COMMUNICATION BARRIERS BETWEEN PATIENTS AND HEALTHCARE PROVIDERS REGARDING DISCLOSURE OF HERBAL PRODUCT USE

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Dedication

I would like to dedicate this effort with the deepest love and affection to my beautiful children Armando Javier, Victoria Eugenia, and Enrique Darío, as well as to their equally beautiful Mom, Victoria Kalbermatten-Servin. I am very proud of all of you!

With all my love to my dearest sister Martha and my darling nieces Martha Elena, Lorena, Anna, and Alexis.

To the honorable and cherished memory of my mother, Martha Stuart and my father, General Javier González-Gómez.

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Remembering DVM Agustín Basurto-Soriano, Sigung Hasting Albo, and Juan León-Polanco.

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by

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DISSERTATION

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Abstract

A considerable portion of our international border Hispanic population traditionally uses medicinal herbs as an alternative option for treating various chronic diseases and may take them alongside prescribed medications. More in-depth research is very necessary to determine why and under what conditions patients use herbs concomitant to medications, and why many do not discuss this with their physicians. Barriers to communication between patients and healthcare providers can encourage non-disclosure of herbal product use, which may interfere with prescribed medications, placing patients at serious risk for various herb-drug interactions. This qualitative descriptive study utilized purposive sampling, employing six focus groups consisting of a total of 37 patients, and semi-structured interviews with 11 healthcare providers, at five community health clinics within El Paso County. This unique approach described in detail the patients' perspective, as well as explored under-investigated themes such as the healthcare providers' knowledge and opinion regarding herbal use by their patients. The research questions guiding the study included: *What meaning and importance do the uses of medicinal herbs have among Hispanic patients*?; *What possible barriers exist for disclosure to their healthcare providers?*; and *What are the healthcare providers' perceptions regarding herbal use by their patients?* Content analysis facilitated the rendering of the themes and subthemes that emerged from the qualitative data. The results show a lack of knowledge regarding medicinal herbs among healthcare providers, which hinders adequate advising of patients about risks or benefits. This research study increases our current understanding of herbal use and how the communication between patients and their healthcare providers could be improved.

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Chapter 1: Introduction

Chronic Diseases as the Principal Cause of Death and Disability in the U.S.

Chronic diseases comprise a wide array of diverse health conditions, including circulatory, inflammatory, infectious, and metabolic ailments such as heart disease, stroke, cancer, type 2 diabetes, obesity, and HIV, to name a few. The following data show the importance of some of the multiple chronic conditions (MCC) and their effects on various sectors of the U.S. population: In 2012, approximately 117 million people (50% of all U.S. adults) suffered from one or more chronic diseases. Additionally, 1 in 4 adults had two or more chronic health problems (Ward et al., 2014). In 2010, seven of the top 10 causes of death in the U.S. were due to chronic illnesses. Furthermore, heart disease and cancer, two of the most dangerous chronic diseases, together were responsible for nearly half of all deaths in this country (CDC, 2011, 2013). Among adults, obesity is rapidly rising and possesses a host of co-morbidities, including Type 2 Diabetes. The latter can also result in kidney failure, non-traumatic amputations and blindness (CDC, 2015; American Diabetes Association, 2017; Smurthwaite and Bagheri, 2017).

People of Hispanic origin are the fastest growing minority group in the United States, and comprise 81% of the population in El Paso County (U.S. Census, 2015). Additionally, previous research in our border area has shown that a significant percentage of this Hispanic majority population uses herbal products in order to treat or mitigate the effects of various chronic diseases or ailments (Rivera et al., 2002, 2004). Hitherto unknown or superficially studied traditional, cultural, and religious factors could also be associated with widespread herbal product use (Hendrickson, 2014; Jones and Hernandez, 2009; Torres, 2006).

Despite the high rate of herbal product use among our border population, there is a lack of information regarding the reason(s) why some patients use herbal products, as well as why some do not openly disclose this with their healthcare providers. The lack of disclosure of herbal product use to healthcare providers is an important issue that occurs throughout the United States, even among adults with chronic health conditions (Mehta et al., 2008). Other important information that has not received the adequate attention includes the healthcare providers' knowledge regarding the efficacy and safety of various herbs, as well their view regarding herbal use by their patients.

