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PERSPECTIVES

SIG 1

Tutorial

Ethics and Diversity: Doing the Right Thing?

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ABSTRACT

Purpose: This tutorial reviews the complexity of issues and definitions around topics of diversity. The impact of diversity and cultural responsiveness are presented in the context of ethics in the practice of speech-language pathology, audiology, and speech-language-hearing-swallowing sciences.
Method: Concepts discussed include culture, cultural sensitivity and responsiveness, and perceptions of the terms minority and majority, among others. Available resources on ethics, changing paradigms, and clinical practice are shared. Guiding professional documents are also cited and practical examples included.
Conclusions: The road to cultural responsiveness or sensitivity is one of engaging in active learning and exploring. This tutorial provides some thoughts and tools for connecting ethical practices with the provision of culturally sensitive/responsive services, be they clinical, academic, or research oriented. It us up to the professional, or the reader, to initiate an exchange or practice that is devoid of cultural bias or stereotyping. Awareness of the many factors that impact the connection between the professional and the patient/client/student is of great relevance when striving to provide culturally sensitive services. The reader will gain an expanded notion of culture and diversity in the personal and professional contexts.

Discussing issues of diversity is a complex topic. This is partly due to the many definitions that exist for diversity and partly because of the emotional weight the term carries for many. It is a term filled with past experiences, stereotypes, and potential misunderstanding. It is not dissimilar to the term *culture*, which conveys inclusion or exclusion, and, while a broad term, is often perceived as including primarily race and ethnicity. This tutorial aims to help us explore the broad range of constructs that encompass culture and diversity and how these may impact actions related to ethical behavior.

Self-Reflection and Beyond

When seeking to practice in an ethically appropriate manner, it is important to first explore one's own perspectives. It is important to understand that our perspectives are shaped by our experiences, what we were taught while growing up, and our ongoing knowledge about the world around us. The relevance of this topic relates directly to the world we live in, both in our personal and in our professional lives. The ongoing population demographic changes in the United States have presented opportunities to improve or reshape our health care and educational systems. While some see current demographic shifts as challenges, the term *opportunities* is a much more positive way to inform our path. It is presently estimated that over 40% of the U.S. population is of a racial/ethnic minority (U.S. Census designation). Of these, the largest group are persons of Hispanic/Latino descent (Statista Research Department, 2021). Many in the United States understand that this shift has allowed for greater richness of the customs and cultures in the United States. It has also allowed for a greater focus on bilingualism and the cognitive, educational, workforce, and social benefits that derive from it. Multilingualism is a topic that must certainly be included in any discussion of cultural awareness. So, we should not attempt to separate linguistic diversity from cultural diversity, as both correlate and coexist.

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In aiming to identify our own perspectives and attitudes, it is important to understand that they can change, given time and information (e.g., exposure to values or perspectives that differ from our own or increased knowledge about a particular cultural domain or group). Information may translate into new or expanded knowledge and generate a possible interest in growing as a person and a professional. This process allows us to change or enhance our perspectives, opinions, and biases. Knowledge provides us with other views and information that, if we are open to it, can help mold new attitudes and understanding. For example, our knowledge and views on religious practices or beliefs may change when provided with information gathered while traveling abroad. Changing perspectives is not an easy task when working with large groups of people; however, the potential to effectively attain change is possible (Riquelme, 2013). Much of the attention on diversity has focused on racial/ethnic disparities. If we look at our recent past or present, we may find good examples of change. We have had a Black President of the United States for two terms in office. We have a Latina justice in the Supreme Court. We see an increasing number of persons from the LGBTQ+ community in positions of power and politics. We see an increasing number of religious diversity among our members of Congress. Closer to our professional practice, let's consider the acceptance of dysphagia in the scope of practice of speech-language pathologists (SLPs) or the assessment/treatment of balance disorders in that of audiologists. Also within our professions, it's important to note that the American Speech-Language-Hearing Association's (ASHA's) current Board of Directors is the most racially/ethnically diverse it has ever been, and that most recently the first Black woman has been chosen to be ASHA's next Chief Executive Officer. These are all changes that have taken place in the recent past of our professions. These selected examples show us that change is possible, regardless of how slow or small it may seem to some. Health and educational inequalities in our country are certainly a much broader topic and not within the scope of this tutorial.

