

NHPA Student Spotlight



About:

This quarter's Student Corner shares an interview Michael Lainfiesta, a Doctor of Pharmacy Candidate at Long Island University, had with a patient highlighting cultural and linguistic barriers this patient felt when seeking healthcare after moving from Mexico to the U.S.

My patient was born and lived a majority of his life in Mexico. He came to the United States when he was roughly 35-40 years old in search of better opportunities as his family was poor back in his country. He thought he'd be able to advance financially and better support his family this way and help guide his children to a better future. He noted that Mexico is unique in that people are clustered together mostly. If you are poor you likely live in an area filled entirely with other poor people whereas in New York you live in a mix of rich and poor. He thinks that helps personal judgments because you never know just what someone's life or background is.

His major note regarding healthcare is that it's much easier to reach someone and make an appointment here in New York versus in Mexico. In Mexico he was getting healthcare through a government funded program similar to Medicaid but had to pay a portion of his income for it versus his current managed Medicaid plan. In Mexico he was isolated to a small

group of doctors because the rest were a large travel time away versus a wide array of providers here. He notes the vast difference of coverage between his insurance coverage here versus there.

He was diagnosed with AIDS and needed a liver transplant shortly after moving to New York. While reviewing the prices of his extensive medication regimen he confided in me that he had no idea how long he would be alive in Mexico because expensive medications are harder to get and he would have needed to travel extensively for his transplant. While the healthcare teams in Mexico were friendly and hardworking he discusses how overworked they seemed with fewer doctors than his offices here in New York. When he started on his full regimen he was worried about understanding the medications and what his health would be like now. His original doctors when he learned about both those instances were white men who spoke only English. He remembered listening to someone attempt to translate and crying because the translation was not clear and he thought he was going to die. Eventually he found a social worker who was able to translate and help him transition to his new life health wise. He felt blessed as the years went on because he noticed more people speaking Spanish in the doctor's office and felt like his concerns were being answered and he could confidently speak about what he was feeling. He always prefers speaking with a Spanish speaking provider because "it's easier to speak with someone when they look like you". He tries not to hide anything from his doctors anymore though when they need to translate and tries to ask questions to the translator when something isn't clear.

The reason he travels to our pharmacy is because "you guys always do whatever you can to make sure I understand, when Michael or Gabriela are not working, you all call the translator or my kids and give me so much information and ask me so many questions to make sure the medication isn't hurting me and I am thankful for that". When he sees English speaking doctors he made it clear that he hides certain things or tries to get in and out as fast as possible because

he doesn't think he will get the same care but has been trying to overcome that because his wife makes him take his time. He mentions that if his wife thinks he isn't taking the doctor seriously then she will get sick with worry and he needs to take care of his family always. He sometimes gets frustrated because he grew up being taught to respect everyone older than him but often gets what he refers to as "rude and pushy" doctors that come in and tell him stuff to do but don't listen and he gets upset because they're so young that he won't listen to them and end up in hospital.

He admits that growing up his family's answer to sickness was to pray and try herbs. They had someone in the community that was essentially a spiritual/mystical healer and he grew up believing it. It wasn't until he got older and watched his parents die young that he began visiting doctors and seeking actual healthcare. He describes being thankful because "if they didn't catch this disease (AIDS) the doctor tells me I would die young too and leave my wife". His wife who is HIV positive still is hesitant to visit doctors and he describes how he has to plead with her to take her medication. It's a constant battle and journey to change how we grew up as children in our home to how things should be in New York even if that means better.

During my interaction I was astounded with how my patient felt with doctors that don't speak Spanish. While my Spanish isn't perfect I can say enough to get by and help him and other Hispanic coworkers that are fluent can fill in all pieces but even so, I've seen him have successful interactions with my non Spanish speaking coworkers. It goes to show how impactful healthcare members can be by making extra effort and ensuring there isn't a break in communication. Healthcare members need to acknowledge that their own personalities can come across off-putting and that different ethnic backgrounds can be hesitant or completely turned off by some of those personalities or mannerisms.

While speaking Spanish can certainly help a lot of patients, a lot of this patient's problems seem like they could've been solved with compassion and effort if they wanted to. I firmly believe that basic Spanish essentials should be in all healthcare program curriculums and should be coupled with sensitivity and cultural awareness classes in order to properly treat the huge growing number of Spanish speakers.