LETTERS TO THE EDITOR

SGIM Use of News Media

To the Editor: At my first SGIM annual meeting, I was moved by the discussions of the joys of general medicine and the primacy of the patient in research, teaching, and, of course, clinical care. Many investigators and seminar leaders presented data showing how business and insurance interests, whose chief concern is profit, are becoming more powerful in American medicine. They argued that as a result of this and of our country's unwillingness to adopt universal health insurance and attack the social contributors to disease, the underserved are "falling further through the cracks" and suffering disproportionately.

I suggest that SGIM better utilize the news media to further disseminate these findings to a national audience. Today, the public is becoming more aware of the role and value of the generalist physician. If the latest research on cholesterol and heart disease from the American Heart Association's national meeting can make the network news and the major newsmagazines, then certainly SGIM could call a press conference at which its most prominent members jointly communicate important developments in our field, along with concrete suggestions to physicians and the public on ways we can alter disturbing trends and improve the nation's health. Other approaches to utilizing the news media should also be explored.

Topics stressed at the meeting, such as quality of care, access to care, psychosocial issues, preventive medicine, and chronic disease affect all Americans. If we don't disseminate our ideas, we'll continue to work in a vacuum, coming together once a year to preach to the converted and having little effect on public opinion, the evolution of our health care system, and the place of patients and general internists in that system.

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"Reverse" Cross-cultural Medicine

To the Editor: Over the past decade or so, the clinical importance of ethnic and cultural differences between patients and physicians has been increasingly recognized, as reflected in a growing literature on cross-cultural medicine.[1] We wish to call attention to a distinctive type of cross-cultural medicine.

The National Study of Internal Medicine Manpower recently reported that 25% of internal medicine residency programs have between 0% and 18% of first-year residents who are graduates of American medical colleges.[2] Our hospital, which is located in the heart of a suburb of New York City, is such a program. The population it serves is a mixture largely of whites, African-Americans, and Latinos. In contrast, the medical housestaff is overwhelmingly comprised of physicians from India, Pakistan, and the Middle East, for whom English is a second language.

One of the consequences of the cultural mismatch between housestaff and patients is the need to practice cross-cultural medicine. This, however, is no run-of-the mill cross-cultural medicine, but rather *reverse* cross-cultural medicine, because the patients whose special needs must be met and whose languages, religions, and cultural values must be addressed are for the most part American (or "americanized") patients in an American hospital. Whereas garden-variety cross-cultural medicine concerns itself with the clinical care of insular cultural minorities by the dominant culture's medical establishment, the situation at hospitals such as our own is just the opposite.

Even for those insular cultural minorities commonly served by American hospitals, it seems reasonable to assume that the cultural gap between American physicians and those minorities would be smaller than that between physicians from most non-American cultures and those minorities, because most American physicians (even those who are not African-American or Latino) have had some exposure, albeit superficial, to African-American and Latino cultures simply by virtue of living in this country.

Of course, reverse cross-cultural medicine differs from the garden variety in a second way, in that it arises not by the immigration of patients but by the conscious selection of foreign physicians by program directors. Because of this second difference, and because the practice of medicine is more perilous in a cross-cultural context, fraught as it is with the danger of physician-patient noncommunication or miscommunication, we submit that reverse cross-cultural medicine raises a host of ethical issues that, to our knowledge, have not yet been addressed in the medical literature. We further submit that it is *at least* incumbent upon programs engaged in the practice of reverse cross-cultural medicine to respond to the challenges it poses by assuming responsibility not simply for the medical education of their alien houseofficers, but also for their acculturation and for the development of their verbal and nonverbal communication skills.

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