

Chapter 10: Asian people in New Zealand

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The increasingly diverse immigration to New Zealand caught momentum following the changes to legislation in 1987 and 1991 which removed a bias in favour of British and West Europeans who were considered “preferred sources” of migrant population. The Asian population has doubled between 1991 and 2001. Based on the 2001 census results, the Asian ethnic group comprised 6.6 percent (or 272,000 Asian people) of the usually resident population at 30 June 2001 compared with 3 percent in 1991.¹

In the New Zealand Asian population, Chinese make up the largest ethnic group (44 percent), followed by Indian (26 percent) and Korean (8 percent).² The increase in the Asian population has resulted mainly from large migration gains—only 11.3 percent of the Asian population in New Zealand were born in New Zealand.

This growth will impact on the host population, particularly the health delivery system, because of its rapidity, and because of possible language and cultural barriers between clients and health services and health workers.

Specific health needs of Asian patients

Asians in New Zealand are very diverse in religion, culture, language, education and socioeconomic experiences. It is therefore difficult to generalise the needs of the Asian population as a whole. Nonetheless, according to a local survey conducted by the Asian Public Health Project Team,³ most Asian patients want “better access to health services that cater to their needs”. Asian patients themselves have identified the following areas as their main health concerns

Mental health: depression and psychosomatic illness are frequently seen and have a complex interplay among social isolation (from migration), language barrier, underemployment or unemployment. Stigmatisation and “taboo” of psychiatric illness compound the problem further resulting in a reluctance by Asian patients and their families to seek early intervention or treatment. Other mental health issues identified in New Zealand

include problem gambling and alcohol abuse. Furthermore, the New Zealand Mental Health Commission's Report on Asian mental health mentioned several specific concerns⁴

- The high mental health needs of women and refugees from smaller ethnic communities for example Vietnamese, Indonesian;
- Mental health needs of older people;
- Refugees because of premigration traumas and postmigration stressors in adapting to a new culture.

Refugee health: refugees enter New Zealand under three categories

- Quota refugees – recommended by UNHCR (United Nations High Commission for Refugees)—700 yearly called “mandated refugees”;
- Asylum seekers – termed as “Convention refugees”—those who conform to and satisfy the United Nations convention on refugees.
- Family reunification.

All in the above are “health screened” for immigration purposes.

Primary health care plays a significant role as individuals with refugee background have had very limited health care in their respective countries before fleeing to New Zealand. Conditions prevalent in their respective geographical zones include sickle cell anemia, malaria, Hepatitis B carrier state and gastrointestinal infections.

Cardiovascular diseases and diabetes: lifestyle changes from Westernisation of diet and the relative lack of physical activities.

Sexual health: Asian women seem reluctant to use safe and reliable contraceptive methods; for example, some Chinese women believe that the pill will impair their fertility. Abortion is often seen as a de facto form of “contraception” as it is a common practice in many Asian countries. Such beliefs may have contributed to the steady rise of the abortion rate among Chinese women in the past decade. Another concern is the rapid rise of sexually transmitted illnesses such as chlamydia, gonorrhoea and syphilis among Asian patients. Contributing factors include ease of international travel and unsafe sexual practices.

Communicable diseases: tuberculosis and chronic hepatitis B infection are particularly common among Asian patients.

Ways to engage Asian migrant patients

In order to provide practical suggestions to engage Asian migrant patients the following material will be useful for those working with Korean and Chinese patients as examples.

Appreciate health beliefs

Chinese patients in general are rather health conscious even though they appear to be less knowledgeable in human anatomy or the scientific basis

behind Western medicine. The fundamental belief of good health among Chinese people is the ability to maintain a peaceful state of mind and to be in harmony with the surroundings. It stems from the philosophy that everything in this universe is interrelated and is forever changing with the life force/energy (known as “Qi”) flowing through all matter continuously. “Qi” is the fundamental substance and its movements produce everything that constitutes the universe. The concept of “Yin and Yang” describes the dynamic and oscillating relationship of the flow of “Qi” between these two extreme states. “Yin” represents cold, dark, inactive, negative and female like, whereas “Yang” represents hot, bright, active and male like. Everything in the universe has an element of both “Yin and Yang”. On an individual level, good health is about having a balanced flow of “Qi” between the “Yin and Yang” organs.⁵

An example of misunderstanding resulting from differences in health beliefs is the Chinese patient who said, “I’ve too much heat in my body.” From a Western medicine perspective, most doctors would tend to think that the patient is implying that he/she has a fever. However it is often not the case, as the patient is trying to say he/she has too much “Yang” in his/her body. It is therefore important to clarify with the patient about his/her concerns by asking something like, “What do you mean by having too much heat in your body?”

