



Cultures in the consultation

Some jokes hold no truth. *'What is the difference between Australia and yoghurt? After 200 years, yoghurt develops a culture.'* In Australia, as in the UK, cross-cultural consulting is a standard part of a GPs toolkit. In Australia, though, one of the cultures we are privileged to be exposed to is the longest continuous one in the world, Aboriginal culture. To work as a GP in an Aboriginal community is to work constantly across cultures. There's a sense I get sometimes while consulting, of being disoriented, off balance; some of my assumptions evaporate to be replaced by tentative 'what ifs?'

But my cross-cultural consultations aren't the only ones to get this sense. They happen when I don't expect it, perhaps with older people, teenagers, corporate types ... The list gets longer as I think about it. I realise now these are all cross-cultural consultations.

'The past is a different country. They do things differently there' (LP Hartley, 1953).

My older patients, then, grew up in a different country to me. And so did my younger ones. You start to notice different languages, different assumptions. We're fond of making exasperated fun of teenagers, of almost anyone capable of giving us a difficult consultation. But perhaps they are all from different cultures.

I imagine myself as the patient. What cultures would I be? White, English, now Australian. And of course doctor and GP. After all, we do a very good job of indoctrinating our medical students in the culture of being a doctor, the one that teaches an appropriate response to *'I've got tummy pain doctor,'* is to flick on a rubber glove. So it would appear that virtually all our consultations might be cross-cultural if they're between a doctor and a patient. Could this culture difference result in some of our miscommunication? The same would be true around income. There are often different approaches to life based on opportunities afforded to us, and attitudes forged by, our class. There is a reason why doctors' magazines advertise posh wine and travel!

That list of my cultures seems strangely incomplete though. It doesn't really describe me. I might add northern English, working class, Methodist, hippy, musician, and Radio 4 listener. And then add all those caveats that I need because of all the assumptions you're making about me! And the same must be true for my patients. Could 'Muslim' really describe the totality of someone's existence, just because clothes are the first thing I notice?

I've started to think of teaching diagrams with little bubbles around everyone in a consultation describing all the cultures they might identify with. And perhaps little squares showing our assumptions about each other. It does get terribly complicated. Fortunately, there is someone we can call on to guide us around this complex morass of cultures in the consultation. And that is the patient; the only person who knows how that mix plays out happens to be sat right there in front of us. They'll be only too pleased to be asked, to help us out. In contrast to many jokes, they do hold a certain amount of truth.

Tim Senior,
GP, Tharawal Aboriginal Corporation, Airds.

DOI: 10.3399/bjgp12X653732

ADDRESS FOR CORRESPONDENCE

Tim Senior
Tharawal Aboriginal Corporation, PO Box 290, 187
Riverside Drive, Airds, NSW 2560, Australia.

E-mail: drtim.senior@tacams.com.au