

Identifying the cultural heritage of patients during clinical handover and in hospital medical records

IN REPLY: We thank Welch and colleagues for their correspondence and welcome their contribution. The aim of our research was to investigate the extent to which a patient's cultural heritage was being identified by the medical profession, both in clinical handover and in the hospital record.¹ To the best of our knowledge, this has never been reported in detail before and is probably the crucial first step to understand before initiating any change.

As authors from different backgrounds, we debated the role of patient cultural identification acknowledging there are arguments both for (eg, improved service delivery) and against (eg, stereotyping). Importantly, our study, while not designed to answer the utility of

cultural identification, did demonstrate significant inconsistencies in both the frequency and rationale behind its use.

If cultural identification is to be beneficial to patient care, then we believe it must occur with broad consumer, community and health care provider consultation to help define when, where and how this should happen. In the correspondence from Welch and colleagues, it is unclear whether their method negates or re-enforces the documentation of Aboriginal and Torres Strait Islander identification elsewhere in the health care record or in verbal communication. While their concept appears intuitive, it would be important to know what community engagement occurred before establishing their system and to see published research supporting their objectives.² Unfortunately, good intention does not always translate into better outcomes.

Although many medical organisations now have established clinical handover

policies, the role of identifying a patient's cultural heritage has been largely overlooked. Given the important principle that transferring clinical information is "irrelevant unless it results in action that is appropriate to the patients' needs,"³ we believe the medical community is obliged to invest further in peer-reviewed research to help establish a balanced position on the role of cultural identification in medical communication based on sound evidence and broad community consultation.

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Competing interests: No relevant disclosures. ■

doi: 10.5694/mja2.50209

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