The Language of Medicine

"Is English okay?"

by Rucha Khandekar MD CCFP

As physicians, we are all guilty of this sentence. It's a busy clinic day and you are already thirty minutes behind. Your patient does not speak English. You glance at the chart and read a simple enough complaint to get by with big actions and simple English words. However we all know good medicine does not happen when we just "get by".

I practice family medicine in a community health centre in Toronto, where we see patients of all cultural backgrounds and languages. I utilize an interpreter for a quarter of my day. Medical interpreters are a wonderful resource that are under-utilized. Interpreters communicate, advocate and support us in professionalism. They perform the roles we are unable to fulfill for our non English speaking patients.

A common theme in medical school is patient-centered medicine and the art of explaining medical terminology in layman's terms. We practice patient encounters while others critique our communication skills. Interestingly, the issue of language never came up. What happens when our layman's terms are lost in translation? Patient-centered medicine is lost, and replaced with feelings of frustration, confusion, and intimidation. All too often, I see the consequences of miscommunication in medicine. Patients do not understand their own diagnoses or treatment plans. They feel pressured to bring a family member who can only attempt to interpret complex medical themes. It is isolating and there is a hesitation to return for follow up care. Medical interpreters can create an inclusive environment that encourages patients to ask questions and finally feel in control of their health.

Medical interpreters also provide us with a deep cultural context. I once spent thirty minutes with a patient and her daughter to better understand her hematuria. Our back-and-forth prompted the interpreter to identify a misunderstanding and interject,

"Um, doctor...perhaps she means vaginal bleeding. The anatomy of female genitalia is understood differently amongst older women in our culture".

It was this simple clarification that eventually led to a diagnosis of endometrial carcinoma. Medicine is not black and white. Diversity in patient culture is just one of the complexities that can make our day to day so interesting. We need interpreters to help us identify those cultural differences and prevent us from making adverse assumptions.

A global pandemic has only strengthened my perspective. Language is one of the many disparities COVID-19 has uncovered in our society. Booking a COVID test requires a computer, reliable internet and the ability to comprehend screening questions with terms such as "disorientation" and "consciousness". Whilst these requirements seem simple to us, they are barriers for many. To bridge this gap, we have started to see more culturally appropriate public health messaging and medical ambassadors in at-risk communities. These are fantastic interventions that cannot be forgotten after the pandemic. We need to maintain the momentum and advocate for even more interventions in our non English speaking communities. COVID-19 has laid the groundwork to tackle other polarizing issues in healthcare such as mental health, chronic disease and preventative care. We cannot let this go to waste.

Canadian culture thrives on diversity and vibrancy. We are proud of our multicultural communities but our health care system does not reflect this. We have left these communities in vulnerable positions and created tremendous disparities. As physicians, let us empower our patients when they step into our office. Let us stop looking at language interpretation as a barrier and time consuming task. Let us make language interpretation the

norm in medicine and raise up communities that are all too often left behind.

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