

U **Medical pluralism – what health behaviours do people have and why does it matter?** B

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What is medical pluralism?

- ❑ It is the adoption of *more than one* medical system in terms of health beliefs, behaviours or treatments
- ❑ Within the UK many different systems of medicines operate, e.g. NHS biomedicine and CAMs *and* people frequently travel abroad i.e. dental treatments
- ❑ However, many migrants and others use treatments and advice from many countries and systems of medicine

What is a system of medicine?

- We all adapt, adopt and modify elements of biomedicine – do you ever modify your GPs advice? Game the system?
- Traditional knowledge, friends and peers, old doctors, google, particular foods, routines, relatives, previous experiences of “what worked”

Why does it matter? Some examples

*“Here I don’t buy medication. **Even a syrup for a cold I ask them to bring it for my child from Iran.** I don’t believe in their medicines here.”*

*“because in Iran our bodies were stronger and we became ill very rarely, and when we became ill we were treated very fast. **But here we are not used to these weak medications our bodies need strong medication,** Penicillin or Amoxicillin, things that are strong and dry up the infection fast. In the past year I have constantly been ill, even now I have a cold. My son and I constantly have a cold”*

*“I am saying because the medication here have no effect on us. I mean the medication here is very weak. The doctors don’t really deliver a good health service to you. **The thing we do receive a lot of is respect and empathy and that it is free.** There have been a lot of times when my son and I have been ill but we haven’t gone to the GP because we don’t get anything from him.”*

“I have a cupboard full of medication like a pharmacy because they have sent me so much medication from Iran”

Using from here and back home

- Trust doctors they know from back home. Others value the NHS more
- Source medication quickly and effectively
- In the UK the system can be confusing, prefer one they know. e.g *I must admit I'm quite confused with the NHS. So I wouldn't know what to do first. Whether to go to GP first and then go to gynaecologist? or whether I go to genealogist and pay a lot of money? I have no idea; I do that when I'm in Poland.*
- Regular visits and communication, often via family members and skype
- Visits for certain services based on cost, relationships and experience i.e. dental, gynaecological
- Pragmatic decisions based on research: *if you are ill then you can conduct research as to where you will get the best treatment – and then subsequently go there for that treatment, whichever country it is* [India] *In the UK I don't have to worry about cannot see the doctor if I don't have money* [China]
- Speed of access back home – no waiting times but it costs!!

Give me a stronger dose

□ Many participants talked about “weak medicines”

I: Well I have no way, I can't just buy antibiotics, and many times when I have gone to the GP and he just tells me well you have cold and that medication every one jokes about been given for every thing here, what is it called Para ...?

R: Oh Paracetamol?

I: (He laughs) yes yes Paracetamol that's the one. They give you this for everything. You say my head, leg, stomach or anything is hurting they give you Paracetamol. It has become a joke amongst us.[Iran]

all my mates go to private Polish doctor, because doctors here don't prescribe medication, just Paracetamol for everything. [Poland]

Ok, what needs to be improved is that doctors should have enough time to discuss illness with patients. When you go to the surgery the doctor will see you only for one illness and only for a short time. If you tell him/her that you have headache, he/she will ask you to buy paracetamol over the counter. And if I ask them to prescribe antibiotics for instance if I have cough, or chest pain, they will not give it to you, instead they will say it is not good for your health. That is what needs to be improved, but otherwise, everything else is very good. [Zimbabwe]

Friends and family

- Whilst some relied on friends for medication and accessing appointments, others rarely discussed illness: *I rarely talk to my parents [in China] about this kind of things, don't want them to worry about me. **Because both of my parents have high blood pressure, I do not want to frighten them.** I only have small issues; there is no need to scare them. They are now old and not physically very strong.*
- *I do talk about health a lot. I think Poles are famous for that. Complaints about health are the main conversation topic. I speak with all my friend about health, here and in Poland. **But all my friends here are Polish, I don't speak English good enough to have a conversation yet***
- **Common understandings of good health amongst friends and family: i.e. exercise, limiting alcohol, fruit and vegetables**

Cultural beliefs and home remedies

- Mixed appreciation for folk medical models – some regarded as superstition other methods are employed.

Everything his mother would say I would say oh your mother is so superstitious, what things she talk about ... but now I really do things and say yes they have an answer, they have an impact. Nutrition is very effective during illness, when you become ill. [Iran]

my dad doesn't like for us to take home-remedies. He thinks we should go to the doctor. [Pakistan]

- Different attitudes to mental distress?

I think people in UK are more aware of psychological disorders and illnesses, and in my country it is something that is still not there yet, do you know what I mean. [Poland]

- Dependent on the degree of distress – to alleviate symptoms or to treat colds
- Includes religious beliefs, hot/cold foods/ home remedies

Pragmatism?

- Mom sort of knew local herbs that help to treat certain illnesses that are common to us and that would be the first point. She would probably get some herbs out and mix them to produce a concoction. We would then have it for two or three days and if there aren't any changes then we would go to the hospital. That was another way of saving money because hospital doesn't come cheap.
[Cameroon]

So what?

- ❑ People are accessing different medical systems and treatments at the same time – often driven by cost and access
- ❑ The medical system (of referrals, of watchful waiting) isn't understood or utilised well
- ❑ There are common understandings of health amongst friends and family
- ❑ New migrants present at frontline services with serious problems and feel they are not heard and given paracetamol