《特別講演》

Culture Oriented Rehabilitation Program

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Introduction

“A life saved must be made into a life worth living” is the philosophy of rehabilitation medicine. In reality so many dying lives are saved everyday by means of medical surgical services. If the saved life were left alone unattended when significant functional loss was accompanied, some individual with such barely saved life may feel that his life as it is, is not worth living. Final goal for rehabilitation medicine is to make such timid life into a meaningful life recognized by himself and by society. But the question is “then what is the meaningful life anyway?” The meaning of meaningful life will be different from one culture to the other depending on sense of value in each culture. Therapeutic approach and treatment method which are useful in one culture may not be as suitable as in other culture. Accordingly an individual's cultural background is an important factor to be considered in developing a rehabilitation program for a successful rehabilitation outcome.

The characteristics of rehabilitation medicine are;

- ① function oriented evaluation
- ② comprehensive management and
- ③ team approach in therapies.

The function orientation emphasizes what an individual can do. The comprehensiveness

includes an individual's physical, mental, emotional, familial, social, and vocational aspects. Therapeutic team consists of various specialists including physiatrist, rehabilitation nurse, physical therapist, occupational therapist, speech therapist, audiologist, clinical psychologist, recreation therapist, prosthetist, orthotist, clinical social worker, teacher of special education, nutritionist, vocational counsellor, work trainer, and religious counsellor. All of these are directly or indirectly interrelated to the individual's cultural background. Special consideration should be given to the treatment in rehabilitation medicine. Some characteristic nature to be contained in the prescription of rehabilitation therapies are;

- ① longitudinal (time factor in the on-going treatment processes),
- ② participatory,
- ③ preventive, and
- ④ personalized nature.

In any form of therapeutic regimen in rehabilitation, such time factors as when to start and when to stop are very important factors. All of the rehabilitation treatments are basically participatory in nature so that patients should be well motivated to take part in the program, and are preventive in nature so that the diseases be prevented from occurring (primary prevention) and complications and/or recurrence be prevented (secondary prevention). Specific prescription for rehabilitative therapies should

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not be generalized, but must be personalized and individualized. In order for the rehabilitative program to be an highly motivated and personalized one, a patient's (or client's) cultural background should be taken into consideration in formulating a prescription of therapy.

Any loss of function is generally classified into three categories; namely impairment, disability, and handicap. The impairment is defined as a loss of function on an organic level such as renal impairment for kidney and cardiac impairment for heart. Disability is defined as a loss of function on a personal level which has performance disturbance. The term handicap is referred to be a functional loss on a social level which shows a role deficit. For example, if a school teacher can not walk it is a problem of performance and is called disability, and if he can not teach in school because of his inability to walk, it is a problem of his social role and is called handicap. Impairment is usually treated by medical and surgical means. Disability is more effectively managed by rehabilitation medicine. Handicap is better handled by social means. Occasionally we see patients who were successfully managed by means of rehabilitative care and able to overcome, if not cured, disability in a hospital setting, but whose handicap level remained unchanged after discharge from hospital to home because of unprepared social living environments. Therefore it is apparent that overcoming handicap has something to do with an individual's cultural background.

Some Characteristics of a Culture

It can be generally said that western (occidental) civilization has been a materialistic one and eastern (oriental) civilization has been a spiritual one. Although historically the advancement of transportation means mixed and mingled both civilizations, the western culture made a greater contribution in development of materialistic advancement since west

got all the credit for the achievement in science and technology, while the eastern culture played a more important role in establishing the spiritual life since all such major religions as Christianity, Islam, Buddhism, Confucianism, Hinduism, Taoism, and Judaism were born in the Orient. Each nation or ethnic group in the world has their own unique background of culture, custom, tradition, philosophy and sense of value. A review of cultural background of many nations are out of this context. Some relevant characteristics of Korean culture is presented here as an example.

