

Culturally sensitive oral healthcare

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This book is appropriate for dental hygiene students and dental hygienists. The authors emphasize that the knowledge base to be culturally sensitive is enormous and that they do not pretend to be all inclusive. They also warn that even though one might be knowledgeable about a cultural group, as an example, one always has to be alert that people are individuals and what applies to a group does not necessarily apply to an individual person.

The book is divided into three sections. The first section describes the many aspects of culturally sensitive healthcare. In the second section, the various religions and faiths are discussed, whilst in the third section, the cultural groups are brought to the attention of the reader.

In section one, diversity, cultural considerations and definitions are discussed. Culture has three elements: values, norms and artefacts (things, or material culture which derive from the culture's values and norms) according to the authors. The health manifestations of culture are important and can determine the behaviour of the patient like the chewing of betel nuts which can stain the teeth and mucosa. However, the longer an immigrant stays in a country the more the original cultural aspects may change. The authors have identified three phases. Lifestyle habits affecting oral health and those implicated in cancer are one of the many topics mentioned in this section.

Culturally sensitive healthcare should provide respectful care and meet the patient's personal, religious and cultural needs. An example is that for some religions, a mouth rinse can not be used if it contains alcohol.

Educating and informing on health issues is not always easy and it is of importance to have patients involved in choosing

their treatment and to respect that choice. The tables which show how to greet (physically and verbally), and the 'dos and don'ts' give a quick overview.

In section two, 21 religions are mentioned. In the discussion of each religion the background, beliefs, culture, worship, holy days and festivals, dietary and other habits and restrictions, main languages, ideas of modesty, attitudes to health care professionals, health and healing traditions, oral healthcare issues and relevant websites are focussed upon.

In section three, 16 different cultural groups are highlighted. They are Africans, Arabs, Australasians, Caribbeans, Central Asians, Chinese, East Asians, Europeans, Filipinos, Japanese, Kurds, Latin Americans, North Americans, Roma/gypsies, South Asians and South-East Asian. From each cultural group the countries (sometimes), history, religions, languages, culture, dietary and other habits and restrictions and health and healing traditions are mentioned.

The book has been written with the UK in mind, and this can mean that you have to do a bit more homework if you want specific information about people from a cultural background which are dominant in your own country.

The book is very interesting to read and should be obligatory for students. My own experience was that I was shockingly unknowledgeable. This text and the mentioned websites certainly help you on your way to improve your skills.

Though the illustrations from the *Atlas of Oral and Maxillo-facial Diseases* are acknowledged, the photographer/illustrator from the other pictures is not. This should be addressed in the next edition.

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