

Born from Hispanic immigrant parents, I am familiar with the importance of effective communication when it comes to accessing resources. Therefore, it is concerning that over 60.6 million people nationwide are limited by language barriers. Within our healthcare system, language barriers are restricting patient-doctor interactions. This unfortunate reality prevents millions of patients from accessing adequate care every day.

Anne Fadiman, recipient of the National Book Critics Circle Award, documented one of such language barrier cases in her book, *The Spirit Catches You and You Fall Down*. She describes the challenges faced between two Hmong parents and their daughter. Though the doctors claimed Lia was suffering from epilepsy, the parents believed their daughter was bound by a dab (evil spirit). In the end, because of miscommunications and cultural differences, the parents did not administer the proper drug dosages. Unfortunately, Lia ended in a vegetative state.

It's more common than we think. From my volunteer service at Huntington Hospital, I saw that medical knowledge alone cannot complete a physician. Often, I witnessed language barriers between medical staff and patients. Once, I saw a mother try to communicate a simple human need: More food. The patient shaped her hands into a bowl. When that failed, she tried cupping them. Finally, in frustration, she ceased by pretending to jab the table with a fork. None of us understood. It wasn't the patient's fault. It was our fault: Four employees and none of us knew her language.

According to Title VI of the Civil Rights Act of 1964, the denial or delay of medical care because of language barriers constitutes discrimination. Therefore, hospitals are required to provide language services. However, the Office of Civil Rights allows hospitals to opt out of this protocol if budgets are too tight. Hence, hospitals rely on ad hoc interpreters—family members, friends, and untrained staff. It is important to note that these individuals are

not adequate substitutions. They have not received prior medical training and may not be able to interpret complex medical terms. This may result in a miscommunication between patients and doctors which could lead to detrimental consequences.

In order to run an effective practice, effective communication is just as essential as the actual clinical procedures. Therefore, medical schools should place a greater importance on learning additional languages. Our nation's demographics are becoming more and more diverse. Our patients increasingly represent cultural and linguistic backgrounds from every corner of the globe. It is imperative for members of the medical staff community to learn another language. A patient would surely feel more comfortable communicating and attentively listening to a clinician who speaks in the same language. Furthermore, a staff member fluent in more than one language will not only strengthen her linguistic communication skills, but also her cultural competency with a diverse range of patients. Of course, actualizing this vision would require the support of the American Association of Medical Colleges (AAMC) and the greater medical community.

In addition, hospitals and clinical offices should re-adjust their budgets to incorporate more interpreters: Full-time, part-time, or on-call. It only makes sense. Take the judicial system. According to Title XXVIII of the U.S. Constitution, an interpreter must be provided if needed in a court case. It ensures that those involved have equal access to justice. Therefore, why is it that an interpreter cannot be provided for every medical case? Have we become accustomed to pursuing malpractice lawsuits instead?

Contrary to common belief, hiring more interpreters does not carry much of a financial burden. According to an article published by Yale School of Public Health, it only costs \$17.77 per request for an interpreter. It would be costlier to continue feeding language barriers than invest in supporting the health of a growing population.

Allotting funds to pay interpreters is worth it. They will alleviate the responsibility from patients' family and friends, ensure that medical terms are correctly translated, and maintain proper patient confidentiality. More importantly, though, it will guarantee that patients fully understand the procedures they are undergoing and treatments that they must self-administer at home.

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## References

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