

Medicine in the 21st century: The situation in a rural Iraqi community

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Abstract

Objective: To describe the health beliefs and practice in a rural Iraqi community.

Methods: Personal observations and practice; narratives of colleagues.

Results: Rural Iraqi society has remained unchanged in beliefs and practices in many ways since the Babylonian and Sumerian eras over four millennia ago. Like other rural societies, it has a culture that includes values, beliefs, customs, communication style, and behaviors. Those beliefs often invoke supernatural agents such as evil, jinni, witchcraft and the results of sin, bad luck and envy. Primitive and current religious beliefs join with the effects of poverty and illiteracy. These rural people view health and disease quite differently from the views of their physicians and these cultural beliefs and practices confound current patient–clinician communication. Although physicians view the medical encounter as the main tool of diagnosis and therapy, especially when biomedical technology is lacking, ignorance of the characteristics of the rural society and people may make physicians' work all the more difficult.

Conclusions: As with all cross-cultural interactions, better understanding of the patient or family's beliefs allow the clinician to find compromises and reach agreements that ignorance of their beliefs would deny.

Practice implications: Simply asking the patient and the family how they view the illness, what they consider to be the cause, what treatments they have already tried and what treatments they hope you will use, may go a long way toward building a therapeutic relationship.

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1. Introduction

Rural Iraqi society remains unchanged in beliefs and practices in many ways since the Babylonian and Sumerian eras over four millennia ago. Those cultural beliefs and practices confound current patient–clinician communication. A competent clinician must be aware of those beliefs and be able to relate to them [1–3].

Al-Neherewan is a Community about 30 km East of Baghdad. It is a rural society with a culture that includes values, beliefs, customs, communication style and behavior. Those beliefs may invoke supernatural agents, evils, jinns, witchcraft, sin, and envy [4]. Bad luck is believed to be a major determinant of bad health and thought to be determined at birth. The rural belief system includes primitive religious beliefs and is tempered by the effects of poverty and illiteracy. Males dominate the society and the concept of honor is highly valued,

depending as it does on female purity and modesty; thus sexual segregation is maintained. Endogamous marriages within particular tribes are common to ensure the continuation of social traditions. The rural woman has prominent economic roles as a farmer and a shepherd beside her main duties at home. A young woman may seem to be subjugated but she regains her status when she has many sons and becomes older so she will be revered and protected. Witness the popular saying, “Heaven rests beneath the feet of mothers” [5].

Women wear long clothes that cover the body, often wearing black as a mourning gesture for relatives lost to war, sanctions and other chaotic events of the last 40 years. Women will have little eye contact with men other than their husbands and will refuse to shake hands with males [6]. Male doctors are expected to refrain from touching parts of the woman's body.

Rural males are often in good physical health and exhibit high pain thresholds and few psychosomatic illnesses [7]. Medical attention tends to be postponed until symptoms are severe enough to limit daily activities.

People live in extended families and the elderly are valued and respected for their wisdom and experience. The elderly

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male is considered the leader of his family; his portrait hangs in the home reception room and his acts serve as examples to be followed. If ill, the elderly are likely to receive attentive care.

Rural culture treats time flexibly. Schedules may seem imprecise to outsiders. Communication tends to be non-verbal. Most important for clinical conversations, serious topics of conversation are seldom approached directly [6,7].

2. Diagnosis

Individuals tend to evaluate clinical outcomes based on their symptoms, not the disease processes. Doctors focus more on diagnosis and the treatment of diseases. Rural society tends to view doctors as paternal or father-like and place the patient in the role of a child. Treatment decisions are usually left in the doctor's hands and the patient tends not to ask about diagnosis, treatment or complication [6].

Modern physicians are likely to view health and disease quite differently from rural patients [1,8]. Although we physicians view the medical encounter as the main tool of diagnosis and therapy, especially when biomedical technology is lacking, yet ignorance of the characteristics of the rural society and people may make physicians' work all the more difficult [1,2]. Consider the following example of a doctor–patient interaction:

Doctor: You have a bad infection.

