CULTURAL AND PHARMACOLOGIC CONSIDERATIONS WHEN CARING FOR CHINESE ELDERS
Knowledge of Traditional Chinese Medicine Is Necessary

The increased number of elders in the United States brings new challenges and demands to society in general, and to health care services in particular. This trend means that health care professionals must plan appropriate interventions to meet elders’ needs. One specific challenge is to provide quality care for Chinese elders. Among elderly minority populations in the United States, the Asian elder population is growing the most rapidly (Chae, 1987).

Despite length of residence in the United States, immigrants may hold their own cultural, religious, and health beliefs. This article examines cultural considerations of which nurses should be aware when caring for elderly Chinese clients. Chinese cultural beliefs, as well as traditional health and illness therapies that may affect clients seeking Western healthcare are discussed, relative to the pharmacologic treatment of disease. The importance of thorough nursing assessments and implications for treating Chinese patients with American drug therapy also is addressed.

CULTURAL BELIEFS

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It is important for nurses to be familiar with the philosophical perspective of Confucianism in order to understand the perspective of Chinese elders. Confucianism is followed, to varying degrees, by many Chinese immigrants. Central to this philosophy are strong, social family bonds and the concept of “filial piety”; the value of education; and beliefs about the deceased and ownership of one’s body (Chae, 1987).

Filial piety is the basis of all conduct. It relates, in an American sense,
to seniority. There are sophisticated hierarchies in the Chinese family. The elders in a family are the most revered and respected; a wife is expected to obey her husband, and younger siblings are to put themselves behind the older ones. Essentially, age equals dominance (Chae, 1987).

There is a group emphasis, or "collectivity," which is designed to bring praise to the family. For instance, it would be expected that a family member would sacrifice a personal interest if it would benefit the family as a whole (Louie, 1985). For years it has been the Chinese custom for extended families to live together. This trend is dissipating in China, however, with more and more young couples preferring to live on their own (Schacht, 1989). This is leaving more elders alone, which is similar to American culture.

Traditionally, a Chinese individual holds strong educational values. He or she values not only the feelings of others (ensuring that one keeps others' feelings in mind when acting), but also how one's own status appears to others (the concept of social sensitivity [Louie, 1985]).

For example, a parent often works long hours and sacrifices material goods in order for a child to attend a more expensive, prestigious school. Although the child's education may not directly influence the family, it raises the entire family's social status in the eyes of the community.

Social sensitivity also means that one's conflicts are not expressed. Conflicts, for example, should be avoided if they disturb the harmony between the person and environment or among persons. It is not proper to challenge an expert. If a nurse or doctor is regarded as an expert, a Chinese client who has misgivings with a prescribed regimen, may not verbalize his or her concerns for fear of public conflict. Instead, the client may simply go home and not follow the regimen (Chae, 1987).

Body, according to Confucian philosophy, is not the property of the person inhabiting it; the body must be returned whole upon death to ensure a proper afterlife (Chae, 1987). Consequently, Chinese elders who adhere to these beliefs may refuse surgeries or invasive procedures, fearing to return a less than whole body.

It is the tendency for immigrants to retain the cultural beliefs that were still being followed in their homeland at the time they left (Louie, 1985). Therefore, it is important to know how long a Chinese elder has been in the United States. A client who immigrated in the 1940s may have many more traditional beliefs than an elder who has seen Western culture become more widely accepted in China during the past few decades (Louie, 1985). Therefore, a basic knowledge of Confucian principles and a time-table of the client/client's family is important to the American caregiver.

TRADITIONAL CHINESE MEDICINE

Traditional Chinese medicine includes herbal treatments, diet therapy, use of animal secretions and organs, and folk methods. The folk methods, although not discussed here in great detail, involve massage to stimulate blood circulation; skin scraping (using a wet coin or blunt instrument dipped in water) to reinforce body points and channels; moxibustion (the application of a burning moxa plant to the skin) to treat mumps and seizures; and acupuncture to treat almost any illness (Louie, 1985; Ludman, 1984).

