

happened that day in Haiti. But the most inclusive verse that came to my mind was this one: “For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future.” - Jeremiah 29:11 [NIV]

We sometimes question God’s plan and timing in life’s

circumstances and struggles. But on that day in Haiti, God did indeed have a plan... and His timing was indeed perfect for all of us – not only me, but also the rest of the people on the bus, the truck driver, and the whole country of Haiti. So let my story be a reminder to you that God is faithful. God is sovereign. As we say in Haiti: Bondye Bon! (God is Good!)



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## Challenges for Christian Pharmacists when Interacting with Multicultural, Non-Christian Patients

By Virgil Van Dusen and W. Steven Pray

### Introduction

The United States population is composed of many immigrants from foreign countries. At least 44.5 million immigrants resided in the U.S. in 2017.<sup>1</sup> As various waves of immigrants arrived, they brought the religious and medical practices of their own cultures. Many non-Christian immigrants gradually accepted Christianity and also accepted the evidence-based model of medical science that is standard today. However, a great number of more recent immigrants still cling to their non-Christian religions and the associated medical beliefs that lack proof of safety and efficacy and can cause overt harm. The Christian pharmacist has a duty to explain the shortcomings of unproven therapies to patients. The great challenge arises when the patient’s incorrect medical beliefs have a religious or spiritual element that is at variance with our Christian faith.

### Medicine and Religion Intermingled:

#### Medico-Religious Therapies

Many cultures have non-Christian religions whose beliefs encompass unproven and possibly dangerous health care practices.<sup>2</sup> This intersection between unproven medical practices and religion is where the Christian pharmacist must tread carefully when counseling patients. It is vital to communicate that the pharmacist is not criticizing the patient’s non-Christian religion, culture, family, or country of origin. The pharmacist should instead attempt to communicate three points: (1) The entire world’s medical scientists have collaborated to establish evidence-based medications and

practices from which all of the world’s peoples can benefit; (2) These proven therapies may conflict with the immigrant’s traditional medical practices; (3) Their traditional practices have never been proven to be safe or effective and may cause direct or indirect harm.

### Various Cultures and Their Non-Christian Medico-Religious Beliefs

Some unproven medical practices have nothing to do with culture or religion (e.g., detox foot baths, Kombucha tea, reflexology, iridology, color therapy, magnets, naturopathy, therapeutic touch). Conversely, some religions do not promote unproven therapies to their congregants (e.g., mainstream Protestants). However, many pseudo medical practices have an inbuilt religious component, often including belief in such non-Christian concepts as polytheism (belief in many gods), reincarnation, magical thinking, the concept that every living thing has a soul or spirit (even trees and insects), worship of non-Christian “spirits,” and the constant presence of dead and unhappy ancestors.<sup>3</sup>

### Unproven Medico-Religious Therapies

The list of different non-Christian cultures and their associated unproven medical beliefs is lengthy and would occupy an entire book. Table 1 presents some unproven medico-religious therapies, but it is not complete nor is it thoroughly detailed. It allows the Christian pharmacist to conduct Internet searches for further information when the need arises.

**Table 1. Unproven Medico-Religious Therapies**

Name of Therapy	Location or Culture	Description
Cupping (wet cupping, dry cupping, fire cupping, hijama) <sup>4,5</sup>	China, Egypt, Islam	In a common form of this unproven practice, heated glass cups are placed on the skin. They allegedly improve blood flow, and also remove jinn (Arabic demons), other evil spirits, and the “black spells” associated with their presence.
Ear candling <sup>6</sup>	China, Egypt, Tibet, Hopi Native Americans	These age-old devices purportedly remove ear wax and perform many other healthy actions, but are also said to be effective in exorcisms and driving out evil spirits. They are ineffective and actually have caused ruptures and burns of the tympanic membrane.
Santeria <sup>7,8</sup>	Cuba, Africa, Yoruba, Mexico, Panama, Caribbean	Believers assert that there are as many as 400 gods (known asorisha) who may be one’s dead ancestors. Mediums are spiritual healers who communicate with theorisha; these false gods guide humans and provide healing advice. Treatments include herbs, homeopathy and sacrifices.
Shamanism/Animism (traditional Native healers, curanderos, witch doctors) <sup>3,9</sup>	Numerous cultures	This non-Christian practice teaches that illness is caused by witchcraft, spirits, dead ancestors, magic, and false gods. Unproven therapies involve trances and other techniques.
Ayurvedic (Ayurveda) <sup>10,11</sup>	India	This 3000-year-old practice has a spiritual/religious component, having arisen in an area where the non-Christian Hindu religion predominates. Its non-physician healers utilize many unproven therapies, such as ingestion of herbs, minerals, and metals. The National Institutes of Health warn that the Ayurvedic practice of ingesting lead is actually administration of a toxic poison.
Homeopathy <sup>12-15</sup>	Germany, India, Great Britain	Believes in “psora,” a type of evil spirit, a non-Christian concept. This long-discredited pseudo medical system also uses remedies made of herbs, minerals, honeybees, cockroaches, snake venom, bacteria, feces, urine, body parts, cancerous human tissue. Ingredients are diluted so greatly that not even a single molecule remains, making these products deceptive and expensive placebos.
Traditional Chinese Medicine (TCM) <sup>16,17</sup>	China	TCM began over 2,500 years ago, being based in the non-Christian religion of Taoism. It is a hodgepodge of unproven therapies including acupuncture, acupressure, tai chi, qi gong, moxibustion and potentially dangerous herbs. TCM also incorporates non-Christian beliefs such as disease being due to the patient’s angry dead ancestors.
GuaSha <sup>18-21</sup>	China, Viet Nam	In this unproven medical practice, the patient’s skin is scraped with a rigid tool (e.g., a coin or stone), hard enough to break surface blood vessels and cause visible bruises. This allegedly unblocks imaginary energy channels known as “qi” to improve health and remove evil spirits.
Voodoo <sup>22</sup>	Africa, Caribbean, Haiti	This non-Christian religion teaches that disease is caused by witchcraft and spells from evil spirits. Healers (known ashougans) use rituals and herbs, in addition to predicting the patient’s future.
Wicca, Paganism, Witchcraft, Druids <sup>23</sup>	Numerous cultures	These non-Christian religions claim to heal many diseases using herbs and magical spells.

