For 200 years, Western-trained physicians have cared for patients by using an approach consisting of analysis of signs and symptoms and, more recently, interpretation of an expanding array of laboratory tests as they relate to disease states. For doctors to update their knowledge continually as information and technology advance at a furious pace may be exciting, but this task is also demanding, even daunting. When confronted with the demands of managed care, clinicians may find time a severely limited commodity. Consequently, they may find themselves compromising by de-emphasizing care of the “whole” patient—care which uses sensitivity and considers the patient’s cultural background. This compromise, of course, decreases the effectiveness of health care. During the training of family practice physicians (and, we hope, in their medical practice), emphasis is placed on a central idea: that both family health and community health are a consequence of the people that comprise them. Their health is affected by various other factors in their daily lives that impact their understanding of their health. Moreover, health is often socially defined into physical, mental, or spiritual components in a way that affects a patient’s acceptance of recommended treatment.

In her book, *The Latino Patient: A Cultural Guide for Health Care Providers*, Dr Nilda Chong addresses the impact of cultural influences on Latino patients. Dr Chong shares her personal background: Born in Panama to a Chinese father and a Latina mother, Dr Chong worked as a medical intern in the tropical rain forest of Panama; completed her doctoral studies at the University of California at Berkeley; and finished her book when she joined Kaiser Permanente. In the Introduction, she points out that “Latinos are dramatically changing the demographic profile of the United States. They currently comprise 13.3% of the total population and will likely grow to roughly 20% in 2030 and 25% by 2050” (page xvii). Moreover, where I practice, the Latino population currently represents nearly 27% of the county’s 2.9 million residents.

The book is divided into two parts, each containing five chapters. Part one defines the Latino patient and discusses historical progression of the terms Latino and Hispanic. She presents six social and demographic factors (language, nationality, religion, race, social class, age) which help define Latino culture. Dr Chong reviews the major health problems of Latino populations and discusses an interesting finding that a number of investigators have termed the epidemiological paradox, defined as “… the apparent lack of correlation between the socioeconomic profile of Latinos and their health outcomes” (page 13). The author states, “Some researchers have posited that the Healthy Migrant Effect might explain the lower mortality rates among Latinos. They [researchers] suggest that Latinos who immigrate to the United States are healthier individuals and therefore have lower mortality rates than of those Latinos who remain in their homeland” (page 15). This effect may further be accentuated by the Salmon Bias Effect, a postulate which holds that many Latinos prefer to return to their birthplace to die. A later chapter discusses the combined effect of these factors on the health care of Latino families as well as the way disease management is affected by the social networking that occurs within and between Latino families.

The illustrative vignettes presented in the first part of the book depict clinical encounters that will be enlightening for clinicians who have had little experience with Latino patients, and the vignettes will ring true for clinicians with more experience also. To positively influence health outcomes most effectively, health care practitioners must understand the definitions and beliefs held by Latinos about causes of illness. Some of these definitions and beliefs are reviewed in the chapter titled “Health Attitudes, Beliefs, and Practices,” which discusses how supernatural causes, emotions, and folk diseases are perceived by Latinos to affect health. The relation of self-care, religion, and folk medicine to health care is also discussed. The use of curanderos, sobadores, santeros, and herbal healers by Latino patients will be of particular interest to readers.

After establishing a strong foundation of background

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information, Dr Chong explains how understanding cultural values may help clinicians to communicate health information effectively. The author describes the importance of incorporating several concepts—family, friends, faith, and fatalism—into a treatment plan. Part two of Dr Chong's book presents “A Culturally Competent Care Model for Latinos,” a model that invokes all the previous lessons to develop a practical and useful approach applicable in a clinical setting. A chapter is devoted to each portion of the model: greeting, listening, caring, treating, developing patient loyalty, and an effective farewell. The author explains the importance of each section of the model.

To guide development of a patient-clinician relationship that is effective from the beginning of the patient visit to the farewell, Dr Chong again uses clinical vignettes to provide clear, practical examples of critical points. This exercise will prove useful for clinicians.

The Latino Patient provides a clear, concise review of many health care factors that are important for this population of patients. Health care practitioners should find that the information presented can assist them in caring for their Latino patients. On a personal note, I hope that after reading this resource, physicians and other health care practitioners will wish to continue expanding their knowledge and appreciation of the rich and diverse Latino culture.

Reference

To Have Succeeded

Success …
To laugh often and much,
To win the respect of intelligent people
And the affection of children,
To earn the appreciation of honest critics
And to endure the betrayal of false friends;
To appreciate beauty;
To find the best in others;
To leave the world a bit better,
Whether by a healthy child,
a garden patch or a redeemed social condition;
to know even one life
has breathed easier because you have lived.
This is to have succeeded.

— Ralph Waldo Emerson, 1803-1882, Unitarian minister, philosopher, poet