From the ancient Tao philosophy comes the concept of yin and yang, two energies that must be in balance, or harmony, for the body to function properly (Sidebar). In traditional Chinese medicine, many things are classified as yin or yang, such as body parts, diseases, and stages of life.

Herbs and foods also are either yin or yang. They are prescribed to treat an imbalance of one or the other in the body. There are regional variations, however, to exactly what foods or conditions are yin or yang. Thus, there is no "master list" of foods/treatments that are yin or yang, but there are common frequently classified foods/treatments (Ludman, 1984). Crudely translated, yin substances usually are cold, dark, internal organs that are female in character. Yang includes heat, light, movement, external organs, and maleness.

For instance, pregnancy or menstruation would be classified as a yin condition that requires consump-
tion of yang foods or herbs for balance (Ludman, 1984). For proper health, a diet balanced with yin and yang is thought to be best.

Treatment with foods is thought to be a first-line therapy. *Thousand Gold Recipes*, a book from the 6th century, quotes Pian Ch’iao, a Chinese doctor. His belief was that disease should be cured with food after ascertaining the origin of the illness. A good doctor would resort to medicine only infrequently—that is, when food therapy failed (Whang, 1981).

Moreover, ancient Chinese beliefs hold that animal organs correspond to human organs. If there is a disease of the blood, for example, then pig’s liver could be eaten to strengthen the blood (Whang, 1981).

Food also is further categorized. Pungent and peppery food includes garlic, leeks, tobacco, and liquor. These hot foods are used to cure cold conditions, such as colic, diarrhea, and edema. They are taboo, however, if one has a hot condition, such as hypertension, blood diseases, or a cough.

Cold and solid food, such as melons and raw vegetables, are used to treat hot ailments, such as constipation and sore throat. Fatty, fried foods are not given to elders or children, and are used mostly to treat constipation. Stimulants promote “fire humor” and include salted vegetables, foul, fish and crustaceans, and are used to treat colder ailments (Whang, 1981).

Chinese herb medicine has been used for centuries. There are thousands of herbs used in China and sent to the United States, mostly for sale in Chinatowns. Many of the drugs in these herbs are not known; their import is regulated through customs officials rather than the Food and Drug Administration.

Chinese medicines fall into five categories of “tastes” or “tasks,” depending on the taste and/or function of the drug: sour, bitter, sweet, peppery, or salty. Additionally, there are eight uses: perspiration inducing, emetic, purgatory, neutralizing, stimulating, heat clearing, deflecting (to correct stagnation, clots, phlegm), and yin and yang stimulating (tonic method drugs) (Department of Health, 1974). Herbs are used fresh (if possible) or dried and brewed into a tea; the amount is adjusted for chronicity or acuteness of illness, age, and size of the consumer (Department of Health, 1974).

Traditional Chinese medicine usually is used only as long as symptoms occur. Therefore, if an elderly Chinese person is accustomed to this method, he or she may require more teaching regarding, for example, a cardiac glycoside or hypoglycemic that is to be taken each day (Louie, 1987). Although not all drug properties of each herb are known, some are more popularly used and known to Americans.

The root of ginseng, for example, a common shrub, is widely used for

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**Yin and Yang:**

*A Principle of Opposites*

Every phenomenon is divided into two contrary components named yin and yang, such as male/female, hard/soft, positive/negative, day/night, and health/illness (Figure).

The qualities of yin and yang are relative, not absolute. For example, the surface of the body is yang and the interior is yin. The surface of every internal organ is yang and its interior is yin. Life and death belong to yang, whereas growth belongs to yin.

Yin and yang react to each other, producing change. This changing rhythm in the balance of yin and yang ensures that there is not an excess of either; for any overactivity of yang there is an adjustment by the yielding passivity of yin.

The maintenance of the balance between yin and yang involves a constantly changing rhythm; the opposition of yin and yang is not static. The perpetually changing rhythm of movement is an interplay that produces growth, transformation, and death.

The yin and yang of the changing seasons are the basis of all things; therefore, humans should be in harmony with the yin and yang, which is a harmony with the four seasons of nature.