**Case Study**

A female customer asks the pharmacist for a nonprescription product to cure burns. In an attempt to assess the nature and severity of the burns, the pharmacist asks her to explain their cause and appearance. The patient is her elderly mother, who has been depressed. She has perhaps twelve burns on her arms. From the description, the pharmacist suspects deep second-degree burns that will require physician intervention. When the customer hears this, she becomes anxious and says her mother will not see a physician. In fact, the mother has intentionally burned herself to draw out evil spirits that are causing her depression. She is convinced that spirits of various

deceased relatives and friends mean her harm. She told her daughter that she will continue this practice until the spirits leave her. This person is a believer in moxibustion or moxa. The practice originated in China, but has spread to other cultures.<sup>2,3</sup> While there are different versions of the practice, the most popular involves grinding leaves of the Mugwort plant, placing them on an acupuncture point and burning them.<sup>24,25</sup> The pharmacist should explain to her daughter that deep second-degree burns require a physician’s examination and treatment. Further, the pharmacist should suggest that the daughter urge her mother to discontinue burning herself. If the daughter objects that her mother will not listen to her, the

daughter should be urged to explain that evil spirits do not cause depression and that she should consult physicians for her health care needs rather than relying on unproven and/or dangerous practices based on evil spirits of dead relatives. It may also be helpful for the daughter to bring her mother to the pharmacy so they can all have a discussion about the issues involved and create a trusting relationship with the pharmacist.

### **Immigration, Pharmaceutical Care, and the Gospel**

Immigration is a gospel issue. While immigration may seem far removed from any Bible-based reference, Jesus himself was a so-called “illegal immigrant.” Fleeing a political situation, like many who now reside in the U.S., our Lord’s parents sojourned with him to Egypt.<sup>26</sup> There he lived out part of his childhood in a foreign land, away from his home country and extended family, among people speaking a different language with strange customs. Yet they carried with them their own Jewish customs and faith. Such is the case that has happened over decades in our country and will continue in years to come. Foreigners are living among us. Loneliness, homesickness, fear, and limited communication skills are daily experiences for these sojourners. The sojourners also bring with them their own customs, beliefs, and views on methods of medical treatment.

What is our mission as Christian pharmacists with immigrants whose views on religion, customs and medical care differ from ours? There are plenty of opinionated bigots who would willingly cast aside those who are in flight from untenable situations in their home countries. However, as believers, we must realize that all are made in the image of God, whether they are legal or illegal immigrants.<sup>27</sup> The Kingdom isn’t just made up of people that are like us. We should love all those in the immigrant communities. Someday we will all stand before a former undocumented immigrant. At that point we will all be immigrants to the Kingdom of God.<sup>28</sup>

### **Opportunities for Service as Christian Pharmacists**

Many churches spend thousands of dollars and hundreds of hours in mission trips overseas. While these efforts are important, we would be remiss in not recognizing the millions of immigrants that currently reside within the U.S. The Christian pharmacist has an ever-present opportunity to minister to these people. What we do regarding immigrants can have a global impact. While going on an international mission trip is important, staying in this country and ministering to immigrants can also be a significant part of Kingdom work. Immigrants need pharmacists who will take their hurts and illnesses seriously and minister to them in the name of Christ.<sup>29</sup>

### **Responding in Hope and Love**

Our calling as Christians is to show Christ’s love to a hurting world. Real love cares. Caring for people, regardless of their cultural background, is a cornerstone of Christianity in action. Below are some critical points in showing love in action to immigrants:

- 1) Listen and talk to the immigrant.
- 2) Be sensitive to the immigrant’s culture.
- 3) Care for the immigrant.

### **Listen and Talk to the Immigrant**

While talking to any patient is important, the immigrant also requires intensive listening on the part of the pharmacist. Do we understand what the patient is saying to us and does the patient understand what we are trying to say to them? While the ability to transfer information on a prescription label in multiple languages may be available, other tools are also available to make sure that we can communicate verbally with the patient. Going the extra mile in communicating with the patient demonstrates that we really care about their health.