Understand health practices

Chinese patients often use folk medicine or “tonics” in the early stages of illness. In addition, self medication with Chinese medicine and consultation with a Traditional Chinese Medicine (TCM) doctor, and concomitant use of both Chinese and Western medicine is not unusual. It is also very common for both Chinese and Koreans to be taking vitamins, propolis, calcium supplements, and royal jelly as a regular daily supplement. Always ask specifically what health supplements they are taking, otherwise you will get a “no” answer to questions about medication. It is therefore important to seek a full drug taking history especially inquiring about the use of TCM or alternative health supplements. Chinese and Korean patients will often request injections as they perceive it as a more direct and potent route of delivery with a more rapid onset of action than the oral route.

A perceived imbalance of the “Yin and Yang” forces can be influenced by many factors including dietary intake. It is therefore common for a Chinese patient to ask the health practitioner about food avoidance in times of illness. For those health practitioners who are not familiar with the “Yin and Yang” concept, it would be best to advise the Chinese patient to seek dietary advice from a TCM doctor or suggest the patient eat whatever he/she feels comfortable or accustomed to.

Realise Asian people’s use of medication

Noncompliance or miscompliance is an issue with any group of patients.

It is more of an issue with Koreans as they have been used to easy access to most medications from their local chemist until a few years ago. Drugs like antihypertensive and antibiotics were freely available leading to resistance and misuse problems. Doctors in New Zealand need to emphasise the correct use of medication and check for compliance at each visit.

It is helpful to use medication cards with name of medicine and times to be taken on it. This improves understanding and compliance. Also, state clearly to the patient the duration of treatment—for example two weeks or lifelong. Make sure they come back for repeat prescriptions if necessary.

Be aware of patients' expectations

The “family doctor” is a rather foreign concept as it is not a common practice in many Asian countries for a patient to have a family doctor. In their own country, when they are unwell, they tend to present to the first available doctor or whoever is the most reputable in treating the condition. Walk in without appointment and self referral to specialists is the norm. Medical consultation in many Asian countries is relatively short in duration and often conducted in a rather “doctor centred” manner. Some Chinese patients are used to doctors who give quick and authoritative diagnosis whereas some are used to asking for tests and medicines that they want. In addition, some expect to be told what to do and expect the doctor to do something concrete—for instance, writing out a prescription. Speaking of prescription, it is also a foreign practice for Chinese patients to fill a prescription at the chemist. Asian patients are also used to having a one stop shop system of health care where everything is done on the spot such as consultation, blood tests, radiology tests and treatment prescription.

Many Chinese and Koreans are familiar with the “total body checks” which are performed in many hospitals in South East Asia. They will often ask for one, which does not exist here in New Zealand. This may cause anxiety and frustration for the patient. They are used to being investigated extensively with a whole batch of routine blood tests, Xrays, ultrasounds and endoscopy of the gastrointestinal tracts. Medical practitioners may need to explain that in New Zealand, we only request blood tests or investigations that we feel are necessary or pertinent to the problem involved.

Despite of all the patients' various expectations, it is important to remember that as a medical practitioner in New Zealand, the practice of patient centred care is crucial in the provision of good medical services. In short, it is important to seek patients' ideas, concerns and treatment expectations of their illness regardless of their ethnicity.

Have effective communication

Even simple things such as making an appointment with a general practitioner can be a huge obstacle for some Asian patients with little English. For example, when answering phone calls from Asian patients, one has to speak slowly, clearly and in short simple English. Offer appointment times that are easy to understand for example, “Two o’clock” not “Fifteen to four”. Repeat and check for understanding. Asian patients with limited English will often make appointments through friends or family members, so make sure you have the right person’s details.

Know your patients’ names and dates of birth

Getting this right is tricky. When Asian people come to New Zealand, they often take on an English name, so they end up with more than one name. For women, it is further complicated by adopting the Western culture of taking on the husband’s surname. This results in a possibility of four names for the one person. It is recommended that medical practices use the name on the patient’s passport to simplify matters.