*Adapted from Zhan (1992).*
<table>
<thead>
<tr>
<th>Herb</th>
<th>Effects</th>
<th>Common Uses</th>
<th>Adverse Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asarum forbesi (duheng)</td>
<td>Anti-inflammatory; pain relief; antiparasitic</td>
<td>Fever; pain; intestinal worms</td>
<td>Diarrhea; some types considered poisonous</td>
</tr>
<tr>
<td>Angelica anomale (baizhi)</td>
<td>Cosmetic substance; female disorders</td>
<td>Urinary difficulties; female complaints; skin afflictions; wounds and cuts</td>
<td>Unknown</td>
</tr>
<tr>
<td>Ephedra vulgaris (ma huang)</td>
<td>Diaphoretic; antipyretic</td>
<td>Fever; influenza; coughs</td>
<td>Fatigue (with long-term use); constipation</td>
</tr>
<tr>
<td>Cannabis sativa (dana)</td>
<td>Diuretic; laxative; tonic; emmenagogue (hastens menstrual flow); destroys intestinal worms; slows aging process</td>
<td>120 diseases</td>
<td>Diarrhea; poisonous in overdose</td>
</tr>
</tbody>
</table>

Adapted from Zhan (1992).

arthritis, back and leg pains, and sores (Department of Health, 1974). Ginseng may cause overmedication in a client taking antihypertensives, however (Louie, 1985). It is important for practitioners to use references of herbal contents when prescribing medications if a client admits to using herbal therapy.

The following are some examples of Chinese herbs, with their scientific and common names. Asarum forbesi, or duheng, is a commonly used herb for fever, cough, and intestinal worms. Angelica anomale, or baizhi, is a favorite drug for treating female disorders. Women use it for menstrual irregularities, infections, urinary difficulties, and as a cosmetic substance. Angelica decursiva, or gianha, is used as an expectorant, laxative, and carminative (to relieve gas).

An excellent Chinese medicine, one used for almost every type of disease, is *Panax ginseng*, or kenoshen. It is used after other methods and herbs have failed. It is said to help the fine viscera, calm the animal spirits, allay fear, establish the soul, brighten the eyes, open up the heart, and expel evil. If taken regularly it will invigorate the body and prolong life. Although it can be used for almost any malady, it commonly is used for the treatment of dyspepsia, vomiting in pregnancy, chronic malaria, continued fever, polyuria, and as an expectorant. The Table shows some commonly used herbs and their effects.

**NURSING IMPLICATIONS**

**Cultural Practices**

When an American nurse encounters a Chinese client, he or she should first take a thorough nursing, health, and cultural history. It is imperative to collect data about the length of time the client has been in the country, and the family structure of the client. It is common for Chinese family members to make decisions about a member’s treatment together. They often give more weight to the opinions of those with more education. As with any family, however, one should never expect all Chinese families to be the same.

Whether the client speaks English must be considered in the nursing assessment. From personal experiences with the Boston Chinatown population, it is important to know to what extent the patient speaks English, what Chinese dialect is spoken, and whether the patient has a family member or friend available as a translator.

Because of the social sensitivity cus-
tom, an elder may not admit a problem to an outsider, even if it is a Chinese interpreter. For example, an 80-year-old Chinese man who suffered with chest pain for 24 hours, admitted to the pain only after his daughter asked him how he felt. By then, his myocardial infarction had extended, and he had a much more complicated course than if he would have admitted the pain to the interpreter that was obtained earlier. Flash cards and an interpreter are not always enough. Nurses’ interventions must include family members as much as possible.

In addition, nurses must be aware of clients’ philosophical beliefs about the body. For example, if procedures must be done or frequent blood work taken for a patient on Lanoxin (digoxin) or Coumadin (warfarin), the health care provider should have a close friend or family member help to stress the importance of the procedure/testing.

Assessment of the use of traditional Chinese medicine is important for nurses. Again, a family member is essential to help disclose what, if any, remedies are used, and in what manner the drugs are taken. For example, some herbs are used topically and may not be considered to be a drug by a patient.

