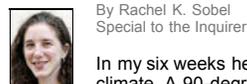


Posted on Mon, May, 10, 2010

READER FEEDBACK
Post a comment

Scrubbing In: It's critical to speak patient's language



By Rachel K. Sobel
Special to the Inquirer

In my six weeks here in Phoenix as a visiting resident, I have enjoyed the Southwestern culture and climate. A 90-degree day is considered cool, compared to summer's 120-degree charm. Philly's Taco Bell franchises are no match for the lunch counters here that sell delectable gorditas and guacamole. The greenery here is a gorgeous sprinkling of cacti.

As in all the cities I've worked in - New York, San Francisco, and Philadelphia - English is often our patients' second language. But here the language barrier seems more pervasive. The county hospital where I work, Maricopa Medical Center, attracts a large proportion of Spanish speakers, mostly immigrants.

Border crossings have been in the news since the controversial law was passed in Arizona, giving police broad powers to detain anyone suspected of lacking the proper papers. My patients are likely a mix of illegal and legal immigrants, but luckily we are not involved with having to enforce the law. I can see both sides of the issue; my main worry is that people would fail to show up for appointments for fear of getting caught and then end up in emergency rooms with worse ailments.

Some people have lived here for 20 or 30 years and still know no English, while others have just recently moved here. In a clinic day, I would estimate that more than half of the patients need a Spanish translator. My medical Spanish has vastly improved from training out here, though admittedly it still isn't *perfecto*.

Before I operate on my patients for cataract surgery, we fill out forms together to make sure they understand the procedure and the recovery. I show them a book written in Spanish that describes how our natural lens becomes *nublado* (cloudy) and makes the vision *borrosa* (blurry). I tell them we take out the cataract and then put a *lente nuevo* (new lens) in its place. Then we go over the *riesgos* (risks) and *beneficios* (benefits).

Translation is a necessity given that more than 34 million foreign-born people live in the United States. When I was in medical school in San Francisco, our curriculum focused on strategies for getting past the language barrier. We practiced how to use professional interpreters - to sit next to them and face our patients - rather than sit facing the interpreter. We also learned that family members are not reliable interpreters. You might never know if a family member tries to hide something from a patient.

When live interpreters aren't available, many hospitals have special language phones. My hospital in Phoenix has a line (as does Wills Eye Institute in Philadelphia, where I will return soon) that can connect a physician or nurse to a translator in dozens of languages. In a snap, I can communicate with an Armenian or Laotian patient. It takes a few extra minutes to hook up but it profoundly affects the patients' care for the better.

One of my recent patients spoke Ibo, a Nigerian dialect. She had a solemn expression when I took her into the room, and looked a little nervous. We were about to talk about her surgery and I realized I wouldn't be able to explain it to her appropriately without a proper translator. (Her daughter was present and spoke English but could not be an official translator.)

So I picked up the phone and dialed into the language line. I put it on speaker so she and her daughter could hear. "Brotha," the patient responded with an instant smile. (Ibo and English must overlap.) The medical translator was on the phone from South Carolina. By the end, my patient had all her questions answered and seemed much more at ease with the prospect of surgery. I also know how to greet my next Ibo patient.

I am grateful for the foundation I have from studying Spanish language since grade school. All those years of memorizing vocabulary words and learning conjugations have paid off. Indeed, I wish I had more time to study it now. My sister-in-law, a medical student at the University of Pittsburgh, spends Saturday mornings at a free clinic as a medical translator so she can sharpen her skills.

Speaking Spanish has almost become reflexive for me here in Phoenix. I may be enjoying it too much. Recently, I greeted a patient from the waiting room with a Spanish surname: "*Habla ingles?*"

"Are you kidding?" he said. "I don't speak a lick of Spanish." He then joked that with the new Arizona law, if he were to get deported based on his name, he'd have a lot of trouble in his new country.

[Advertise Here](#)

Today's Most Viewed Most Emailed

- [Roethlisberger: Can't cut him, can't stand him](#)
- [Ramsey: Sgt. shot himself, lied](#)
- [Police: Drunk, pregnant woman crashes into home](#)
- [Phillies power past Rockies](#)
- [Salon owner faces drug, mail-fraud charges](#)

» [More Most Viewed](#)

- [When the kind of nursing degree determines hiring](#)
- [Ramsey: Sgt. shot himself, lied](#)
- [Monsignor, 72, faces sex abuse allegation](#)
- [Roethlisberger: Can't cut him, can't stand him](#)
- [Paul Addonizio, 62, prolific heart surgeon](#)

» [More Most Emailed](#)

LATEST STORIES IN THIS SECTION

- [Ask Dr. H: Men can get breast cancer, too](#)
05/10/2010
By Mitchell Hecht
- [Personal Health: News and Notes](#) 05/10/2010
- [Study suggests visual cues can rev up immune system](#) 05/10/2010
- [Temple researcher's project could aid spill study](#)
05/10/2010
By Sandy Bauers
- [Treatment and hospice simultaneously](#) 05/10/2010
By Jordan Rau