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Comprende, doctor?

When a patient can't speak English, a trip to the hospital can become a dangerous guessing game. By hiring more interpreters and being aware of such language barriers, we could save money and lives.

By Annette Fuentes

Did you ever have a hard time understanding your doctor?

For patients who don't speak English, poor communication with physicians is a barrier to good health care. In the worst cases, it can have tragic results.

Glenn Flores, a pediatrics professor at the Medical College of Wisconsin, documented examples of medical misunderstanding in his December 2000 study published in *The Journal of Pediatrics*. In one case, a Latino mother brought her 3-year-old daughter to a hospital emergency room because the child had pain in her abdomen. But the woman spoke only Spanish, and the hospital had no interpreter. So after examining the child, a doctor sent her home, with the mother believing her daughter had colic.

An hour later, both parents returned with the girl, whose pain was worse. Still, no interpreter was available to help explain her symptoms, and the doctor angrily sent them all home again with some medication.

Hours later, the family returned. The girl was feverish, her belly rigid and tender. Finally, she was admitted to the hospital, and emergency surgery was performed to remove a ruptured appendix. She spent 30 days in the hospital recovering. Had communication not been a problem, she could have been quickly diagnosed and treated for appendicitis, her hospital stay would have been shorter, her recovery faster and, of course, the hospital bill much lower.

No one knows how often such incidents — or less serious ones — occur in hospitals around the country because there is no requirement to keep track of them. But as the nation's immigrant population balloons and with it the number of patients with limited proficiency in English, doctors and hospitals are encountering greater challenges in delivering care. Flores is one of the first to suggest that language barriers contribute to medical errors. “Patient safety is a relatively new field,” he says, “but (language has) never been framed as an issue that would affect patients. It's been kept under the radar.”

Adam Cohen, a researcher on patient safety and health care quality at the University of Washington School of Medicine, is also concerned about the role of language barriers in medical errors. He co-authored a study published last September in *Pediatrics*, the journal of the American Academy of Pediatrics, which found that Spanish-speaking patients at a pediatric hospital in the Pacific Northwest who needed interpreters had twice the risk of “serious medical events” as those who didn't need interpreters. A serious event was something that led to unintended or potentially adverse outcomes, according to the hospital's quality measures.

Hospital services are supposed to be offered in a language patients understand. The Civil Rights Act guarantees that, and many states have their own regulations requiring hospitals and other health care facilities to provide interpreters. In New York, for example, if more than 1% of the patient pool speaks another language, hospitals must make appropriate interpretation available.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the national organization that evaluates and accredits health care facilities, is going a step further. As of Jan. 1, hospitals are required to indicate each patient's language in his or her medical record.

Even so, hospitals don't always provide interpreters, according to Flores. There is little enforcement of federal or state laws, and hospitals argue that in areas with a tapestry of immigrant groups and languages, finding trained interpreters to meet all those language needs can be difficult, as well as costly.

But providing medical interpreters might not be costly at all. A 2002 report by the federal Office of Management and Budget stated that it would cost $268 million a year to provide interpretation services for the nation's inpatient hospitalization, outpatient physician, emergency room and dental services. That would work out to an average of about $4 per visit by a non-English-speaking patient.

Another strategy is getting insurers to cover interpreter services. Medicaid and child health insurance programs in 13 states reimburse for interpreter services, but Medicare does not. Nor do private health insurers.

If language barriers are a factor in patient safety, wouldn't good medical interpretation reduce errors, improve safety and ultimately save our ailing health care system, including hospitals, money?

The joint commission's standards point the way. What are we waiting for?

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