Objectives of the study

Objective 1: Obtain new knowledge regarding the use of herbs among adult Hispanic patients currently receiving medical treatment for chronic disease(s) attending various community health clinics in El Paso City and County.

Objective 2: Inquire as to the status and quality of patient /healthcare provider communication with regard to the patients' disclosure of herbal product use.

Objective 3: Identify possible barriers that impede effective communication, with the aim of reducing risks of herb-drug interactions or related toxicities, and thus improve patient health outcomes.

The study fills a void within our bi-national and bicultural border area, as it greatly contributes to the limited body of knowledge regarding the concomitant use of various medicinal herbs and medications among adult Hispanic patients with chronic disease. The findings of this descriptive qualitative study mentioned below are helpful in better comprehending the diverse factors related to herbal product use and the main reasons why some patients do not disclose this

activity to their healthcare providers. The results we obtained in this study will be used facilitate the development of future interventions that are linguistically and culturally adequate in order to decrease the potentially negative health outcomes of using herbs alongside medications, as well as significantly improve the level of communication between patients and their healthcare providers.

This qualitative descriptive study describes the meaning behind the use of medicinal herbal products alongside medications among adult Hispanic patients, possibly without disclosing this to their physicians or other healthcare providers. The research questions that guided this study included the following: 1). what meaning does the use of medicinal herbs have among Hispanic patients and what is the level of communication with their healthcare providers regarding herbal use? 2). what are the healthcare providers' perceptions regarding their patients use of medicinal herbs? The results of this study are the basis for developing a user-friendly bilingual (English-Spanish) booklet providing a voice for the participants regarding the use of herbs, and offering suggestions on how communication between patients and healthcare providers could be improved in order to enhance patient health outcomes. This upcoming free publication is to be distributed among patients and healthcare providers at the various participating Centros de Salud Familiar La Fe, Inc., as a Community-Based Participatory Research (CBPR) approach.

Alternative Approaches to Medical Therapy

The concept of holism. Jan Christian Smuts (1927) first propounded the philosophy of holism as an explanation for natural phenomena, and defined it as "the fundamental factor operative towards the creation of wholes (i.e. whole biological systems) in the universe". It is

important to comprehend the conceptual characteristics of this philosophy as well as the contrary concepts (mechanical reductionism) espoused by Western mainstream medical practice, which serve to illustrate the diverse applications of holism to traditional medicine and healthcare. This is especially important to explicate its understanding and application among the predominantly Hispanic population living along the U.S. - Mexico border. It would be of great benefit for healthcare providers and their staff to gain knowledge regarding Mexican and other Hispanic traditional medicine practices. Even though treatments and beliefs may differ greatly from established mainstream medical care, it is vitally important for the healthcare provider to be aware of the symptoms related to certain diseases from a traditional healing viewpoint. Practitioner knowledge of diverse traditional healing systems, including "curanderismo", would encourage better clinical diagnosis and treatment (NCFH, 2011).

Definition of holistic medicine. Holistic medicine can be defined as **"**Relating to or concerned with wholes or with complete systems rather than with the analysis of, treatment of, or dissection into parts"; of or relating to a doctrine of holism; of or relating to the medical consideration of the complete person, physically and psychologically, in the treatment of a disease" (Merriam-Webster's Medical Dictionary, 2005). Holistic medicine, as an art and science of healing, addresses the whole person: body, mind, and spirit. It strives to integrate conventional and complementary therapies to promote optimal health, as well as to prevent or treat disease (Rakel, 2017; Micozzi, 2015).

Despite their Western medical training, certain physicians promote a more global or comprehensive approach to medicine, making it plausible to employ at least some of these "alternative" approaches along with (as a complement to) conventional medical treatments such as chemotherapy, surgery, radiation therapy, and hormone therapy, to name a few. Combining

these different methods can help people take control of their situations, empowering them, and attaining a feeling of total wellness including that of the mind, body, and spirit (Capra, 1982; American Cancer Society, 2013; Micozzi, 2015).

Conflicting paradigms in healthcare. Guba and Lincoln (1994) defined paradigm as "a basic belief system or worldview that guides the investigator, not only in choices of method, but in ontologically and epistemologically fundamental ways". The same authors also stressed that consideration of paradigms precedes considerations of methods.