1. Attitude in medicine

Although the modern western medicine was introduced approximately 110 years ago and became a major medicine in Korea, the traditional oriental medicine still maintains a tight professional rivalry in today's Korean medicine. The traditional medicine has provided the major and official medical services in Korea for many thousands of years and it consists of herbology, therapeutic exercises and stimulation therapies including Chim (acupuncture), Tdum (moxibustion), Jiap (finger pressure therapy) and Buhang (cupping therapy). Korea has a dual licensing system for the doctors; namely M.D. degree with license for the practitioner of western medicine and OMD degree with license for the practitioner of oriental medicine. In Korea the number of doctors (OMD), students, and colleges of oriental medicine per national population and per doctors (MD) and colleges of western medicine are greater than any other country in the world. Accordingly people's favoring mind and relying attitude toward traditional medicine are greater than any other culture. In spite of the fact that most of the doctors of western medicine (MD) are reluctant in recommending their patients (clients) to use oriental medicine on the basis that the traditional medicine is based on philosophy and not scientifically proven, the usage of medical service of oriental medicine is as popular as ever among general public in Korea in the belief that the accumul-

ed experience for the past few millena are enough to prove its clinical efficacy.

2. Concept of life and death

In English "he passed away" has the same meaning as "he has died." This point of view seems to indicate that 'a life comes to this world from one direction and goes away to the other direction, accordingly passing away.' In Korea the most polite way of saying "he has died" is to say as "he has gone back". This expression indicates that a life comes from somewhere and goes back to where he was from. Traditionally Korean people believe that a home is a station of life to where life arrives and from where life leaves. In this view life should be born at their own home, and also dying at their own home has same significance. To them 'being born' and 'dying' at the place other than their own home is considered to be a disgrace. Because of this traditional belief, dying patient in the hospital may go home to die instead of gravely ill patient going to the hospital unless it is an unexpected sudden emergency situation.

3. Strong family ties

Total population of Korea is about 70,000,000. Total number of family names of Koreans are approximately 200. This means that only 200 families have lived in this small peninsula for over 4,000 years. Most common family name, for example, is Kim which holds more than 10% of entire population. Most Koreans do not believe in mixed blood with other ethnic race but strongly emphasize a homogeneous blood line. They not only respect but also almost worship their ancestors like in a religion. Any disgraceful deed or behavior against their family name is condemned by their family community and the society. This traditional concept of blood line makes their family ties very strong. Taking care of each other is an almost absolute responsibility of everybody's in their own family circle.

4. Community sense

Korean may be very much conscious about other people around him. He is very sensitive

about what other people may think toward himself. Throughout several thousand years of Korean history a long lasting tradition has created a unique sense of community in that a sense of "I" is embedded into a sense of "We". "I" disappeared into "We". In a sense "I" and "We" have the same meaning. Instead of saying "my home", "my country" or "my father". Koreans will say "our home", "our country", or "our father". They may even say "our wife" or "our husband" though a spouse is not shared by anybody else since "my" and "our" have the same meaning in this case. If you belong to a group of families or strongly bonded community, they think they should share their interest and concern together. An idea on "that's none of your business" is not welcomed, but an idea of "your business is everybody else's as well" prevails. One may be significantly influenced by what others do. General feeling is that if they do not do I don't like to do either. If other people do not want to go into a nursing home, one does not like to go either, and if other are not wearing such prosthesis one does not want to wear it either.

5. Activities of daily living

Different culture and different ethnicity maintain different way of living. Koreans keep unique living style somewhat different from Chinese and Japanese although they are geographically and historically close. As to living quarter, Koreans do not wear shoes but usually live in bare feet in-side the house. They use so-called "on-dol" system which is found nowhere else in the world. The "on-dol" system is unique in that the entire floor of the room is heated to the point that people lie down and sleep comfortably on it. At home, most, if not all, of Korean people spend their time sitting in this "on-dol" floor in lotus (Buddha) sitting position although some urban people use chair and sofa. Instead of using a sitting toilet seat, majority of the people living in some suburban area and country side still use a traditional toilet plate on which squatting is required. Instead of using fork and knife, Koreans use

spoon and chopsticks. Furthermore Korean chopsticks are made of metals (usually stainless steel or sometimes silver and gold) and are thinner and slipperier than wooden chopsticks. Koreans do not use knife on a dining table, but use chopsticks to mix already chopped foods including steamed rice and various side dishes (sometimes as many as couple of dozens of different kinds).

