Encyclopedia of Health Communication

Bangladesh

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Research

Researchers in the field of health communication have also given the topic of breaking bad news much attention. For example, Melinda Villagran, Joy Goldsmith, Elaine Wittenberg-Lyles, and Paula Baldwin offer the COMFORT model as a way to address some of the weaknesses they found with some of the current BBN protocols taught in medical schools, including Buckman's SPIKES protocol. The COMFORT model is based on communication pedagogy, emphasizes the mutual influence between communicators, and stands for communication, orientation, mindfulness, family, ongoing reiterative messages, and team. The authors argue that the SPIKES protocol along with others have some inherent deficiencies because of their linear nature, while the COMFORT model teaches communication competencies that take into account the fluid nature of interaction.

In addition to the regulatory requirement for training, many care providers compassionately recognize the impact that these interactions have on their patients and their family members, as well as themselves, and actively seek additional training. Difficult interactions do require planning and thoughtfulness, and guides help provide an entrance into such complicated dialogue. BBN advice has been offered by almost every medical specialty as many care providers actively seek to become better communicators.

While some physicians such as oncologists often are permitted time and multistep processes to help patients understand and accept their prognoses, other physicians are faced with one-time encounters that permanently alter a person's life, such as in emergency medicine. In addition to step-by-step instructions for delivering bad news, research has also proposed theoretical approaches to the topic. Patient-centered medicine is one approach that emphasizes the patient's perspective and encourages care providers to be adaptable in interaction as they achieve their instrumental goals, while simultaneously tending to the patient's needs in the interaction. Clinicians recognized the importance of the patient's perspective in health care and developed patient-centered medicine that takes into account the biopsychosocial, as well as the biomedical aspects of patient care in order to best partner with the patient. Being person-centered communicatively in interactions is a key aspect of the patient-centered approach to medicine.

These models and theoretical frames provide a good starting point for clinicians to enter the interaction. One of the potential dangers that leaves physicians open to litigation is adhering to prescribed steps of any model at the expense of being communicatively competent. One's identity, the context, and one's culture all play a role in what is deemed competent in any given interaction and further punctuates the difficulty of this communicative task. The study of bad news delivery appears to have a healthy and ongoing future as clinicians and scholars, alike, seek to better understand best practices for breaking bad news.

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See Also: Breast Cancer; Cancer Survivorship; Communication Privacy Management Theory; Communication Skills Training and Assessment: Providers; Death and Dying; Disclosure: Family Health History; Ethics: Provider–Patient Interaction; Information Sharing; Interpersonal Communication Skills; Pallative Care; Patients' Significant Others: Communication With Health Care Providers.

Further Readings

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Bangladesh

Bangladesh is a small southeast Asian country that is bordered on three sides by India, part of the east side by Myanmar, and the south by the Bay of Bengal. The capital of the country is Dhaka.

Bangladesh ranks seventh in the world in population and ranks ninth among the most densely populated countries of the world. To understand Bangladesh, it is good to know the country's history that shaped the nation's health care system.

History

Bangladesh, along with Pakistan, was part of a unified India until 1947. Before that year, India was part of the British empire, which ruled over the area for almost 200 years. When the British left India in 1947, they left the region divided into the two countries of India and Pakistan, with Pakistan divided into two parts: West Pakistan (which is now known as only Pakistan) and East Pakistan (which is now Bangladesh) with almost 2,000 kilometers of land belonging to India in between the two areas. The two Pakistans were not only divided by huge India in between, but also were completely different in terms of language, culture, food, clothing, and tradition. The only similarity they shared was the religion of Islam.

In 1947, West Pakistan had a population of 20 million and East Pakistan had a population of 40 million. However, over 75 percent of Pakistan's budget was spent on West Pakistan, even though over 62 percent of the country's national income came from the East. In 1948, Pakistan's president went to East Pakistan and declared that Urdu (the language spoken in West Pakistan) would be the national language of all Pakistan, and that people in East Pakistan should start using that language in spoken and written media instead of using their own language, Bangla. The resulting protest from the millions of East Pakistanis led to the Language Movement of 1952, during which police killed several East Pakistani student leaders on February 21. In 1956, the ruling government of Pakistan was forced to declare Bangla the nation's second official language. What started off as a protest against economic, social, and linguistic discrimination from 1947 eventually led to the independence of East Pakistan from the West in 1971.

