


Cultural Practices	Philippines	India	China	United Kingdom
<b>Sick Care Practices</b>	Biomedical; magical-religious. Combination of home remedies, professional providers, and traditional healers.	Prevention of disease. Spiritual values permeate most aspects of life and death.	Holistic. Traditional health care includes acupuncture and herbal medicine.	Biomedical, complimentary therapy may be sought for some health care problems.
<b>Health Care Beliefs</b>	Acute sick care, health promotion important. Mental illness is highly stigmatized.	Diseases are caused by an upset in body balance.	Believed to be a state of spiritual and physical harmony with nature; health and illness part of lifelong continuum.	Acute sick care, health promotion important.
<b>Health Team Relationships</b>	Authority is respected. Nurses must carry out physician's order rather than question it.	Some women object to examination done by male physicians. Terminal illnesses discussed with relatives, not patient.	Nurses serve in supplementary role to physicians. Patients do not express their concerns about prescribed interventions or treatments.	Individuals addressed by specific title instead of name.
<b>Touch</b>	Important and accepted.	Men may shake hands with other men but not with women.	Chinese do not like to be touched by strangers. Introductions are responded to with a slight bow.	Low touch practices.
<b>Pain Reactions</b>	People may appear stoic.	Quiet acceptance of pain and will accept	Strong negative feelings such as	None described.

**NOTICE**

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		some relief measures.	anger and pain are often suppressed.	
<b>Death Rites</b>	Patients should be protected from knowing about a poor prognosis.	If patient is Hindu, family prefers that non-Hindus not touch the body. Cremation is performed.	Chinese have an aversion to death and anything concerning death.	Similar to U.S practices.

Source: D'Avanzo C. *Mosby's Pocket Guide Series: Cultural Assessment*. 4th ed. St. Louis, MO: Elsevier Mosby; 2007.

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