Cultural Influence on Rehabilitation Therapies

1. Influence of oriental medicine

Partly because of unsatisfactory outcome from conventional rehabilitation therapies, or partly because of attractive lure with somewhat exaggerated claims from oriental medicine, majority of the patients with permanent disability like stroke and neurotrauma are tempted to try some traditional therapies even when their attending doctors are reluctant to recommend them. Some may privately use herbal drugs in addition to their prescribed medications while nobody knows what the interaction of herbs with regular drugs might do. Some patients may try at home certain traditional therapies such as 'Ch' i-kung' or 'Breathing exercise' regardless of attending doctor's advice. In this situation, you as an attending physiatrist should perform by yourself an appropriate traditional therapy or arrange it so that he can get a proper therapy from some place else more safely.

2. Influence by the concept of life and death

Even the hospitalized patient tend to go home to die when he is terminally ill and dying, because people feel it disgraceful if he dies outside of their home. Some patients who were recuperated from illness are also reluctant to make short or long distance travel because of the fear of recurrence resulting in death at outside of their home. Attending physiatrist will need extra effort to convince them regarding what is right and good to them.

3. Influence by strong family ties

It is a general understanding and moral standard of Korean people that the closer members are responsible in taking care of their related families. When a patient is admitted to hospitals in Korea accepted this trends as a reality and made it an official policy that one of the family members may stay at bedside for 24 hours a day as a volunteer capacity. This policy has created some problems such as crowdedness of hospital environment and inefficient control of unwelcomed visitors.

In the mean time, however, this system also provide many advantages. Since the attending family members play a role as a volunteer nurse's aide for 24 hours a day, the hospital will need much less number of nursing staff. The patients feel more comfort from being taken care of by their own family member with genuine tender loving care. As far as rehabilitation program is concerned, the attending family members are allowed to participate in all the therapy sessions, and are officially educated and trained regarding how to take care their disabled family. This particular training of attending family member make the home rehabilitation program after discharge very successful because it can be carried out more efficiently for as long time as needed according to brain placidity theory.

4. Influence of community sense

Korean society strongly emphasize the respect and allegiance to their parents and ancestors. It is very easy for a patient to draw family's support in rehabilitation program. However, some problems occasionally encountered in rehabilitation program is that the children are reluctant to let their disabled parent to do certain activities of daily living by himself although such letting him do is therapeutically useful, because of the fear that such attitude may appear the children be unfaithful to the parent. Usage of a nursing home or its equivalent facilities is not popular in Korean society, because a nursing home is considered to be a place where, like an orphanage, the

family less are accommodated. And so most Koreans feel that putting their family member into nursing home is a disgrace. The sensitivity of Korean emotion regarding what others may feel toward them will encourage an amputee, for example, to choose 'outlook' instead of 'function' —say 'artificial hand' over 'hook'.

5. Influence on activities of daily living

Most of Korean prefer "on-Dol" (floor heating system) to bed. Since they are usually sitting down on the On-Dol floor in lotus (Buddha) sitting position, and amputee of lower extremity will require maneuver of external rotation of hip in addition to flexion and extension which are enough for sitting activity on chair. To stand up from floor is more difficult requiring more assistance compared to stand up from chair or bed. In order for a person to use a traditional toilet which are still commonly used in country area, he needs to squat. To use fork and knife. In order for a disabled person to readjust himself to social life on a functional level in Korean culture, a considerate rehabilitation program involving more range of motion of the joints, more muscle power, finer movement of small muscles, and more assistive help should be formulated.

Summary

Making a disabled life to a more meaningful life is the philosophy of rehabilitation medicine. Sense of value of life and acceptance of disability by a society are different from one culture to the other. Some special features of rehabilitation therapies, among many, include orientation toward individual's function, comprehensiveness in patient management, encouragement of patient's and family's motivation to participate, and personalization of therapeutic prescriptions specifically designed on an individual basis. All of these may be significantly influenced by the unique nature of the culture to which the individual belong. In order for a disabled person to receive a more successful rehabilitation program, his cultural background must be seriously

ly considered.

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