The suggested areas of self-reflection may take us to doing the right thing. As professionals, we have an ethical mandate to ensure our patients/clients/students receive the best services. To do so, we must offer an environment in which they can share and be comfortable. How else are we to assess, treat, and manage communication or swallowing disorders? How are we to create an exchange that allows for free exploration of causes and remediations of the problems patients come to us with? Yes, expanding our knowledge, scope, and appreciation for culture and diversity is doing the right thing. It is also an ethical construct that allows us to perform as competent professionals.

As we engage in perspective taking, let us understand that each of us is part of this wonderful mix. We too are a part of many different cultures and languages or dialects. We espouse different lifestyles, religions, preference in foods and preference in colors. We shop at favorite stores, and we enjoy different indoor/outdoor activities. These are only a handful of examples of how complex or how diverse each and every one of us is, regardless of the color of our skin, the languages we speak, or our U.S. Census designation as a racial/ethnic minority or a White European American (or Caucasian). With each of these preferences or cultures, we bring different people with common interests together. So our circle expands, our knowledge expands, and our world enlarges.

The Case of María

As an entry to this series of articles on ethics, Power-deFur (2022) shared with us the situation of María, a lead SLP in a suburban school district with an increasingly racially/ethnically diverse student population. Diversity in the population described included ethnicity, socioeconomic status, and ability status. María's team includes SLPs, an educational audiologist, and speech-language pathology assistants. After participating in an educational series on ethics, she decided to consider the use of a five-step decision-making process that is followed by reflection on the effectiveness of the process and solution. At monthly meetings, specific challenges to service provision in special education are discussed.

Given the information provided in Power-deFur's introductory article, the following questions may arise: What "challenges" might the clinical team present given the makeup of the student/client caseload? What potential biases may be present in addressing caseload-specific issues? What resources should be made available to the clinical team in brainstorming solutions? Will reflection allow for a reduction in bias/stereotyping? Answers to these questions may help us identify our own biases, conscious or unconscious. To begin, rather than think about the "challenges" presented, we may consider thinking in terms of the "opportunities" that are arising: opportunities for providing better services, opportunities for greater inclusion, and opportunities for doing the right thing. If so, then maybe we can engage in looking at how we have opportunities to create change for all persons on our caseload, not only those identified as being from specific groups (ethnically diverse, socioeconomically varied or medically fragile, with differing ability status).

The ethical decision-making process that María decided to share with her team included the following parts. These will be incorporated into this discussion.

1. Explain the issue
2. Determine if the issue is ethical, legal, and/or moral
3. Consult resources: documents, individuals

4. Brainstorm solutions
5. Evaluate solutions

And then, reflect on effectiveness.

Select Definitions: Culture, Diversity, and Beyond

Explain the Issue

In order to explain the issue to be addressed and reduce as much bias as possible, it is important to ensure that everyone at the table is speaking a common language, or at least be clear on differences in beliefs and practices. To begin, "explain the issue" may say to some that there is a problem that needs to be fixed. A possible substitution is to use the word "situation." "Explain the situation" may be perceived as a more neutral word that engenders exploration. In reality, either term will serve a similar purpose, which is to look at the issue, or situation, in a manner that allows for exploration of multiple perspectives.

As mentioned, in order to come to the table with the needed tools to make ethical decisions in as unbiased a manner as possible, one must explore the more common definitions encountered when discussing diversity and ethical behavior. The definitions that follow should serve as fluid knowledge that can be integrated into current perspectives or may serve as stand-alone definitions. In either case, the purpose is to stimulate further thought into current personal paradigms on culture and diversity. In the case of María, introducing this decision-making process should include an open discussion with her team on each of these definitions. The discussion may well serve as a road to exploration by all participants. The open discussion will also allow for further understanding and respect toward one another. This will be useful as future situations are collectively explored and the decision-making process is applied. The discussion will also allow for a strong focus on reaching culturally sensitive ethical decisions.

Diversity

Diversity is the range of human differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical values system, national origin, and political beliefs (Ferris State University, 2021). Diversity often focuses on heterogeneity, while culture could be thought of as more inclusive or homogenous.

Minority/Majority

In efforts to categorize the general population, the U.S. Census Bureau defines all non-White persons as *minorities*. Categorizing individuals together under the label of *minority* status suggests inferiority, whereas the *majority* designation connotes superiority (Riquelme, 2006). Payne (1997) argues that neither term is accurate as neither term accounts for the continuum of cultural experiences within the two categories, and neither term has saliency for the future. She further states that this classification system reinforces bias and stereotyping and widens the cultural distance in cross-cultural communication.

