)
- Collective family decision-making can take precedence over individual preferences and family involvement is an integral part of care (Fetters et al., 2001)
- If the patient is not informed, then the family would decide for or against disclosure. Michael Fetters calls this "family autonomy" in which disclosure to families is consistent with the assumptions and preferences of the patients, families, and physicians. Japanese physicians defer to family judgments and only rarely would a physician inform a patient against the wishes of the family (Powell, 2006)

Summary

At first glance, those unfamiliar with Japanese culture may only see the overt act of nondisclosure and label it as mistreatment. However, knowledge of Japan's cultural context can reveal the more nuanced ethical reasoning behind this practice. *Ishin Denshin*, "family autonomy," and preservation of harmony of the larger group are cultural aspects of high importance in Japanese life and are prevalent 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 medicine for the past thousands of years and is still 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. Fuller disclosure may be better for other patients due to their individual culturally shaped preferences
- A practice may be culturally 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 disclose 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 whether the legal and ethical 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

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