

Intercultural Communicative Competence Training Programme_ Module 1

Exercises to Improve Intercultural Communication Skills

EXERCISE 14 – THE ARAB DOCTOR

A patient sent me a complaint about her general practitioner who was of Middle Eastern origin. She said the doctor was offended by the questions she asked and responded in a rude tone that offended her and her dignity. It happened during an aptitude test for some kind of job. The complainant felt that the doctor behaved in this way because she was a woman. In the heat of the argument, the doctor threw her out of his consulting room without attending to her.

I contacted the physician by phone and asked for information on the case, I informed him about the patients' rights. He also talked to me in an unacceptable tone. An intense debate broke out with the doctor about what kind of rights patients have in general and women patients have and how these rules apply to him as well according to the law, especially in a public institution and in general when he treats a patient.

1- Patients' advocate, a woman in her 30s/ lawyer, specialised in health related cases
speaking English as a second language

not married, no children

religion: catholic

2- Medical doctor:

Middle Eastern, country unknown

We do not know how he got to Romania

He has the Romanian citizenship but his non official status is migrant

He speaks perfect Romanian

He speaks Arabic as his mother tongue

He probably speaks more languages, though we do not know

He is in his 50s

He works as a General Practitioner

He went to the University in Romania (before the change of the regime)

We do not know anything about his family



religion: assumed Muslim? Religion unknown

Almost everything divides the two actors; some of these things are very evident and well perceived by both of them whereas some are more hidden (ie., they were educated by the same educational system but in two radically different periods of time).

Closer context: the communication does not happen in the physical space. The interlocutors only speak on the phone. It is the woman who calls the doctor (this is her first call and the doctor learns about the case from her).

The case: the patient went to see the doctor for a certificate for an aptitude test for a job. He refused to give his approval, which made it impossible for the patient to get the job she had applied for. The patient said the doctor did not justify the reasons behind his decision, which she qualified as retention of information.

Does the situation highlight any problem concerning the professional practice, or in general about the respect of cultural differences in intercultural situations?

The doctor might have abused the woman, or might not. There is very little objective information confirming (or contradicting) the complaints the patients' advocate receives.

- This is a very strange position because in principle both the lawyer and the doctor are interested in enhancing the quality of the health system making sure that there are as few complaints as possible (they are colleagues in some sense). This seems to be a systemic problem.

- Neither of the above points suggests that if the doctor was rude to the patient he did that because he is of Arab origin.

- This seems to be a case of cultural difference, when culture becomes the evident explanation for a perceived strangeness in behaviour. This happens very often when the otherness of the other is easily categorizable (a migrant, an Arab, a Gypsy, etc.) and there are (usually negative) stereotypes attached to the category.

- Negative stereotypes usually motivate negative reactions, which in turn provoke negative responses.

- In delicate intercultural situations face-to-face meetings are much more important than telephone conversations.