Culture

The word *culture* refers to integrated patterns of human behavior that include language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups (U.S. Department of Health and Human Services, Office of Minority Health, 2001). So, in essence, every individual presents with many cultures (Riquelme, 2007). Today's clinician must accept and fully incorporate the notion that everyone has a culture or cultures, in order to be able to provide culturally appropriate and relevant services. Furthermore, culture goes beyond race and ethnicity. It is up to the practitioner to define culture more broadly and include not only ethnicity but also religious beliefs, lifestyles, special interests, choice of supermarkets, and so forth (Riquelme, 2004). Hence, it is the social responsibility of practitioners to provide services in a culturally competent manner. It is ethically required and directly impacts overall service-related outcomes.

As cited in Riquelme (2019), the overall concept of culture is one that anthropologists, bioethicists, clinicians, and others continually struggle with. The term is widely used to characterize shared ways of world making and forms of local knowledge (Turner, 2005). Some uses of the "culture concept" focus on cognition and cultural models, while others focus on social practices and everyday social interaction. There are several arguments for and against the use of the "culture concept." Some argue that it essentializes heterogeneous modes of understanding, because participants of a particular community or nation are described as having a common, uniform culture (Turner, 2005). This can be concerning to some, as it would follow that being a member of a culture or cultural group would necessitate complete agreement on all matters related to that culture.

Cultural Responsiveness

Culturally responsive practices are those that take the client's cultural perspectives, beliefs, and values into consideration in all aspects of education or provision of a service (Ladson-Billings, 1994, 1995, as cited in the work of Hyter & Salas-Provance, 2019, p. 7). Hyter and Salas-Provance further state that "each person's degree of cultural responsiveness is a product of the fusion of their past experiences." This is true for all of us, as our past experiences come from a myriad situations, celebrations, and griefs. Cross et al. (1989; as cited in the work of Hyter & Salas-Provance, 2019, p. 24) present five essential elements

that facilitate cultural responsiveness: valuing diversity, capacity for cultural self-assessment, being conscious of the dynamics inherent when cultures interact, having institutionalized culture knowledge, and having developed adaptations to service delivery reflecting an understanding of cultural diversity.

Cultural Humility

In 1998, Tervalon and Murray-Garcia presented a concept that espoused lifelong learning and perspective-taking on the part of the practitioner. According to them, "cultural humility incorporates a lifelong commitment to self-evaluation and critique, to redressing the power imbalances in the physician–patient dynamic, and to developing mutually beneficial and nonpaternalistic partnerships with communities on behalf of individuals and defined populations" (p. 123). They suggest that cultural competence in clinical practice is best defined not by a discrete end point but as a commitment and active engagement in a lifelong process that individuals enter into on an ongoing basis with patients, communities, colleagues, and with themselves. Cultural humility requires attention on a daily basis. Opportunities for application of cultural humility and growth exist daily in our personal and in our professional lives.

Cultural Competence Versus Cultural Sensitivity/Responsiveness

As noted in the ASHA website, cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations (ASHA, 2017). Achieving cultural competence is seen by some as an impossible task. How can we be competent in any one culture? Can we even be deemed competent in any of the cultures we espouse as an individual? Hence, the terms *cultural sensitivity* and *cultural responsiveness* are seen as more dynamic and long-term concepts. As mentioned above, Tervalon and Murray-Garcia (1998) stated that *cultural humility* incorporates a lifelong commitment to self-evaluation and critique. The "lifelong commitment" is of essence here. If it is to be lifelong, then how can competence be achieved? This author believes that the term *cultural competence* suggests an expectation of arriving at a single point of competence. Does this then mean that reaching a particular point of competence requires that no further exploration or expansion of knowledge needs to be sought? Consider the dynamic between provider and patient. It may be compromised by various sociocultural mismatches, including the providers' lack of knowledge regarding the patient's health beliefs and life experiences and the provider's unintentional and intentional processes of racism, classism, homophobia, and sexism (Riquelme, 2013, p. 44). The question that follows is: In which aspects of culture shall the provider seek cultural competence in?