The Barefoot Doctor’s Manual, distributed by the US Department of Health, Education, and Welfare (1974) is helpful. It contains the uses and descriptions of hundreds of herbs, but not the compounds in them. Pharmacists can be invaluable resources if an herb’s drug content is of question. If an herb cannot be identified and the client needs a pharmacologic intervention, however, one should try to persuade the client to stop (or modify) the herbal treatments. Such a cessation/modification is to ensure that an unwanted drug interaction or accidental potentiation does not occur.

**Physiologic Differences**

In addition to cultural practices, the prescribing practitioner should be aware of ethnic differences in the metabolism of certain drugs. In many Asians, there is a deficiency of the active form of dehydrogenase, an enzyme used in the metabolism of alcohol. In these people, a “flushing” may appear after only a small amount of alcohol is ingested (Lin, 1991).

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Asians have been described as “fast acetylators” (Katzung, 1992). Acetylation in the liver is responsible for the metabolism of many drugs, including cardiac and psychotropic drugs, and 78% to 93% of Asians are classified as “fast acetylators” (Lin, 1991). This faster metabolism may require a Chinese client to need a more frequent or higher dose of a medication than someone from another ethnic group.

Additionally, many Chinese persons are of smaller stature and have a lower percentage of body fat than an average American (depending on dietary habits). This information is an important consideration when prescribing a fat-soluble medication. For example, Vitamin K, commonly used to reverse the anticoagulant effect of warfarin, is known to be lipid soluble; therefore, dosage adjustment may be required in persons with low body-fat reserves, and dietary sources of Vitamin K should be examined carefully if a patient is taking warfarin (Katzung, 1992; Lin, 1991).

In addition to these ethnic differences, the elderly Chinese client should be given the consideration in prescribing due any geriatric patient: decrease in lean mass, possible decline in renal function, and overall sensitivities that may increase with aging (Katzung, 1992). Dealing with prescriptions to be taken at home may be made hazardous by language barriers. The client’s eyesight and strength must be evaluated for the ability to read and open pill bottles. Furthermore, cost is a variable that should not be overlooked when prescribing medications. It is in these areas that nurses can make a significant difference in the safety of home medication and promote quality of care for Chinese elders.

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**CONCLUSION**

The elderly Chinese population in the United States holds great challenges for primary health care providers. Such challenges as language barriers, philosophical differences, and traditional health/illness beliefs are within the auspices of nursing to overcome or reconcile when caring for people of varying cultural backgrounds.

Deeper insight into patients’ beliefs, background, family, and tradition will facilitate nursing care. Many areas regarding Chinese clients re-
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KEYPOINTS

1. Many Chinese customs are based on the philosophy of Confucianism; this concept includes the value of both strong family bonds and education, and certain beliefs about the treatment of the body.

2. Traditional Chinese medicine is not simply pharmacologic in nature; it encompasses diet, herbal, and folk methods. It relies on harmony between yin and yang, both in the body and in the environment.

3. When encountering an elderly Chinese client, a nurse must assess not only the health history of the client, but also his or her use of concomitant traditional Chinese medicine, his or her role in the family, the structure of the family, and any existing language barriers.

4. Certain ethnic characteristics may be present in Asians that may affect pharmacologic therapy in Chinese elders. These characteristics include a deficiency of the active form of dehydrogenase, fast acetylation in the liver, and smaller reserves of body fat than clients following typical American diets.

quire further research. Researchers could survey the number of Chinese elders in the United States who actually partake of traditional Chinese medicine. The following questions could be asked: What herbs are most commonly used, and what effects do they have on Western medicines? How many nurses actually take into account that a patient may be using a form of medicine other than our traditional Western therapies?

The area of patient teaching would benefit from further study as well. Consequences of the English/Chinese language barrier and the use of translators could be better defined. Further study into the role of the family in the Americanized Chinese culture would be helpful to the urban health care provider, as would work investigating other Asian cultures now found in once traditionally Chinese Chinatowns.

Any nurse practicing in the United States, especially in large urban areas, will encounter people of varying ethnic backgrounds; therefore, it should be a requirement to take a cultural history along with a health history. With any non-American culture there may be factors that greatly influence the success of treatment regimens and therapeutic nursing interventions.

REFERENCES


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