



LANGUAGE BARRIERS IN MEDICINE

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12 December 2017



Why Study Language Barriers?

- How do they impact the care of our patients?
- How should we overcome them?
- What does the study of language barriers teach us about communication in health care more generally?







Language Barriers Are Increasingly Common

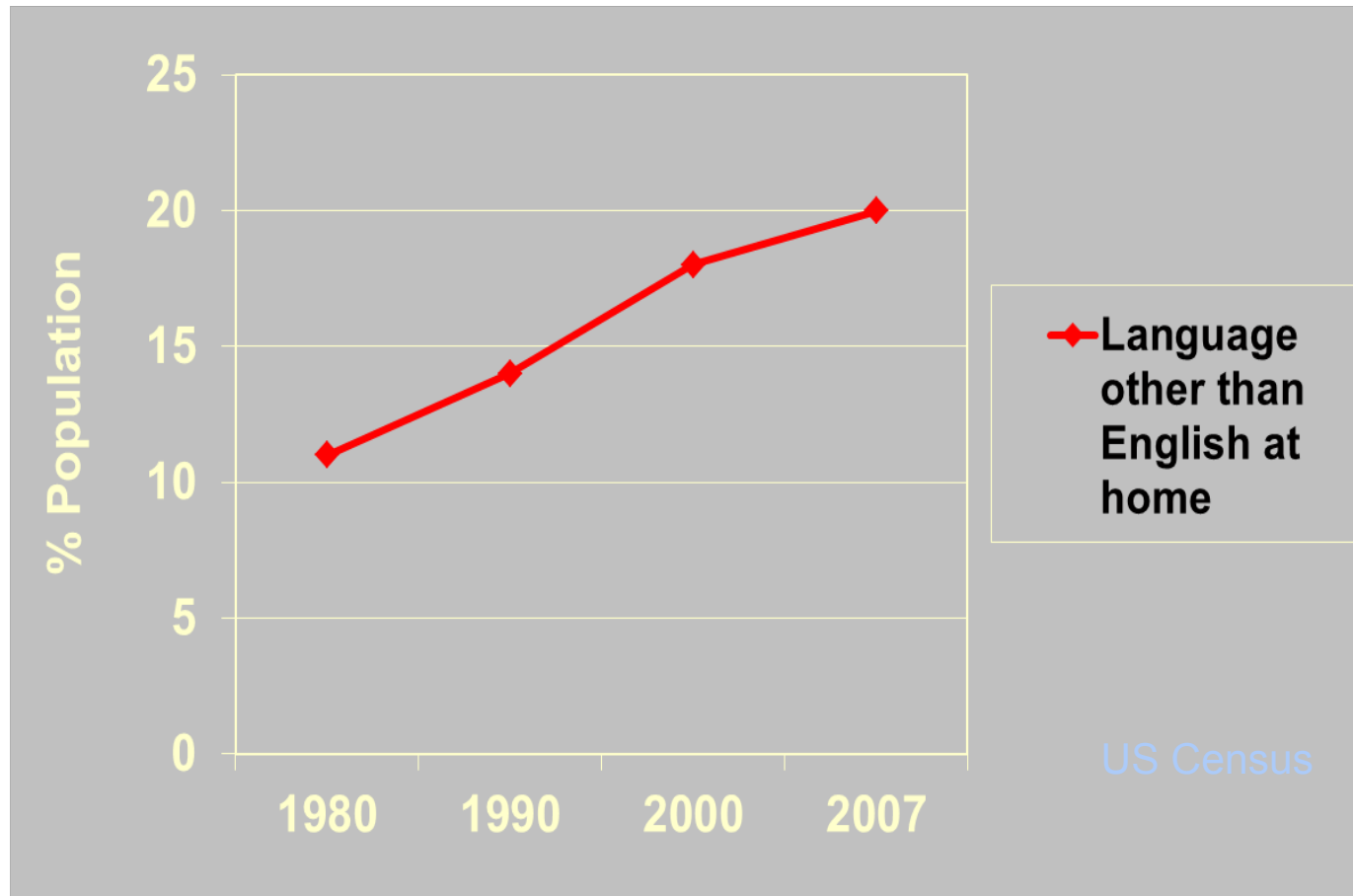
- Mass migration throughout the world
- Growth of limited English proficiency population in the US
- Millions of people who do not speak English well.

Defining Limited English Proficiency

US Census: “How well do you speak English: very well, well, not well, not at all”

- 1 in 5 (20%) speak non English language at home
- 45% are LEP : English less than “very well”
- 25% are LEP: English “not well” or “not at all”
- Spanish : 62%
- Chinese: 4%
- Many Asian and European languages under 1-2%

Growth of US Linguistic Diversity



If US Latinos were a country.....

Country	Population (millions)
Mexico	115
US - Latinos	54
Colombia	45
Argentina	42
US-Spanish Speakers (FB)	35
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Guatemala	14
US-Spanish Only	11
Honduras	8
Nicaragua	6
Costa Rica	5

San Francisco General Hospital



Level 1 Trauma Center for SF

County Hospital/UCSF Physicians

Uninsured and publically insured patients

2nd most ethnically diverse Medical Center in US

140 languages spoken per month

SFGH Language Resources

- 25 professional interpreters on site, 12 languages
 - Spanish, Cantonese/Mandarin, Toisanese, Cambodian, Laotian, Thai, Korean, Tagalog, Russian, Polish
 - 7 days week; 8 am to 8:30 pm
 - 95% is remote, not in person.
- 2 vendors: 200+ languages (Language Line, Pacific Interpreters)
- At least one Polycom phone on each unit.
- Video (VMI) interpretation in outpatient clinics



Interpretation options





Video Remote Interpreting

- Professional
- Efficient
- Visual cues
- Privacy



- Current standard

Biggest Problem with Interpreters?

