The first major wave of Vietnamese immigrants began in 1975, most of whom were educated, urban professionals. The second wave consisted of refugees escaping Communist Vietnam. These refugees suffered great hardship in their journey to the US, and many continued to have difficulty adapting after immigrating.

Vietnamese Americans are often considered to be a “model minority” – wealthy, educated, and with minimal social and health problems. However, this stereotype fails to acknowledge the heterogeneity of the population, and can have a negative impact on the well-being of individuals by limiting education, prevention, and treatment efforts for the community.

A brief preview of an updated Vietnamese section is available here; to see the content and citations in full, visit www.culturevision.com.

COMMON HEALTH PROBLEMS

- Southeast Asian boys ages 10-15 have been found to have, on average, a greater systolic blood pressure than other ethnic groups.
- Elderly in the Vietnamese population may be more prone to mental illnesses such as PTSD.
- 39% of nail technicians in the US are Vietnamese. Nail technicians are exposed to suspected cancer-causing chemicals, such as formaldehyde and benzene.

ORAL COMMUNICATION

Vietnamese communication styles may make it difficult to effectively convey the thoughts of both the healthcare provider and the patient.

- Vietnamese may be reluctant to disagree or answer a question with a negative reply.
- Replying “yes” may indicate that the listener has heard what was said, or be a means to avoid confrontation, rather than indicate agreement.
- Vietnamese patients may also be hesitant to discuss personal problems with those outside of immediate family.

BELIEFS ABOUT DEATH

Buddhism and Confucianism may both influence end-of-life decisions for Vietnamese patients.

- Decisions regarding end of life treatment are often made after family discussion.
- Some Vietnamese may view placing the elderly into care facilities as a failure to fulfill their duty to their parents.
- Vietnamese may prefer to withhold a terminal diagnosis from a patient for fear that the poor prognosis could cause them to lose the will to live.
Cross-Cultural Beliefs about Blood Transfusions and Organ Donation

In Western medicine, procedures such as drawing blood and performing surgeries are commonplace and generally considered within the realm of standard medical care. In addition, medical advances have allowed care providers to achieve great success in using blood transfusions and organ donation to improve quality of life, as well as save lives. It is important to note however, that many cultures and religions object to or restrict the use of these procedures for a variety of reasons. Becoming familiar with these objections and the reasoning behind them can reduce conflicts between care provider and patient.

Vietnamese

Some Vietnamese may believe that the loss of blood or tissue is permanent, and will not regenerate in this or future lives. They may also believe that the soul resides in different parts of the body, and could be permanently lost during surgery.

Roma/Gypsy

Some Roma will refuse organ and tissue donation based on the belief that the soul of the deceased roams the earth for one year following death, and that the body must be intact to complete this journey (as the soul often appears in human form).

Hinduism

Hinduism does not offer any objections to the use of blood transfusions, though any blood substitutes derived from bovine blood would not be acceptable. Some may also believe that donating organs can lead to good karma and Enlightenment.

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