Patient's relatives: Why did you tell him that? Why did you hurt his feelings? Please don't tell him things like that.

Physicians often encounter resistance to open discussions of diagnosis or prognosis, usually from the patient's relatives. Trying to accommodate the relatives, the doctor may try to give hints about the diagnosis, using terms like “ugly,” “bad,” or “nasty disease,” rather than the precise diagnoses. The doctor may rush to a technical procedure or operation because of the difficulty of the verbal and non-verbal interaction. Puzzled doctors tell each other about these situations with comments like, “I don't know what to tell him,” “He will surely find out later,” and “They never understand what I tell them.” In short, the doctor–patient relationship tends to disintegrate in the very area where the practice of medicine strongly depends on it.

Physical examinations of female patients are difficult procedures to practice. The aphorism “uncover to discover” is incompletely applied at Al-Neherewan. The doctor usually asks for help from the patient's companion, usually another female. She will try to persuade the patient to expose the part to be examined. Frequent exhortations the doctor may hear from the companion might include comments such as “Oh, don't worry; he is a doctor, like your father, brother or son.” On his part, the doctor adds that it is a necessary procedure before making a diagnosis. Sometimes such efforts might help to uncover the patient for an adequate examination even while the patient continues to feel distressed. Genital, breast and per-rectum examinations are very difficult, but one notes that genital and per-rectum examinations in males are also very hard to accomplish.

3. Local healers

Patients and families are likely to move to local “healers” [9] who usually have been ascribed statuses with moral authority, such as Al-Sayed (prophet descendent), Sheikh (tribal leader) or Aarfa (a village elder who has a local reputation for treating patients) or they go to deceivers who exploit them with fake procedures that they know are false and that they charge fees to perform [10].

Traditional medical treatments seem illogical to modern clinicians. They can be divided into two parts which are frequently mixed [10]. First, “Spiritual Traditional medicine” (TM) frequently uses invocation of God, sacrifices in the name of God, visits to holy shrines or reading verses from the Koran. Illiterate caregivers, at times outright deceivers, may use primitive ancient religious beliefs inherited from Babylonian and Sumerian eras [11], beliefs that stress witchcraft (magic), evil, and envy, all of which are criticized by Islamic authorities who consider them to be mere superstitions and, of course, hold their own beliefs as superior. Second, Natural TM, uses the products of humans, animals, plants and the environment to treat the patient. The wearing of amulets is popular and these amulets may include animal or plant products for their magical properties.

4. Health beliefs and remedy rituals

Many beliefs trace their roots to Sumerians, 4000 years ago. Certain diseases may be thought to occur due to supernatural powers, a form of punishment for sins and for disobedience to gods. Treatment may thus require invocation of gods, sacrifices and offerings in the name of gods, and visits to holy shrines asking for forgiveness.

People still have some Sumerian beliefs, for example, satanic harm may come via the Seven Wicked Satans [12] or Intense Ghosts, who oppose gods' wishes and destroy nature by diseases, floods, earthquakes, and hurricanes. Some satanic spirits can occupy a human body and that person can infect another with the satanic spirit by staring, presumably a look of jealousy. Such an Envious Look or E'Wana occurs in many cultures—as an evil eye [10,13]. Standard treatment for such damage is an amulet with an eye penetrated by an arrow and containing an adage: “A bite of a lion is less harmful than an envious look.”

Mothers tend to believe that most ills and complaints of young children are due to teething (Imsannen), a belief that one may also find in many advanced societies. The Sumerians, 4000 years ago, claimed “If the child's head is warm and he salivates, cries or vomits, teeth will appear within 20 days. If teeth do not arrive, the baby will remain depressed through his life” [11,12].

Abdominal pain is thought to be due to a sunken or displaced umbilicus (Surra Mashlu'aa) and treated by the healer by pulling on the umbilicus. Karif or smelling strange odors will lead a baby to become ill and can be treated by feeding the baby leaves of (the s'agwa) plant that provide a natural belladonna or anticholinergic, sometimes in toxic doses. They may also try body massage. A person may become ill by stepping on jinni

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