

Lost in Translation

Lost in all of our discussions about culturally competent care, lost in political arguments about our increasingly culturally diverse society, and lost in the political discussions regarding English as America's official language is the very real, current, and ubiquitous problem of language barriers between healthcare providers and those who come to us for care. Clear and effective communication regarding healthcare problems is difficult enough between consumers and providers who speak the same language. We spend a great deal of time ensuring that directions are clear, explanations are detailed enough, and written materials are basic and at an appropriate reading level. We would consider it malpractice to turn over the job of patient care and education to an untrained volunteer, yet that is exactly what we do when we are faced with a patient whose command of English stops with "hello" or "thank you." Whether the patient is merely visiting our country or is a long-time resident who has somehow managed just fine without learning English, the issue of how we communicate and receive information accurately is fundamental to the care we provide. The stakes are always high, regardless of whether we are evaluating an upper-respiratory infection or breast cancer. Two-way communication about diagnosis, treatment, expected side effects, medications, and necessary follow-up not only is critical to a successful partnership with patients but also has lifesaving ramifications.

I may be a bit more sensitive to language-related issues these days. The journal has been experiencing a modest increase in article submissions from authors outside the United States, and some of the other editorial activities in which I am currently involved deal with many articles from international authors. These papers can be particularly challenging if authors do not speak English well. Even the assistance of an English-language editor may not completely resolve problems translating concepts, framing sentences, and choosing appropriate terms and syntax. Through the years, I also have monitored efforts of organizations such as NANDA International and others who have worked to make nursing terminology useful and applicable in countries around the world. Nurses who work on translations have real-

ized that a good deal of finesse is required to impart authentic meaning from one language to another and that, in some cases, no direct translation may be possible at all if a concept delineated by one culture has no corresponding concept in another culture. Perhaps this is why a "Perspective" in a recent issue of the

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New England Journal of Medicine (NEJM) (Flores, 2006) caught my attention.

In my clinical role in a cancer research institute in the Greater Los Angeles, CA, area, I see many patients who can be considered to have limited command of the English language. We are, of course, situated in an area heavily populated with Spanish speakers, but a number of the patients we see speak Middle Eastern or Asian languages. Some patients travel from South America and speak Portuguese. Our hospital, like most, I believe, maintains a roster of employees or local residents who speak different languages and offer their services as translators, but, more often than not, the translator is a family member, sometimes even a child, whose command of the English language is considered better than the patient's. Relief at having the convenience of a translator accompanying the patient often overshadows our questioning of the real skills and capabilities of that individual. When we consider what it takes to communicate effectively with someone whose first language is English, we begin to appreciate the huge task of communicating healthcare-related information to someone who does not understand our language at all.

- First, the healthcare provider must articulate his or her thoughts, reducing medical jargon and being careful to provide simple and clear language. Questions must be framed specifically, and step-by-step instructions must cover all eventualities.
- Second, someone who understands the words and concepts the healthcare professional used must translate that information accurately. The individual must search for

the right words to convey the provider's meaning, and those words must, in turn, be understood by the person receiving the translation.

- Next, the patient's answers to questions or their questions about the content must be accurately translated back to the healthcare professional. Sometimes a patient's questions are answered directly by the translator. We have no real way of knowing whether the translator understands well enough to be answering the patient's questions. Our anxieties about the situation are likely to make us breathe a sigh of relief when we see a patient nod affirmatively. The fact that we have no good way of ascertaining whether any real understanding has occurred gets forgotten.
- The related problem of cultural differences in appreciation of healthcare information can compound the issues of understanding and knowledge. Some cultures believe that a male member of the family should make decisions. Perhaps the translator is not telling a female relative the whole story. Some Asian cultures believe that patients should not be told when they have something as serious as cancer. Do we have any reliable way of knowing whether a family translator is telling the patient the whole truth or some euphemistic version of what is really going on? We simply do not know.

The answers to these rather serious dilemmas are not easily come by, but sensitivity to potential problems has to be the first step. Glenn Flores, MD, the author of the piece in *NEJM*, has written on the subject a number of times. I recommend that we all pay more attention to what he has to say and to the possible remedies. As the world shrinks and our communities become more diverse, we must be prepared to address these dilemmas with real solutions and not rely on middlemen, -women, or -children lacking in understanding and skills to do our work for us.

Reference

- Flores, G. (2006) Language barriers to health care in the United States. *New England Journal of Medicine*, 355, 229–231.

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