### **Be Sensitive to the Immigrant’s Culture**

Whether a patient is Armenian, African, Hispanic, or Hindu, each one is proud of his/her heritage and way of life. As pharmacists, we serve an increasingly diverse population. Pharmacists need to understand cultural differences if they are to better provide culturally competent care. This understanding comes in the form of realizing the multitude of beliefs patients hold about health care. Remember that these individuals do not have our healthcare knowledge and education. Patients want health care providers who value and respect their cultural views. Patients whose cultures differ from yours will respect you if you respect them, even if your views of care differ from theirs. Ask them about their country and what their home was like. They would love to tell you.

### **Care for the Immigrant**

All patients deserve quality care. The immigrant is no different. Our interaction with them helps us develop our own cultural competence. Such cultural sensitivity on our part is an essential characteristic in improving health outcomes and decreasing health disparities. Again, patients want health care providers who value and respect their cultural views and beliefs regarding care. Medical beliefs that seem silly or ridiculous to us are perhaps viewed by the immigrant as a valid health care choice. Listening to their views on medical care is as important as recommending our products for a condition. Offering options for health care in a non-judgmental manner is a critical part of any interaction with someone who has culturally distinct views that differ from our own. We need to provide care in a way that not only leads people to a healthier life but also leads them to the cross. Caring for them may just give us that opportunity.

### **Loving the Immigrant**

The instructions from our Lord is to first love Him and then love others.<sup>30</sup> That love is not limited to people who are like us. It is intended for everyone, including immigrants. The Bible tells us in numerous passages to care for the sojourner. God, the Bible says, “*executes justice for the fatherless and widow, and loves the sojourner, giving him food and clothing. Love the sojourner, therefore, for you were sojourners in the land of Egypt.*”<sup>31</sup>

While there are issues regarding immigration status, the larger issue for us is realizing that all are made in the image of God. We must be present as the representative of Christ. Regardless of an individual's country of origin or immigration status, our position needs to be one of love. Helping the vulnerable, scared, hopeless sojourner is what Christ would have us do. Whatever our disagreements might be regarding immigration as policy, our message to the immigrant should be that "God is love" and we choose to love them as God does, regardless of their country of origin, immigration status, religious background or views on medical care.

Most immigrants are more like us than we think. They want a better life for themselves and their children, and they want to live in safety. These people become our neighbors. The good Samaritan didn't take an inventory of the individual before he helped him, but rather provided care to someone who was different from him.<sup>32</sup> Should we do any less?

### **Resistance to the Christian Pharmacist's Educational Efforts Regarding Unproven Medico-Religious Therapies**

Even with our best intentions, resistance to the Christian message and the efforts to steer the immigrant patient to proven medical practices arises in a pharmacy setting no differently than any other location. However, the dangers of unproven medico-religious practices are a compelling reason to intervene.

Why might our immigrant patients resist our efforts? One reason is loyalty to their present non-Christian religion, arising from a lifelong history. If the patient has never had the opportunity or desire to learn about any other religion, there will undoubtedly be resistance at the outset of any conversation.

The patient may also refuse to listen to the pharmacist's message out of respect and loyalty to ancestors and family. Religions that date back for thousands of years (e.g., Hinduism) would be extremely difficult if not impossible to eradicate from a patient's world view.

Immigrants may also resist the Christian message because they carry an unshakeable loyalty to their home country. Traditional Chinese medicine is an integral part of the Chinese identity. Communicating the fact that most of TCM is based on false facts and imaginary physiology (e.g., nonexistent chi or qi energy lines) might be interpreted as an attack on China.

A persuasive approach directed to the patient which does not involve the patient's religion, family, ancestors, or nation of origin might be a good strategy. It involves stressing the power of the scientific method, and the advantages of its proven investigative techniques, such as double-blinding, randomization, proper research design, appropriate sample sizes, and correct statistical analyses. None of the unproven medico-religious techniques listed above in Table 1 have undergone the full scrutiny of legitimate scientific inquiry. The

few trials that have been conducted suffer from numerous flaws. Among other problems, they are poorly designed, improperly conducted, unduplicated, and/or not generalizable due to small sample sizes.

But discussing proven therapies may only be effective if patients have come to trust us in our approach to caring for them. The old adage of "people don't care how much you know until they know how much you care" is still valid. Trust is built on relationships. Our own heart message should convey without question our concern and love for the patient and/or their family. They will be able to tell through our words, our body language, our expressions of concern, and our overall interaction that we are sincerely interested in their outcome. Medical missions abroad are effective in spreading the gospel because people see that believers care. Medical missions in this country are no different. Touching the life of a person with sound pharmacy care opens the door to touching that same person with a soul in need of care.

### **Conclusion**

Immigrants and their unique pharmaceutical and religious views will continue to be a part of this country. Immigrants provide Christian pharmacists with the opportunity to share not only pharmaceutical care to assist in the healing process but also the chance to share about their faith in Jesus. Christian pharmacists should see the immigrant population as a mission field that has come to this country by divine placement so believers can share the gospel while serving in a professional capacity.

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