The impact of language on patient assessed outcomes of specialist consultations

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Twenty four percent of the population in Ealing Borough, London is Asian/Asian British compared to the national average of 4% [1]. Access to interpreters is therefore key for communication amongst the elderly and recent immigrants. An audit in the eye department at Ealing showed that a trained interpreter was present for only 2 out of 80 consultations requiring interpreters [2]. To our knowledge, the advantages between relatives, bilingual health professionals and professional interpreters in ophthalmology consultations have never been compared.

An observational study was conducted over four clinic days. Out of the 6 ophthalmologists conducting clinic consultations, 4 could not speak Hindi/Punjabi and 2 could speak both Hindi and Punjabi. Adult patients who spoke Hindi/Punjabi and required a translator were included in the study after giving written informed consent in their native tongue. Study participants were assigned, using computer randomly generated numbers, to:

a. Doctors speaking Hindi/Punjabi
b. Doctors with a professional interpreter speaking Hindi/Punjabi
c. Doctors not speaking Hindi/Punjabi using the patients’ friend/relative to translate.

Both patients and consulting doctors completed questionnaires to gauge understanding of the consultation. A control group of patients who spoke fluent English and had English consultations were included. Moorfields Ethical Committee granted ethical approval.

A total of 53 consultations were undertaken in the study. Table 1 shows numbers in each group and agreement between recorded diagnosis and patients understanding. There was a difference in the understanding of diagnosis between patient and doctor across the groups (p=0.058), and an improving trend (Chi² test for trend=4.98 p=0.026) from relative to bilingual to interpreter.

In conclusion, patients prefer bilingual doctors although their understanding of the consultation is clearer when a professional interpreter is present. Both are preferable to relatives translating. In multi-ethnic societies, bilingual doctors are not practical and interpreters are expensive. Relatives may be an option but clinical staff needs to understand the limitations. Repeating information and visual messaging are essential to support patient comprehension and satisfaction.

Table 1. Shows numbers in each group and agreement between recorded diagnosis and patients understanding.

<table>
<thead>
<tr>
<th></th>
<th>Agreement with diagnosis</th>
<th>Diagnosis not understood by patient</th>
<th>Disagreement with Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Relative</td>
<td>7</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Interpreter</td>
<td>9</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Bilingual Doctor</td>
<td>13</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

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References