On the other hand, Crowley et al. (2015) argues that cultural humility adds a critical element to the discussion on cultural competence, but that cultural humility is not enough when, for example, an examiner is working to distinguish a language disorder from difference. She further adds that, "in many of these situations, a clinician's knowledge of the client's culture and language cannot be separated from a clinician's cultural competence." Some authors further argue that the concept of cultural competence embraces dynamism and an ever-developing nature; that one never reaches a point of cultural competence, but continues to evolve over time along a cultural competence continuum. Campinha-Bacote (2011) further states that one is *becoming* culturally competent, rather than *being* culturally competent (cited in the work of Hyter & Salas-Provance, 2019).

So, is it impossible for any practitioner to be completely culturally competent in all aspects of a patient's culture(s) or in all aspects of our practice? It is in this context that this author argues that cultural sensitivity or cultural responsiveness serve as better terms to denote this active process. They are not absolutist, and the terms *sensitive* or *responsive* invoke movement or dynamism. In reality, whether the reader espouses the *term cultural competence*, *culturally responsive* or *culturally sensitive*, the matter at hand is to see our concept of culture as fluid and ever-changing. The manner in which we define a particular culture today may not be the same next year. Our experiences and openness to learn will continually shape our perspectives on culture and diversity.

Assimilation/Acculturation

Understanding the influence of assimilation and acculturation in our practices is also an essential part in becoming increasingly culturally sensitive or responsive. *Assimilation* is defined as the process of someone in a new environment totally embracing the host culture, whereas *acculturation* is the integration of the host culture with the native culture to varying degrees. The United States, a country inhabited by immigrants, has a long history of struggles with assimilation and acculturation. These processes were mostly assimilatory until the middle of the 20th century. Subsequent to that, many immigrant groups began to acculturate, that is, balance their native cultures and beliefs with that of the host culture, or "mainstream America." This is evidenced by recent trends that highlight the "cultural pride" of different groups. We all experience and practice these processes within the environments in which we exist (e.g., work, social, educational). As an example, think about the first few weeks in a new job or a new academic setting. It was important to learn the "rules of the game" that were already established, or the "culture" of the new setting (Riquelme, 2007).

Determining the Matter to Be Explored

Determine If the Issue Is Ethical, Legal, and/or Moral

At times, the matter at hand may be a mixture of the above: ethical, legal, and/or moral. The challenge presented may directly impact the ethics of the practitioner and/or the ethics of the practice. There also may be legal mandates in federal or state guidelines or regulations that guide the decision-making process. Determining morality may be a bit more complex, but also in need of exploration and discussion.

In the matter of ethics, as professional members of ASHA, we espouse the ASHA Code of Ethics. Many Rules of Ethics in our current code relate to providing culturally and linguistically appropriate services (ASHA, 2016). Specifics are provided in the Issues in Ethics document (2017), highlighting the importance of this topic: "Cultural and linguistic competence is as important to the successful provision of services as are scientific, technical, and clinical knowledge and skills." This more recent Issues in Ethics document is a revision of the 2004 document.

When discussing legalities related to the ethics of culturally sensitive or responsive services in the areas of speech, language, hearing, balance, and swallowing, one must review both federal and state guidelines/regulations. At the federal level, an example of one such regulation is the language in the Individuals with Disabilities Education Act, where it is stated that evaluation materials should be selected so as not to be discriminatory on a racial or cultural basis. Similar language may be found in State guidelines or in regional standard operating procedure manuals. It is up to the professional to remain well versed on these regulations at all times, so as to be in compliance during service delivery and decision-making.

Morality is widely accepted as the distinction between right and wrong or good and bad behavior. In the context of providing ethically appropriate services to all, morality may be a matter of perception or tied closely to regulations and ethics. Again, discussion among the team is always warranted.

An example of a clinical situation that connects all three areas mentioned above is the case of a 6-year-old child that is from a bilingual and low socioeconomic home being evaluated for speech-language concerns by a monolingual, English-speaking clinician. Concerns in the diagnostic process would arise if the materials employed were only in English and the documentation shared did not reflect adaptations in evaluation protocols. If the impressions presented in the evaluation report identified a moderate speech-language disorder, this situation presents ethical, legal, and moral concerns. Ethically, clinicians should be equipped with knowledge on best practices for providing evaluation services to a child that is from a bilingual environment and from a culture of poverty. This is a complex situation per the shortage of bilingual speech-language pathologists in our profession. It is important to note, however, that based on the current demographics in the United States, all monolingual SLPs should be educated on aspects of second language acquisition, bilingualism, and least-biased assessment practices. In addition, over the past decade, the literature on the language skills presented by children from low socioeconomic homes has been growing. So, in accepting this case and assuming that due diligence was conducted to search for a bilingual clinician, the examiner would need to ensure s/he presented with the competencies to perform this assessment. Legally, the issue at hand is based on the regulations and guidelines that exist at both the state and federal level, based on the setting where the service was provided. Morally, any rationale for conducting the assessment without the appropriate tools, including knowledge, would need to be explored. This brief example illustrates an important opportunity for María, who could develop an educational series for her team on working with children from the different cultures present in their school district. The opportunities for professional growth and improved culturally sensitive service delivery are endless. Outreach to the community may also engender a closer connection between the staff and the parents and children served. This educational series would also lead to a change in policies and procedures at the school or district level and allow for leadership development within her team.

