

The Dilemma of Multiculturalism and Multinationalism in Medical Practice

Noor Buchholz,^{1,2} Mohammed Shahait^{✉2}

¹U-merge Scientific Office, Athens, Greece ²Consultant Urological Surgeon, Dubai, United Arab Emirates

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The United Arab Emirates (UAE) has made significant progress in expanding health insurance coverage to its population in recent years. The government has implemented various policies to ensure all residents have access to health care. A report by the Dubai Health Authority (DHA) in 2020 estimated that around 98% of the population in Dubai had some form of at least basic health insurance coverage. Depending on the insurance policy, access to specific health care providers may be limited and there may be some out-of-pocket expenses for the individual, such as co-pays or deductibles. For Emirati citizens, however, quality health care is completely free of charge[1].

The UAE is a very diverse country with a population consisting of a minority of Emirati citizens and a majority of expatriates from all over the world and from all walks of life. The country's health care system reflects this diversity, with doctors from many different cultural and educational backgrounds and nationalities practicing in the UAE in all medical specialties[1]. On one hand, this diversity of medical practitioners in the UAE certainly reflects the country's commitment to providing world-class health care services to its residents and visitors. With a highly skilled diverse and well-equipped workforce, the UAE's health care system can offer a wide range of state-of-the-art medical services and treatments[1].

On the other hand, however, although this diversity of doctors undoubtedly enriches health care, bringing a variety of perspectives and experiences to patient care, there is less positive side[2]. Unfortunately, medical education and regulation of medical practice is not universally standardized with respect to the doctor–patient relationship and communication, ethics, clinical governance, best practice, regulatory control, and continued medical education throughout a doctor's career[3].

In a multicultural, multi-ethnic, and multinational society like the one in the UAE, physicians may have varying approaches to patient care based on their sociocultural background, medico-social education, and communication and ethical training. All physicians in the UAE will be faced with a multitude of patients from different sociocultural backgrounds with varying expectations and communication skills that will not necessarily match those the doctors were trained in and are used to[1]. Therefore, they must develop a set of skills and bedside manners to deal with a variety of patients, and to understand and address their unique needs and concerns.

In our specialty, this diversity in patients' backgrounds, cultures, and treatment expectations plays an important role in shaping the practices of urologists in the UAE.

Sociocultural factors have been demonstrated to affect the anxiety level among patients on active surveillance (AS) for low grade prostate cancer, which is directly linked to patients opting for radical treatment options where AS could be indicated [4]. These factors must be taken into account and sensitive counseling must be offered with a view to obtaining informed consent for the best course of treatment. Patients can give fully informed consent only if they understand the doctor and the doctor understands them and their concerns. This might partially explain the large number of prostate cancer patients in the UAE who are eligible for AS but opt instead for surgical treatment. In addition to a financial aspect that might favor surgical treatments, unaddressed patient anxiety may be a factor here.

National availability of medical devices has to be approved by both the Emirates Authority for Standardization and Metrology (ESMA) and the Ministry of Health Authority Prevention (MOHAP). However, their local availability is widely market-driven and dependent on the expertise of the providing health care professional. Apart from these factors, it also depends on which internationally recognized guidelines the provider chooses to follow.

For instance, the NICE (UK) and AUA (US) guidelines endorse prostate therapy with Rezūm as an alternative treatment option for patients with moderate to severe LUTS and a prostate volume of 30 to 80 mL[5,6]. However, the European Association of Urology guidelines consider the current evidence to support the efficacy of Rezūm to be weak [7]. These discrepancies between guidelines, as confusing as they may be, must be part of patient counseling and consenting, and resulting patient anxiety must be addressed in an emphatic and appropriate manner [8]. In the UAE, there is a recent trend towards Rezūm for patients with mild LUTS and large prostates > 80 mL, in which the evidence base given the above seems at least doubtful.

These are just two examples, and it goes without saying that this ongoing dilemma has unduly strained the

trust of patients in the medical profession. Consequently, “doctor shopping” where patients see several specialists for the same problem within a short time is not unusual. Similarly, health insurers tend not to trust the judgement of doctors and require that the providers answer questions—generally indicating lack of understanding—before approving a treatment. It is not unusual that the insurance requests and pays for an abdominal X-ray to prove the presence of a JJ stent before approving JJ removal.

On a more positive note, the above factors are being addressed. The local regulatory bodies are aware of the problem and are adopting time-tested models from Europe and the US, and the system will eventually incentivize and support good medical practice and clinical governance.

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