

## Linguistic Diversity

One of the interesting things about language is trying to figure out where a person is from based on the language he speaks. What's funny is having two people from the same country—supposedly speaking the same language—having to use another language to communicate with each other. For example, you might know two people who are from India, but can only understand each other if they speak English. Every language has dialects, making it less likely that two people from the same country will be able to understand each other.

English might seem to be a simpler option. However, is not as simple as it seems. How many dialects do you think there are there in the English language in America alone? Individuals from Boston, Atlanta, Sioux Falls, El Paso, and Los Angeles will all speak different versions of American English.

Think of the last time you had a patient that did not speak English. How did you communicate with him or her? Did you use an interpreter, a translation app, or maybe a video phone? Was a family member available and able to translate for you? According to the Civil Rights Act of 1964, any facility receiving federal funding must provide “adequate access” to an interpreter. Unfortunately, there are not very many states that interpret that law to mean “certified medical translators.” How would you feel if you were in a court of law, where the proceedings were held in a language you didn't understand, and you had to make a decision based on what you were told by an interpreter? Would you be confident that you truly understood what was going on? In the United States, there are certified court interpreters. They are required to be proficient in not only the language, but also in the legal lingo of that language. When it comes to medical interpreters, most of the time, as long as you are bilingual, you can be a translator, with no requirement for proficiency in medical terminology.



Some common errors that occur when untrained interpreters, family, or ad hoc interpreters are used include errors of omission, addition, substitution, editorialization and false fluency. Another issue that often presents is referred to as the “Yes” phenomenon. In this phenomenon, if a person does not understand what he is being told, instead of appearing rude or showing disrespect by asking for clarification, he smiles and nods. There are many potential complications—problems taking the right dosage of medication at the right time, or following post-surgery recommendations, for example—that can occur as a result of this lack of communication.

Linguistic diversity can create additional cultural barriers related to gender and age. Imagine this: you need to interview a patient about her injuries before taking x-rays. She doesn't speak English, you don't speak her language, but her husband speaks both. Her injuries are potentially related to an act of domestic violence. Can you be confident that the husband will accurately translate what you and his wife are saying? What about an elderly patient that has come in for a mammogram, speaks only Spanish, and has brought her 30-something son with her to translate. She may be embarrassed or reluctant to tell her son everything, and her son may be embarrassed to ask.

What is the largest second language community in your area? What about the third? English is probably the primary language in your area, and depending on where in the country you are, Spanish may be second. In Tucson, Arizona, Spanish is the second largest; you'll never guess the third. It's Russian! Surprisingly enough, the Somalian community may be running very closely behind. Do you speak Russian or Somali?

Remember that language and culture are very closely related. If you identify a particular language that is prevalent in your area, you might want to investigate other characteristics of that group to familiarize yourself with the culture. This could better prepare you to serve patients within that cultural group.