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Optimizing effective communication between physicians and patients by minimizing language and cultural barriers in health care

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To the Editor:

Excellent and safe medical care occurs when there is effective communication between health care workers and patients. The patient's health care can be impeded by language barriers and cultural differences between an individual and the medical personnel. There are fundamental interventions that can improve language barriers and promote cultural competence. These include using a translator to diminish or eliminate language barriers when the patient and their physician do not share the same language, eliminating unnecessary space between the physician and the patient, anticipating and providing adequate time for the physician-patient interaction, ensuring appropriate interpretation of the messages received from and shared with the patient, and training in cultural competency. Hence, resolution of language barriers and cultural competency of the health care provider can enhance the opportunity to provide effective communication with patients. In conclusion, when language barriers and cultural barriers are minimized, effective communication between health care providers and patients is optimized.

Effective communication between health care workers and patients—in which the communication is comprehended by both participants—is important for providing excellent medical care. If it is absent, risks to patient safety may be present, poor quality medical care may result, and errors may occur.

Therefore, effective communication with patients involves not only resolution of language barriers, but also cultural competency of the health care provider [1-5].

In 1988, during my dermatology residency, I was initiating treatment for biopsy-confirmed ulcerated non-tuberculosis-associated erythema induratum on the distal legs of a Spanish-only speaking woman. I considered myself to be partially fluent in Spanish and instructed her to add saturated solution of potassium iodide to milk (beginning with one drop and increasing to ten drops, three times daily). When she returned in three weeks, the ulcerated leg nodules had enlarged and were surrounded by erythema. As I was deciding what her next therapy should be, she asked me, "Why do I have to mix the drops in milk since the liquid runs down my leg?" I explained that she was supposed to drink the liquid; I also confirmed that she understood how to correctly use the medication. The erythema induratum completely resolved during the next two months.

Like the woman described, patients with limited English proficiency are at higher risk for medical errors. In addition, they also receive delayed care and demonstrate poor adherence to treatment regimens. Safe health care requires effective communication that accounts for non-similar languages, cultural differences, and low health literacy [4,5].

Attention to fundamental issues can improve language barriers and promote cultural competence: translator, space, time, interpretation, and training. First, a translator is essential if the patient and the doctor have different primary languages, unless the doctor is bilingual. Ideally, the translator should be a professional interpreter (in person or by remote access) and not a family member; during my training, the physicians did not have readily available access to translator services [1,3].

Second, unnecessary space between the physician and the patient should be eliminated and the translator should not be positioned between them. Third, using a translator will increase the interaction time with the patient; the doctor should use easily comprehensible short sentences and remain attentive to the patient when the translator is speaking. Fourth, the meaning of certain words, such as cancer, depends on the language and culture of the patient; also, part or all of message may be lost in

the translation. Fifth, training of physicians in cultural competency should begin in medical school and be maintained throughout their career [1,3,5].

In summary, effective communication between health care providers and patients is optimized when language and cultural barriers are minimized. A translator may be able to diminish or eliminate language barriers when the patient and their physician do not share the same language. Cultural differences between an individual and the medical personnel can also impede the patient's health care; training in cultural competency can enhance the interaction between physicians and their patients.

Potential conflicts of interest

Dr. Cohen is a consultant for ParaPRO; however this activity has no influence as a potential conflict of interest with regard to the manuscript.

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