Documents That Guide Ethical and Culturally Responsive Practice

Consult Resources: Documents, Individuals

Documents relevant to providing culturally and linguistically appropriate services exist and are accessible to all professionals. Use of these documents in our practice directly relates to the prior section on determining if the issue at hand is ethical, legal, and/or moral. These documents provide us with the needed knowledge and suggestion of skills to be acquired in order to competently provide services. This may well be an initial step for María and her team as they explore the ethical decision-making process. In 2004, the ASHA approved a ground-breaking practice document entitled, "Knowledge and Skills Needed by Speech-Language Pathologists and Audiologists to Provide Culturally and Linguistically Appropriate Services" authored by members of its Multicultural Issues Board (ASHA, 2004). This document outlined the knowledge and skills that clinicians must strive to develop in order to provide unbiased and culturally appropriate services. It also acknowledges the need for lifelong learning. It lists competencies needed to achieve cultural competence, such as sensitivity to differences, understanding the influence of culture

on service delivery, and the need to advocate for and empower consumers, families, and communities at risk for communication, swallowing, or balance disorders. Later, in 2005, members of the ASHA Multicultural Issues Board authored another and related article entitled, "Why is yogurt good for you? Because it has live cultures" (Mahendra et al., 2005). This tutorial focused on the fact that we all present with many cultures, as do our patients/clients. More recently, a policy document entitled, "Cultural Competence in Professional Service Delivery" was also generated by volunteer members of the Association (ASHA, 2011). Also available to every ASHA member is a set of tools for self-assessment on cultural competence (ASHA website). The tool box includes checklists on personal reflection, policies, and procedures and on service delivery. In addition, a cultural competence awareness tool is also available in an interactive web-based platform. Recent updates to the site include Cultural Competence Check-ins: self-reflection, policies & procedures, culturally response practice, gender inclusivity (https://www.asha.org/practice/multicultural/self/). Furthermore, the ASHA website page on multicultural affairs and resources offers many other materials that may serve as educational pieces or guides for achieving greater cultural responsiveness.

General examples on how to apply expanding views on culture and diversity may include espousing limited-biased assessment and treatment approaches, revising our intake forms for content that may be disparaging or insensitive, using materials that are language friendly to the communities being served, and others. In general, we are working toward creating an environment that is open to all our differences and is inclusive. This is certainly not an easy process, for many reasons. Some reasons include our own biases, group dynamics, differing perspectives among those in power, and varying degrees of interest in doing the right thing.

Westby (1990; Westby et al., 2003) has provided us with some additional tools. Specifically, she introduced the concept of ethnographic interviewing to our discipline. Through this approach, the clinician listens to the behaviors and beliefs reported by the patient or caregiver, as obtained through a systematic and guided dialogue with them. Ethnographic interviewing allows for the following: conveys empathy/acceptance of the world as defined by the informant; collects information necessary for generating appropriate support and clinical practice; helps equalize the power differential; provides a means for the professional to discover the culture of the family and their strengths and needs; provides a means for focusing on the perspective of the informant; helps reduce potential bias in assessment and intervention; and allows the data to be collected in a more ecologically valid framework (Westby, 1990). During ethnographic interviewing, the clinician has a general set of questions at the outset, but the flow of questioning is molded by the scope and depth of information obtained as the interview unfolds. The clinician is also advised to pay attention to how questions are worded: use open-ended rather than closed-ended questions; use presupposition questions effectively; ask one question at a time; make use of preliminary statements; and maintain control of the interview.

These documents, tools, and many other articles written by respected colleagues in our field serve as a basis in arguing for the need to provide culturally sensitive or responsive services to all our stakeholders. Most importantly, these documents and articles also support the notion that culture, multiculturalism, and diversity go beyond race and ethnicity (Riquelme, 2019).