Date of births are also tricky because Koreans and some elderly Chinese people use two birthdays; one according to the solar calendar and the other according to the lunar calendar. There is no simple solution around such idiosyncrasy but it is important to find the right information.

Work with guardians/support persons

Some Asian patients are used to having a “guardian” or support person with them in consultations, similar to the whanau in Māori culture. It is appropriate to allow at least one person to accompany the patient into the consultation room, especially if they need help with interpreting.

Beware of the fact that the guardian or support person often speaks on behalf of the patient, and try to encourage the patient to speak for himself/herself if at all possible.

Deal with sensitive issues

It has been suggested that Confucian teaching which discourages open displays of emotions in order to maintain social and family harmony is contributing to the higher rate of psychosomatic illness among Chinese patients. Regardless of the reason, sensitivity and tact is important when dealing with the psychosocial aspect and sensitive issues like suspected abuses of all patients.

Work with individuals from a refugee background

This subgroup of Asian patients has been inadequately treated and needs complex follow up. Patients tend to use the emergency services as their last resort because they have limited understanding of the New Zealand health system or they can’t afford visiting their family doctor. Thus

patients are often admitted to hospital acutely with serious presentations. Past histories are difficult to ascertain and the lack of interpreters to help the health team can lead to wrong diagnoses, unnecessary investigations and referrals to tertiary care. The mental health of refugees needs special care in view of their history of torture. Torture methods adopted and the consequence of their sufferings have to be carefully understood for treatment to be successfully pursued. Referrals to expertise in rehabilitation of these torture trauma victims are essential. Building a good rapport with refugee patients is a useful strategy in addressing their health needs.

Working with interpreters

For the patient this is highly anxiety provoking. They are faced with putting their trust in a doctor or health professional with a different language and culture to their own. Thus it is vital to employ an experienced interpreter who has been trained in medical terminology and concepts. In reality, the use of trained interpreters is often not possible because of lack of access and the high cost. Hence, friends and family members are frequently used as de facto interpreters for the patient.⁶

Some doctors will be more experienced than others at adjusting their consultations to the presence of interpreters. Some may feel uncomfortable when faced with patients with no English skills, and indeed feel culturally incompetent of the patient's health beliefs and practices.

No doctor is expected to be fully competent in the many cultures that exist in New Zealand, especially the many different Asian cultures. The key is to approach the Asian patient with genuine concern and interest. Nonverbal messages of reassurance like smiles and good eye contact along with a clear, kind tone of voice go a long way. Sentences should be short, in simple English, and not spoken too quickly. Allow more time than other consultations when using an interpreter, as it is more time consuming to consult through an interpreter.

Some basic ground rules should be set and agreed on before the consultation begins.

Introductions/ briefing

It is important if the interpreter can be briefed as to the problem. This will enhance the quality of the interpretation. In an ideal situation, the doctor might like to find out some do's and don'ts of the particular Asian culture before the consultation for example, red colour is good luck in China, and bad luck in Korea. Number four is symbolic of death in both cultures.

Agreement on type of interpreting

In the medical setting, it is recommended that the doctor speaks in one or two sentences followed by interpretation. Interpreting big chunks of

speech (longer than two or three sentences) is less conducive to understanding and flow of conversation or consultation.

Seating arrangements

Where possible, the doctor, patient and the interpreter should be seated in a triangle formation with the doctor and the patient sitting in direct and full view of each other. This enhances communication. The interpreter should be seated in between the doctor and the patient, slightly out of view from both. The doctor should look and talk directly to the patient instead of talking through the interpreter.

Conclusions

The cultural beliefs of people's countries of origin still prevail in their initial settlement period, and have to be considered by health practitioners. Efforts must be made to get Asian patients integrated to the health systems in New Zealand and this will require ongoing education for both patients and medical practitioners.

Availability, accessibility and affordability are three important criteria in measuring how well Asian people's health needs are met in New Zealand. Common diseases listed here need to be considered in the final diagnosis and treatment. Mental health is a challenging area because of the degree of stigma attached to such illness in many Asian cultures resulting in treatment delay and possibly worsening of prognosis. The follow up of patients should consider the life styles, financial situation, the roles family and community play and the barriers to successful resettlement. Health interpreters play a major role in addressing health needs, and careful use of these experts is critical in the management of these patients.

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