Special Section: Illuminating Culture, Health, and Ethics: Beyond Equality and Justice

Guest Editorial

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Among the greatest challenges to improving health is determining how cultural diversity should influence healthcare practices and organizations, public health measures, biomedical research, and community partnering. Important but seldom addressed are challenges for bioethicists.

What should guide cross-cultural efforts in and among clinics, organizations, communities, and transnational populations? Should socioeconomic status be considered a cultural marker? If so, how should such status levels be addressed? How should so-called concepts of "cultural competence" for individual professionals translate to organizations and community? Should global communication of cultural practices influence public health measures? What about cross-cultural informed consent for research? What do foundational principles in cross-cultural work imply for bioethicists? The articles in this issue address these questions. In the following we further describe what each essay explores.

To reduce a major gap in the literature on cross-cultural issues, we lead with Erika Blacksher's paper on socioeconomic status—uncommonly considered a contributor to cultural difference. To see why this omission is a mistake and how to begin correcting it, readers should attend to Blacksher's remarks.

Among cultures, beliefs and values about health vary widely. Biomedicine and public health are themselves cultures with cultural subgroups. What should health professionals and organizations do when cultural beliefs and practices appear to conflict with those of the health establishment? To what extent should different views be accepted and why? Insoo Hyun's conceptual and ethical analyses help answer these questions.

Where Hyun lays key foundations, Henry Perkins addresses practices. As Perkins' case analysis shows, cross-cultural differences may or may not exist and may or may not explain conflicts. His remarks target the clinical arena and ethics consultants, but have broader implications.

Clinicians and other direct providers may offer excellent cross-cultural care while their organizations sustain unjust and disrespectful treatment at macroscopic levels. Thus, Michael Brannigan's essay about implications of cultural competency for organizations is very important. His detailed comments make it clear not only that much should be done at organizational levels, but they also contain many concrete suggestions.

Among various levels and types of efforts to improve health, the importance of involvement, partnering, and participatory research with communities is

increasingly clear. The reasons are ethical and practical. It is no surprise that efforts between communities and health or healthcare professionals and organizations are often multiply cross-cultural. Therefore we are pleased to offer three articles that consider different cultural issues in community work.

We lead this subgroup about community with India Ornelas's account of core principles for cross-cultural work with communities. Instructive are differences and similarities between usual principles of cultural competence for healthcare providers and those that Ornelas proposes. The author's remarks include implications for the field of public health.

The next two articles address transnational issues. Christian Simon and Maghboeba Mosavel discuss cultural and socioeconomic differences in promotion of community health in developing countries. They particularly examine important implications of global influences that pass through cultural boundaries.

Patricia Marshall explains problems that cultural diversity poses in international research, focusing on informed consent. She also suggests how models of cultural competence should be revised and addresses for whom they are important.

We put John Stone's essay last because he proposes an overarching ethical framework for cross-cultural education and training that resonates with items in all the other essays. He also examines implications for providers, structures, and bioethicists.

Finally, we express our most sincere appreciation for *CQ* editor Tomi Kushner's terrific support and remarkable patience in bringing this project to successful completion.

Wooden hand holding a disc with carved mythological scenes. Probably from a burial site. Northern coastal of Peru, Chimu Culture, 1200–1476. Location: Ethnologisches Museum, Staatliche Museen zu Berlin, Berlin, Germany. Photo Credit: Werner Forman/ Art Resource, NY.