



Institute of  
Medical  
Illustrators

# IMI National Guidelines

## A Guide to Good Practice

---

### Cultural Diversity

*These guidelines have been developed by the Institute of Medical Illustrators,  
in consultation with specialist advisors.*

*They should be considered a guide to good practice, providing a baseline for auditable standards.  
If necessary, adaptations may be made to take into account your local conditions.*

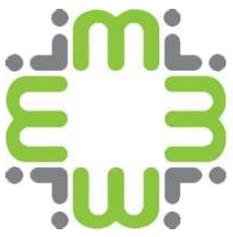
*© Institute of Medical Illustrators 2016. All rights reserved. Unauthorised copying, distribution or  
commercial exploitation is prohibited and will constitute an infringement of copyright.*

*Reproduction permission granted for personal and educational use, and for the development of Medical  
Illustration departmental guidance, subject to acknowledgement of the source material.*



**clinical photography, design and video in healthcare**

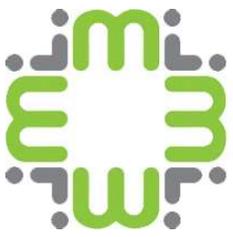
Registered Office: 12 Coldbath Square, London. EC1R 5HL. Tel: 0207 837 2846. Web: [www.imi.org.uk](http://www.imi.org.uk)  
Registered No: 933565. Registered Charity No: 313433



## Contents

- Introduction ... Page 3
- Guidelines ... Page 3
- Attitude ... Page 4
- Effective communication ... Page 4
- Eye Contact ... Page 5
- Language ... Page 5
- Photographic Examination ... Page 6
- Conclusion ... Page 6
- Acknowledgements ... Page 6





## Introduction

Multiculturalism and diversity affect the practice of clinical photography, in as much that the capturing of a patient's appearance involves photographing their face and head. The parts of the body that identify who a person is and what they are and which, because of the sensitivities involved can be problematic. In Islam, some women cover their faces. In Orthodox Judaism men cover their heads and many orthodox Jewish women keep their heads covered with a scarf, snood or a wig. In Sikhism, Sikh men may also cover their heads.

Wherever face and head coverings are worn they are signs of modesty, personal preference (such as the need to cover hair loss) or religious observance. However, other anatomical areas must be included when considering modesty and whatever the cultural background of the patient, clinical photographers must be sensitive in their approach when photographing all patients. Especially when, for strict Muslims a facial photograph is akin to idolatry, the idea similar to the prohibition of making images of God.

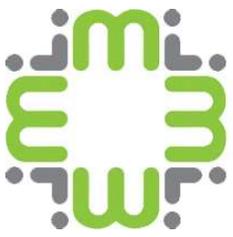
Whilst the head and face may pose difficulties, it should be noted that patients within a particular cultural grouping may not have a homogenised approach in the use of coverings or share the same values in respect of modesty. Therefore clinical photographers must have interpersonal skills that can accommodate the range of interactions that occur in multicultural healthcare. This is not to advocate cultural relativism, but rather, that all patients are treated with the same respect and dignity and willingness to meet their needs.

These guidelines seek to identify best practice and interaction during a clinical photography session, they are not an exhaustive list, nor is any completeness implied, given that nationally thousands of patients are photographed. Ultimately our concern should be to positively contribute to the patients' journey whilst attending our hospitals.

## Guidelines

These guidelines are primarily the actions to be taken by clinical photographers in the performance of their duties. The goal is not merely to obtain good quality images at any cost, but rather to respond to our patients positively and professionally. In doing so the total experience of a clinical photography session is enhanced and whereby quality images are the outcome of the session. The guidelines are divided into attitude and communication and are the intrinsic and extrinsic aspects of our practice, the former informs the latter, and therefore whilst it is possible to learn how to communicate good practice should not merely be the observation of some rules. Rather good practice should flow from our attitude towards others and which is constitutive of ethical practice.





## Attitude

*"We do not see things as they are, but as we are"*

*Immanuel Kant (1724 - 1804)*

Attitude is an important factor when working across cultures and affects how we communicate verbally and non-verbally. Working effectively across cultures is hard work, because it can reveal our prejudices, for instance consider your attitude to anyone who is different, for example, support for rival football teams is often demonstrative of prejudice. Therefore it is important to acknowledge our prejudices; if attitude is a barrier to effective communication, any interaction between a photographer and patient risks being stilted and awkward, and is likely to cause offence.

Treatment including clinical photography must be impartial, non-discriminatory and inclusive. To achieve this attitudinally the virtues of sensitivity, self-awareness, compassion, tolerance and impartiality must be cultivated.

