 Toolbox

Title: Intercultural senses of identity and access to healthcare

Exercise Code: SLINSUP003

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| Module:  | Size: | Duration: | Language: |
| 4. Professional Integrity 8. Situational Awareness 9. Intercultural dialog  | Small group) | 60 mn | English |

# Purpose/Aims:

Everyday, we can see patients in hospitals refusing to be looked by staff having no same sex, no same religion, no same faiths as them. These attitudes are not without putting real difficulties and without generating situations of conflicts and stress which require at the same time to understand the intercultural and religious senses of identity and the legislation.

# Description:

To understand the situation, it is advisable to remind some important events of our history In the Middle Age, French hospitals were closely connected to the Christian religion because they were created by the Roman Catholic Church and administered by the members of the clergy. The hospital is not yet an establishment of care as we know it nowadays, but an establishment of assistance, help and, charity. This concept is based on the Church value : hospitality, reception of the poorest, help to the fellow man, etc..

With the law of 1905 which establishes the separation of the Church and the State, the hospital became laic and gradually acquired its status of health care centre.

The public hospital is thus a laic space. However, the charter of 1995 about the patient in hospital indicates that "the hospitalized person is handled with care and consideration. His faith is respected ".

 “Any establishment of health has to respect the faiths and the convictions of the welcomed persons ". A patient must be able to, "as possible", follow the rules of his religion.

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This attitude is imposed but it is not always well understood. The hospital, while respecting the faith of the patients has, to maintain this principle of secularism.

The circular of February 02nd, 2005 stemming from the Committee Stasi, précises the importance of secularism in public hospitals and the obligations concerning patients and staffs. Even if this circular seems to have brought the answers to the actors of the hospital (users and staff community), some situations continue to raise difficulties.

These relational difficulties grow if they happen when patients are in a suffering situation. It is not easy to know about other’s cultures, but we can always try to inform us and to listen to what they have to say.

*Exercise:*To allow better exchanges and a better analysis the exercise will be made with several sub-groups.
Every group will be in charge of analysing the contents of one of the provided administrative circulars. The analysis will have to allow an interaction between the members of the group and throw light upon the major principles which are contained in them.

*Objectives:*- Allow the participants to have a better knowledge of the legislative and statutory texts.

-Understand their foundations as well as their purpose.
- Allow the participants to deal better with the intercultural senses of identity which can interfere in the good progress of the care of a patient within a hospital.
-Allow the participants to make an analysis of their practice
- Allow the participants to think about concrete situations which can have sometimes dramatic consequences.

Example: a patient arriving in the service of emergencies and refusing to be examined by the exclusively feminine nursing staff. This situation may lead to difficult consequences as precious time goes on and nobody else is available.

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# Material:

Paper board, video-projector

# Methods:

Work in sub groups

# Advice for Trainer:

The trainer will make the participants put their analysis on a double level of understanding:
· How can you understand this circular from the point of view of the patient?
· How can you understand this circular from the point of view of the staff?
The confrontation of these 2 points of view will create the emergence of situations of conflict and will make participants exchange about them.

If this exercise is proposed to a group of professional trainees, the trainer will ask them to make an analysis of their practices.

# Source/Literature:

* [Circulaire n°2005-57 du 2 février 2005 relative à la laïcité dans les établissements de santé](http://www.sante.gouv.fr/adm/dagpb/bo/2005/05-02/a0020035.htm).
* [Circulaire DHOS/E1/DGS/SD1B/SD1C/SD4A no 2006-90 du 2 mars 2006 relative aux droits des personnes hospitalisées et comportant une charte de la personne hospitalisée](http://www.sante.gouv.fr/adm/dagpb/bo/2006/06-04/a0040012.htm).
* [Charte de la laïcité dans les services publics (juillet 2007).](http://www.fonction-publique.gouv.fr/IMG/Circulaire_PM_5209_20070413.pdf)
* Circulaire N°DHOS/P1/2006/538 du 20 décembre 2006 relative aux aumôniers des établissements de la fonction publique hospitalière.
* Circulaire n°DGOS/RH4/2011/356 du 5 septembre 2011 relative à la charte des aumôneries dans les établissements de la fonction publique hospitalière.
* http://www.sante.gouv.fr/IMG/pdf/charte\_a4\_couleur.pdf

# Handouts:

Directive allowing to create the frame of the analysis as well as the results of the reflection.

# Contributor (partner): INSUP