Mattingly (1998) stated, "Western medicine has evolved very strongly in a tradition of empiricism, realism, materialism and positivism, and for these reasons the scientific or experimental method is highly valued by medical scientists". In the same vein, because positivism has dominated scientific thinking for over three centuries, it seems that medical practitioners require one type of science (i.e. universal, nomothetic, and positivist) for their background knowledge, and a different type of science (i.e. phenomenological, qualitative, narrative, and interpretive) in order to apply that knowledge to their individual patients. This would explain why some medical students are confused when they interact with patients in the "real" or clinical setting, as well as why some physicians focus their attention more on the disease than on the patient himself or herself. For this reason, mainstream physicians have inherited a myth of objectivity that is equivocally applied to the particular existential situation of a single patient (Wilson, 2000).

The healing paradigm of Western or mainstream medicine is diametrically opposed to the holistic viewpoint present in practically all healing systems of the world, some of which (e.g. Chinese and Indian traditional medicine or Ayurveda), to name but two examples, have been

practiced uninterruptedly for more than six thousand years (Whitford, 1998; Caldecott, 2006; Maciocia, 2015).

The counterpoint to the holistic paradigm: mechanistic reductionism. The reductionist interpretation of nature proposed by the philosopher/mathematician René Descartes in the seventeenth century has strongly influenced the Western mechanistic view of the Universe, as well as of the human body. Descartes posited that the mind and body were separate entities, thus expounding a mechanistic/reductionist approach to understanding the functions of the human body. This view is very counterintuitive to the holistic concept of the human body, since the human mind is not limited to the brain but consists of a highly coordinated structural relationship between the nervous, the immune, and the endocrine organs function as an interconnected whole or complete system. The whole is more than just the sum of its parts. In other words, what is observed is not all there is. Instead, systems may acquire novel characteristics or properties that were not previously expected or predicted. These are known as emergent systems, which function in a synergistic manner (Capra, 1982, 1996; Gerber, 2001; Oschman, 2016).

The Western medical paradigm. As currently practiced, the allopathic or Western mechanistic and reductionist medical paradigm relies almost exclusively on biological explanations of disease and illness. It tends to interpret disease and illness only in terms of malfunction of individual organs, cells, and other biological systems (e.g. liver disease, heart disease, or immune system dysfunction). This paradigm minimizes mind-body effects as well as other factors, such as spirituality or energy that are vitally important to many world cultures (Gerber, 2001; Micozzi, 2013). Westernized medicine tends not to deal with cultural or social issues that can affect health and only slightly integrates mental and behavioral issues that do not

derive from diseased organs. Its approach is mechanistic (i.e. health is restored by curing a disease or by restoring function to a damaged body part (or replacing it by organ transplantation) much in the same manner a malfunctioning part is replaced a in a machine (Micozzi, 2015).

Complementary, Alternative, and Integrative Medicine

The National Institutes of Health´s National Center for Complementary and Integrative Health (NCCIH) defined Complementary and alternative medicine (CAM) as "a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine" , and further classified CAM therapies into five categories or domains: 1) alternative medical systems, or complete systems of therapy and practice; 2) mind-body interventions, or techniques designed to facilitate the mind's effect on bodily functions and symptoms; 3) biologically-based systems, including herbalism; 4) manipulative and body-based methods, such as chiropractic and massage therapy; and 5) energy therapies (NCCIH, 2017).

According to the World Health Organization (WHO), various forms of alternative treatments abound across the globe and approximately 80% of the world's population employs some form of traditional healing modalities, especially related to herbs. This organization has also developed strategies and guidelines regarding education related to traditional systems of medicine (WHO, 1998, 2005, 2014). There are currently various concepts related to the diverse and numerous healing modalities currently known as "holistic", "complementary", "alternative" or "integrative", some of which have been practiced for many years on the U.S.-Mexico border. Additionally, many of the healing modalities used by a portion of the Mexican, Mexican-American, and other Latino populations are not just a mixture of native Mexican ("Aztec") and European (mainly Spanish) cultures, as it may first appear. Rather, some of these traditional

healing modalities, sometimes known as “curanderismo”(from the Spanish verb “curar”- to cure) are a result of a combination of various traditional practices that may have originated in Europe, (e.g. Greco-Roman Galenic and Hippocratic humoral theory, and Homeopathic medicine), Arabia (Unani-Tibb), India (Ayurveda and Siddha), China, and Africa (Yoruba and others). As Nuland (2000) correctly postulated, “Humankind will never be free of such patterns of preconceived thought. Traces-and sometimes far more than traces-of similar methods of justification are still discoverable in many of the non-standard healing practices of today. They have been the foundation of entire philosophies of sickness and cure”.