- We don't use them
- Underuse reported by patients, physicians and students
- Medicolegal issue in health care

Language Barriers

“We rounded on a non-English speaking patient without an interpreter **every day.**”

“**Family, friends or young children** were asked to act as interpreters due to lack of appropriately timed interpreter availability.”

“[A doctor] **delivered a diagnosis** of LSIL on Pap smear and gave follow up recommendations, all in English despite me telling her the patient was primarily Spanish speaking.”

Even With Professional Interpreters...

- Less patient satisfaction
- Lower patient comprehension
- Less trust in physician
- Difficulty eliciting symptoms
- Difficulty eliciting patient perspectives

How Good Are Interpreters?

	Interpreter System A	Interpreter System B	Language Concordant MD
Understood MD explanation	35%	39%	59%
Understood instructions	33%	38%	63%

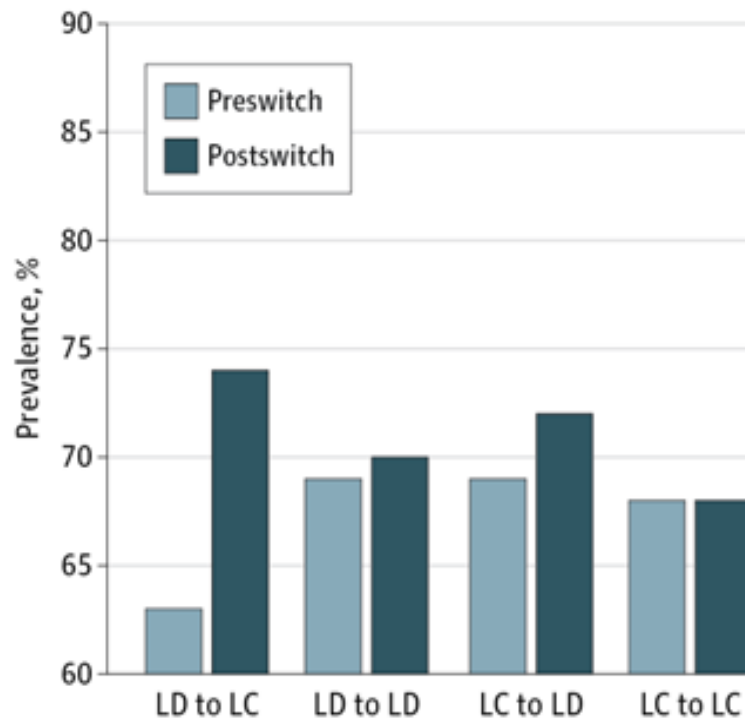
Suboptimal Communication and Language

	English-proficient N=8116	LEP N=522	<i>P</i> value	LEP-LC N=210	LEP-LD N=153	<i>P</i> value
Lack of trust in MD	26%	25%	0.37	16%	35%	<0.0001
Treated poorly because language	2%	12%	<0.001	9%	20%	0.001
MD not showing respect	28%	30%	0.31	29%	39%	0.04
MD not listening	33%	28%	0.02	26%	32%	0.24

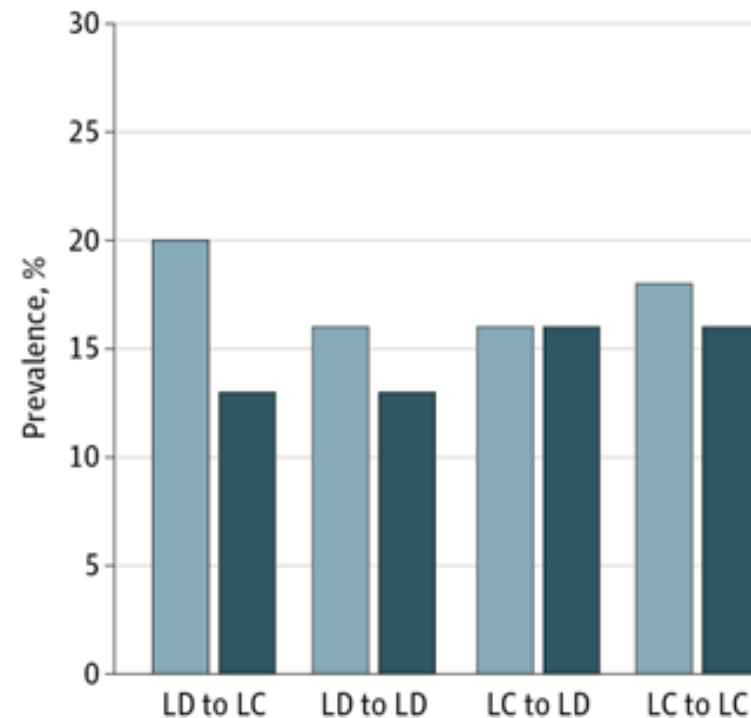
Schenker/Fernandez, *Patient Educ Couns* (2010)

Switching to Doctor that Speaks Spanish Improves Glycemic Control

A Glycated hemoglobin <8%



B Glycated hemoglobin >9%



What clinicians should do when they need interpreter?

- Use only professionals with health care training
- Ensure interpreters are part of the health care team
- Elicit the patient perspective
- Check for understanding, trust and satisfaction

“What do you think might be causing the problem?”

“What worries or concerns you most about this problem?”

Lessons from studying language barriers

- Physicians define communication in terms of our own needs for information used in medical decision making
- It is easy to completely ignore the patient perspective on illness or treatment options
- Good communication requires constant attention to the patient's perspective and comfort in communication act