Opposites Distract

To the Editor:—People from different cultures and language backgrounds describe medical conditions differently. Despite how self-evident the previous statement is, the medical community has been slow to recognize these differences, and how they impact patient care. While many advancements have been made in recent years in training health care providers to be culturally competent and to relate to patients in their own language as much as possible, there is still a long way to go. Quite a bit of the provider's education in this realm remains on-the-job training. The clinic remains the best classroom to learn how differences in culture and language between providers and their patients color the patients' understanding of and investment in their care. Two recent patients reminded me of this. I initially labeled both as "noncompliant with their medication" before we discussed the reasons for their medical decisions.

The first patient, a 72-year-old African-American man with hypertension and anemia, had stopped taking his iron several months prior to our visit without notifying the clinic. When I asked why he did this, his response shocked me. He could not understand how he could have hypertension and anemia at the same time. Those were not the terms he used; he used the common vernacular: "*high blood*" and "*low blood*," respectively. To him, these terms, and therefore the

conditions they described, existed on an axis: "*high to low blood*." They were diametrically opposed and mutually exclusive.

The second, a 64-year-old woman from Mexico who spoke only Spanish, had hypertension and depression. She had stopped taking her antidepressant medication. She also understood her conditions as existing along an axis: hypertension or "*alta precion*" was perceived as the opposite of depression or "*deprecion*." Once again, these concepts could not coexist. Both patients expressed skepticism when I attempted to explain my understanding of their complaints, and the appropriate treatment.

These cases highlight more than my evolving understanding of linguistic peculiarities of other cultures. They call attention to the fact that much of what we interpret as "noncompliance" is anything but. Patients do not make a binary choice to accept or reject our sage advice and prescriptions. Many times they make educated decisions based on their understanding of their conditions. They are playing an active role in their medical care. Providers, however, may have difficulty seeing this unless they pay attention to the cultural context in which the patients make their decisions. —**Geoffrey Lowrey, MD**, General Internal Medicine, University of Illinois at Chicago, Chicago, IL.