## Effective communication

Communication begins the moment a patient enters the department, and whilst a smile may elicit a positive response, what comes next can alter the visit significantly. Having read the request form, the photographer must be very careful how the patient is addressed. Over familiarity, whereby first names are used, may be a minor offence in the 21st century. However names are not always straightforward and the pitfalls can cause unintended offence. Therefore:

- *Do not assume that the British, or indeed Western naming system is universal, whereby the last name is the primary identifying point.*

Other naming systems are used which do not follow the British system and care is required when identifying, addressing patients or their relatives. Therefore when recording names ask the patient:

- *What is your full name?*
- *What would you like me/us to call you?*

When addressing patients observe the following conventions:

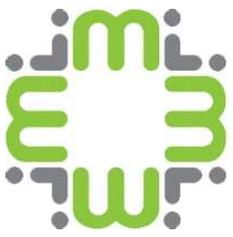
- *Not everyone can be accurately identified by either 'Mr' or 'Mrs' plus their last name, because names such as Singh, Kaur, Begum or Miah are titles and prefixing the name with either Mr, Mrs or Miss is meaningless, and should Kushwant Singh whose wife Daljeet Kaur is the patient attend the department, he is never addressed as Mr Kaur nor is his wife addressed as Mrs Singh, though Mrs Kaur may be acceptable.*

*Further examples illustrate this:*

*Jahanara Bibi (use full name)*

*Dilvinder Kaur (use full name)*





*Lew (Leff) Sapieha (Mr Sapieha)*  
*Mohammed Yunus Miah (use full name, or first two names together)*  
*Cheung-Ng Wai-Yung (use Mrs Ng or full name)*  
*Shahida Begum Ditta (use full name or first two names, not Mrs Ditta)*

*Henley & Schott 2003*

Call all patients from reception/waiting areas to the studio by their complete names to avoid confusion and misunderstanding.

## Eye Contact

The degree of acceptable eye contact varies from culture to culture. In some direct eye contact indicates honesty and straightforwardness, in others it can indicate a strict modesty code or a cultural demonstration of respect and therefore would be seen as disrespectful. For example, in Arab cultures too little eye contact can be regarded as disrespectful but in English culture too much is uncomfortable.

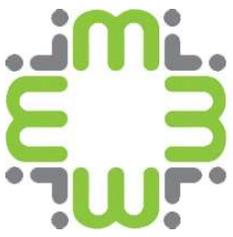
In some cultures eye contact between men and women is regarded as threatening or flirtatious, therefore in some situations photographers need to be sensitive when photographing patients of the opposite sex.

## Language

Communication is only effective when what is said is understood. To be understood:

- *Speak plain English slowly and clearly avoiding jargon and euphemisms.*
- *Do not speak louder than normal.*
- *Avoid using closed questions*
- *Do use open questions such as "What has the doctor told you"*
- *Check the patient understands, by using active listening skills instead of relying on positive responses only. Especially when checking consent status.*
- *Instructions should be given in the right order.*
- *Observe patient's reactions; non-verbal signals are important especially if procedure is physically or psychologically uncomfortable. Be prepared to stop session if patient becomes unhappy.*





## Photographic Procedure

Though attitude and communication are paramount to good practice, a major feature of clinical photography is the need to expose parts of the body, which may conflict with some peoples religious and cultural beliefs. To avoid or minimise any distress caused by this conflict and to obtain clinical images requested the following approach is necessary.

- *Check that the referring clinician has obtained consent and that the patient understands what is required of them. Do not coerce the patient if they decline, even if they have consented to photography and have signed the form.*

Upon establishing permission to continue and depending on the patient's cooperation:

- *Expose only that of part body which is subject to photography, keeping covered areas not being photographed.*
- *In photographic studios ensure total privacy by closing & screening doors.*
- *Use clinics' examination rooms appropriately, especially if photographing genitalia. This is provides a more clinical setting and reduces embarrassment, and also is a means by which the patient can be supported by the nursing staff, whatever the photographer's gender.*
- *Whenever possible, the photographer should be the same gender as the patient. Or use chaperones appropriately.*

## Conclusion

These guidelines are not an exhaustive list of good practice rules, but rather a set of recommendations that highlight some principle issues faced in multicultural healthcare. For a more detailed and in-depth study of the complexities Henley and Schott 'Culture, Religion and Patient Care in a Multi-Ethnic Society' (2003) is highly recommended, although it is aimed at a more general healthcare readership, every Medical Illustration Department should have a copy.

## Acknowledgements

*The IMI National Guidelines 'Cultural Diversity' were prepared by Ian Berle.*

The help and advice from Judith Schott; and the preliminary introduction to the subject of multicultural healthcare by City University School of Nursing and Barts and The London NHS Trust Training Department is duly acknowledged.