Pakistan's general election in 1970 witnessed the landslide victory of the main political party of East Pakistan—the Bangladesh Awami League, with Sheikh Mujibur Rahman as its leader. However, the military junta that governed Pakistan refused to accept this election result, and moved to crush the political leaders and people of East Pakistan to enable the junta to remain in power. Pakistan's strategy was simple: kill 3 million people from East Pakistan so they would forever remain silent about running the country. On the night of March 25, 1971, the Pakistani army launched Operation Searchlight in East Pakistan, during which at least 20,000 people in East Pakistan were killed, according to the *New York Times* report on that evening's events. After a nine-month long War of Independence that witnessed the death of 3 million Bangladeshis and the rape and mutilation of over 600,000 women and children by the Pakistani army and Bangladeshi collaborators, Bangladesh became independent on December 16, 1971.

Public Health Care in Bangladesh

Compared with the health care systems of developed nations such as the United States and United Kingdom, Bangladesh has a relatively outdated public health care system. A high under-5-year-old mortality rate of 61 per 1,000 live births, and an infant mortality rate of 59 per 1,000 live births are signs of alarm in the public health care system. An uneven distribution of income, social and structural barriers to health care resources, limitation of highly skilled medical personnel, and institutional/organizational bureaucracies (public health care institutions) all contribute to these numbers. There are signs, however, that the health care system is improving in Bangladesh. Even with the burden of a huge population, Bangladesh has achieved an impressive record of maintaining an over 90 percent vaccine coverage along with national immunization days (NIDs) since 1995. The rates of infant mortality, maternal mortality, and under-5 mortality rates are continuing to decline.

Primary health care is widespread under the public health system and centers around Upazila Health Complexes (UHCs) at subdistrict levels. The UHCs provide both inpatient and outpatient services, with each having a capacity of around 30 to 50 beds for inpatients. Above the UHC are the district hospitals with bed capacities ranging from 100 to 250 beds, and medical colleges and hospitals (one for a group of districts) with bed capacities in the range of 650-plus beds. These institutions provide secondary and tertiary levels of health care, with Dhaka Medical College

and Hospital (DMCH) being the most prominent. The World Health Organization (WHO) observes that there is an underutilization of health care services in the subdistrict (Upazila and below) levels and an overutilization of services in the secondary and the tertiary levels. The primary health care system of Bangladesh is comprised of medical institutions that subscribe to mainstream medical practices. They primarily prescribe synthetic drug treatments (allopathy), as opposed to homeopathic or nontraditional forms of treatments. The public health sector's costs are close to nothing, as the government heavily subsidizes it.

Private Health Care in Bangladesh

Private health facilities in Bangladesh can compete with many developed countries' medical institutions in terms of services offered and treatment options. Regardless of service quality, though, the private hospitals are very expensive, so only a small segment of the people can afford to use them. Many doctors working in both the public and private hospitals have a questionable image to the general public because of their private practices outside their workplaces, where they tend to be more attentive toward patients' needs. Such questionable practices have dampened the general image of doctors in the public eye in Bangladesh. Similar to the public hospitals, most of the private ones also use and prescribe mainstream scientific treatments and medicines.

Traditional Medicine

There is a small group of private healers in Bangladesh who use traditional healing practices that are different from the mainstream scientific practices (biomedical practices). *Traditional healing* is an umbrella term in Bangladesh that encompasses different healing methods such as homeopathy, faith healing, and spirit healing. It is theorized that such diversity is rooted in people's lack of access to the biomedical services, the country's syncretistic worldview regarding health and healing, and the country's history. Village doctors, snake charmers, pir/faqirs, and medicine salesmen (they are commonly referred to as pharmacists in Bangladesh, although they generally have no experience or skills whatsoever regarding medicine) are all part of the traditional health care canvas of Bangladesh.

Sociopolitically and geographically, Bangladesh plays a key role in the international relationship among the countries of the Indian subcontinent. In terms of health, Bangladesh has embraced a diverse methodology of understanding/accepting health and healing. Understanding the nation's history sheds light on the diverse cultural practices and values of the people guiding their meanings of health.

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See Also: Culture-Centered Approaches; Developing Countries, Campaigns in; Islamic Healing; Rural Health Communication.

Further Readings

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Bereavement

Bereavement is the term used to identify the situation and the period of time following the death of significant others (e.g., spouse, parent, sibling, child, friend). Bereavement is usually considered a time of intense distress in which people are trying to cope with their grief. Grief is a normal reaction to loss and death and can be experienced through emotional, psychological, and physical manifestations. The symptoms of grief are diverse and varied depending upon individual differences, cultural norms, age of the survivor at which the