Looking for Solutions

Brainstorm Solutions, Evaluate Solutions, Reflect on Effectiveness

In searching for solutions, the processes of brainstorming, evaluating, and reflecting on the effectiveness of solutions work in sequence. Each idea that is brainstormed needs evaluation and will subsequently require an assessment of its effectiveness. This could be considered a step-by-step process or possibly seen as a continuum in the search for solutions. Once María and her team begin to search for solutions, their focus on ethical decision-making and culturally responsive practices will guide the brainstorming and evaluation of possibilities. Given the group context, a variety of perspectives can be entertained and explored. It is in this manner that reflection is maximized and most effective.

Ethics and culture must coexist, in order to achieve the best results for all parties involved (Riquelme, 2019). If we consider the notion of ethics as providing a set of standards for behavior, then is behavior not directly linked to culture? One may argue that the link exists because our response to the world around us is a result of our cultural paradigms. For example, the ethics surrounding end-of-life decisions are intertwined with culture. If we accept a broader definition of culture, then decisions at this point in life, made by the patient or the caregivers, will be culturally based. How so? First would be the overall beliefs typically followed by the family; these are usually the first set of rules we are exposed to in life. This may be followed by the religious beliefs the patient may ascribe to. Importance must be given to the role that life experiences have taken to shape the perceptions and preferences of the patient. All these are culturally based: parts of different aspects of culture or personal preferences that may be shared with another group of people.

As stated by Power-deFur (2022), the discussion on solutions is guided by the goal. The brainstorming should be collaborative, as well as the subsequent evaluation of

each proposal. In this model of espousing a culturally sensitive or responsive approach, it is relevant that participants engaged in this practice be especially acquainted with Steps 1, 2, and 3 of this decision-making process, so as to allow for a free flow of ideas and solutions for the matter being addressed.

Putting It All Together

The road to cultural responsiveness or sensitivity is one of engaging in active learning and exploring. When reflecting on the decision-making process used as a guide for this tutorial, the thought that may often arise is: How do I achieve this? How can I become culturally responsive? How can I review challenges and explore solutions within a culturally sensitive framework? There is certainly no set formula to achieve cultural sensitivity or responsiveness in our personal and professional lives. The decision-making process presented in the case of María (Power-deFur, 2022) provides a good starting point for ethical decision-making. There are also tools readily available to us all, as outlined in Riquelme (2019):

- First, we need to develop a definition of what constitutes culture that is comfortable for us. We should think of it as a "livable definition," so as to allow for change, or redefinition, as we grow.
- Next, we should consider the concept of cultural humility and accept that becoming culturally sensitive or culturally competent is a lifelong process.
- We should also realize that we are made up of inherent biases, stereotypes, and possibly racist notions. These may be thoughts or feelings we wish to deny but must accept in order to work through them. Some are not as clear as others, and through our cultural awareness, we may discover them. Once these biases are at the surface, we can work through them. All this is at a very personal level.

It is important to highlight the myriad of opportunities we encounter on a regular basis at work or home that serve to challenge or confirm our notions of culture and diversity. Ongoing self-reflection is essential in this process and forces us to look at our character, actions, and motives. This awareness may lead us to generate and explore change. The communication within ourselves and with others will allow for continued growth and development of our roles as clinicians, researchers, academicians, and as people.

Concluding Thoughts

This tutorial has provided some thoughts and tools on connecting ethical practices with the provision of culturally sensitive/responsive services, be they clinical, academic, or research oriented. It us up to the professional, or the reader, to initiate an exchange or practice that is devoid of cultural bias or stereotyping. This is what María did with her team. She applied concepts learned during an ethics presentation to everyday challenges faced by her team. The decision-making process she employed is what frames the discussion in this tutorial.

Awareness of the many factors that impact the connection between the professional and the patient/client/student is of great relevance when striving to provide culturally sensitive services. This lifelong process will allow for an environment of collaboration and learning from each other by both the professional and the patient/client/student. It also involves a change in the dynamic of working with colleagues and superiors. Ethically, we must provide services that are relevant and appropriate, and this includes a plan of care that is least biased and culturally sensitive. Without true communication with our teams, colleagues, or patients/clients/students, functional outcomes that are best for the individual or group will not be achieved. Providing culturally sensitive or responsive services to all those we work with is doing the right thing.

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