With regard to the use of CAM by Mexican-American immigrants, it is necessary to point out that there is no single modality used by this population. Rather, a combination of various approaches that are related to culturally bound beliefs, especially herbal medicine, and “curanderismo” (Latin American traditional/spiritual healing), among others, are employed to diagnose and treat various diseases (Arcury et al. 2016; Hendrickson, 2014; Torres, 2006; Avila, 2000). Since herbal medicine use is common in various regions of the United States, especially among the Latino/Hispanic immigrant populations, it is important to note that herbal use is incompletely understood, and sizeable gaps in the literature persist regarding the specific identity of the herbs used. Additionally, it is still uncertain as to how various herbal home remedies may interact with medically prescribed pharmaceuticals (Kiefer et al., 2014; Poss et al., 2003).

At first glance, this conglomerate of seemingly dissimilar cultures may not seem to be very apparent along the U.S.-Mexico border, but it is indeed an integral part of the healing process and procedures, in which a certain sector of the Hispanic population participates, as either healers or patients (Murphy, 2015; Hendrickson, 2014; Torres, 2006). For example, Barker

et al. (2017) reported that the concept of "humors", mentioned in ancient Greco-Roman medical treatises is still prevalent in diverse healing systems around the globe, such as Ayurveda, Unani Tibb (Greco-Arabic medicine practiced in India and Pakistan), and Traditional Chinese Medicine. Although many centuries old, this theory is still present in the traditional health beliefs among some rural Latino farm worker immigrants in the U.S., especially regarding the use of certain plants, other botanical products, and table salt for its perceived effects upon health and healing. Since salt is an important component of certain cultural practices, the same authors conducted a qualitative study in California with 61 Mexican and Central American immigrants, regarding their perception of the effects of salt on health. The participants commented that they commonly added salt to foods in different combinations, taken to restore balance, and to diminish susceptibility to various diseases. Additionally, salt consumption encourages rehydration, as well as treats symptoms of exposure to hot and cold temperature extremes or physical or emotional stress. The data obtained from focus groups regarding the beliefs and practices engaged in by the study participants were very indicative of health and healing beliefs common to the "humoral" system, which is primarily based on a hot-cold dichotomy regarding the classification of foods and other healing activities.

Certain traditional healing practices related to diagnostics and treatment of various ailments and diseases were present in what are now Mexico and the Southwestern U.S. eons before the arrival of the first Europeans to the American continent. Others were later incorporated via the commercial maritime trade between the Spanish American colonies with India and China, as well as by the slave trade from various parts of Africa. Some of these modalities are still practiced today, alone or in combination as a synergistic blend of beliefs that

mix ancient Amerindian and African religions with Christianity (Hendrickson, 2014; McNeill and Cervantes, 2016; Torres, 2006).

Wells et al. (2010) evaluated patterns and reasons for using CAM among U.S. adults with common neurological afflictions including, but not limited to, back pain, headaches, migraine, and back pain with sciatica, among many others. The authors of the study used data from the 2007 National Health Interview Survey (NHIS), which sampled 23,393 adults. The results demonstrated that 51% of adults suffering from common neurological afflictions did not disclose their use of CAM to their healthcare provider, compared to 60% of those without neurological afflictions. An interesting finding was that the participants who had neurological afflictions employed CAM more often than those without for a variety of reasons, including the following: because their healthcare provider recommended it (32.7% vs. 20.8%), mainstream medical treatment was not effective (20.5% vs. 10.4%), and mainstream medical treatment was unaffordable (9.7% vs. 4.0%).

In certain scenarios, it may be feasible to combine certain conventional and alternative treatments safely, when patients communicate openly with their healthcare providers. This is a plausible scenario, especially if the healthcare providers are well informed about various alternative modalities their patients are taking. In this way, they could potentially identify possible contraindications or interactions between alternative treatments and medication regimens. Healthcare professionals should make it a point to inquire if their patients use any form of alternative therapies, since it is not common for such information to be mentioned by the patients themselves. It is important the physicians, as well as other healthcare providers, be aware that the beliefs in various alternative therapies that some Latinos have (including