



Linda Brodsky Memorial Journal

Cultural Competency in Medicine: Reflections on “Crying in the Hospital”

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Part 1*

Growing up in a Korean household, my voracious reading habit not only helped me learn English, but also shaped my perspectives on diverse ideas, the power of communication, and expanded my understanding of the world and beyond. Reading continues to impact my medical journey, which has also been a time of rapid personal and professional growth. This past year, I read Michelle Zauner’s “Crying in H-Mart.” As a Korean-American author, Zauner's narrative resonated with my cultural background and also shed light on the challenges of navigating the American medical system—a poignant reminder of the responsibilities awaiting me as a future physician.

Zauner, the lead singer of Japanese Breakfast, shares her story about growing up with a mixed identity, her family dynamics, and ultimately, her mother's battle with stage IV pancreatic cancer. The book prompted

reflections on the privilege and weight of being a physician, especially in emotionally charged situations involving medical trauma and challenging conversations with patients.

She highlights the fragility of life, as she was surrounded by several personal losses to cancer, and raises a question about the relationships people of diverse backgrounds may have with healthcare. She writes how the love of a Korean mother was “*a sinewy love that never gave way to an inch of weakness*”—a strength that many in the East Asian community may carry while also seeking medical assistance.

“Mother rarely saw doctors, committed to the idea that ailments passed of their own accord.” She “felt Americans were overly cautious and overly medicated” and “something had to be serious for her to see a doctor.”

For some, navigating the American medical system may not feel safe or comfortable.

I reflected on how nuances of difficult conversations have already emerged in my training. While on my internal medicine rotation, I had the privilege of caring for two

patients with metastatic pancreatic cancer. While similar diagnoses and prognoses, the way I interacted with these patients and their support systems were very different. The way in which loved ones expressed care for their patients were different, the way their grief materialized was different. Ultimately, however, the patients, like Zauner’s mother in her final days in South Korea, wanted to pass with dignity. I think about how grief and dignity look different for each individual, and how I may be able to work with my colleagues in nursing, palliative medicine, and social work beyond to help provide dignified end-of-life care.

Zauner's portrayal of grief resonates with me, as she acknowledges its ebb and flow, and it serves as a reminder of the emotional challenges awaiting me in my medical career. She writes that she may catch herself crying in an H-Mart (a Korean grocery store), wondering who now to call about recipes that both provided nutrition and nurtured her soul, and who to ask which ingredients were best—all while remembering her mother. I also find myself occasionally with a lump in my throat sometimes as I walk by hospital rooms that once held patients I cared for who no longer walk this earth, and am sure that the grief for their loved ones is more than tenfold. The connection between grief and the need for

cultural competency in medicine becomes even more apparent as I contemplate the diverse backgrounds of the patients I may encounter.

Part 2*

Reflecting on my own identity has become a crucial aspect of learning to navigate medicine with empathy and cultural competency. Self-awareness, recognizing privilege, and understanding our patients' unique perspectives are vital in fostering compassionate healthcare.

There is data that suggests that concordance on patient and provider background may improve patient health outcomes [1], with some studies suggesting that that is likely due to increased ability to communicate [2] and connect on topics of importance [2, 3]. This point emphasizes the importance of representation in medicine to provide different perspectives on care, and also highlights how higher quality patient care may be provided for patients of diverse backgrounds—through thoughtful, and empathetic culturally competent care via open communication.

In considering cultural biases towards medical care, I am struck by the importance of engaging aspects of the patient’s community to provide comprehensive care. In the case of language barriers, interpreters

are a given to ensure basic communication. Different methods of open-ended questions may be useful in gauging patient priorities and understanding of their situation and options. Important religious or cultural stakeholders in that patient’s life may be key to include in conversations and may open doors to better understanding future communication with patients of similar backgrounds moving forward. These may constitute a more inclusive approach to healthcare, in conjunction with shared decision-making.

Dr. Linda Brodsky encouraged introspecting for personal, intellectual, and emotional growth, but also facilitating this reflection to better connect with the patients around her. Through the process of writing this reflection, this essay further highlights to me the importance of self-discovery on this journey in medicine, and on my own growth as a future provider. It also reminded me of the importance of celebrating the diversity of our patients and colleagues, continually understanding our own strengths and weaknesses with humility, and cultivating compassion as we provide care.

*Note: switched the order of the parts of the contest prompt

1. Gomez LE, Bernet P. Diversity improves performance and outcomes. *J Natl Med Assoc.* 2019;111(4):383-92.
2. LaVeist TA, Pierre G. Integrating the 3Ds--social determinants, health disparities, and health-care workforce diversity. *Public Health Rep.* 2014;129 Suppl 2(Suppl 2):9-14.
3. Bell ST, Villado AJ, Lukasik MA, Belau L, Briggs AL. Getting Specific about Demographic Diversity Variable and Team Performance Relationships: A Meta-Analysis. *Journal of Management.* 2010;37(3):709-43.

Works Cited

Biography



Yeonsoo Sara Lee is a medical student at Mayo Clinic Alix School of Medicine passionate about health equity, women’s health, and medical humanities. She received a Bachelor’s of Science in Ecology and Evolutionary Biology from Yale College in 2017, where she was on the varsity Women’s Rowing team.

Sara began her journey in medicine after disease ecology fieldwork on a Parker Huang Fellowship in Brazil. At Brigham and Women’s Hospital in the Division of Women’s Health, she researched global women’s health. Sara was formerly the American Medical Women’s Association (AMWA) Student Division National Advocacy Chair.

As an artist, she wrote and illustrated her first children’s book, *The ABC’s of Anatomy*, which was published in 2022. It debuted as a Top New Release on Amazon. Her work has also been featured in peer-reviewed publications (including the cover of the December 2023 *Journal of Urology*), magazines, at conferences, and in national collaborations. She is part of the inaugural class of Distinctions in Applied Medical and Health Humanities at Mayo Clinic. She is applying into urology.