



PRACTICE

WHAT YOUR PATIENT IS THINKING

If your patient doesn't speak the same language as you . . .

Sisters SD and ZA offer advice to doctors trying to work well with family translators

Anonymous

SD: When I came to the UK I was about 11 years old. I began English lessons at school, but at first I couldn't even ask the teacher if it was OK to go to the toilet. So I really do know what it's like being unable to understand what's going on around you. I was the first English speaker in my family, so I translated for my parents at the doctor's surgery and hospital.

ZA: I came to the UK when I was in my 20s. Because I started later, it has been much harder for me to speak English than it was for my sister. My sister translates what I say when I go to the doctor. But I do understand most things that are being talked about in English. If you speak calmly and slowly your patient may grasp a lot of what you are saying, so it is worth doing. This is even more important if you are using professional translators, because they won't know the patient's history and they won't be with the patient when they go home.

SD: If the person doing the translating is a family member, they will have done some work behind the scenes to make sure they know what to say. When the doctor asks what's wrong and then says to me "can you ask your sister that question?" I know you are doing your duty but we have done work first to find out what's wrong and agreed what to ask. So a lot of the time it's fine to go straight to the person translating. If I'm unsure, I check with my sister to see if I have got it right.

ZA: As a family we prefer it if my sister or niece translates rather than a professional, because they know us. If my sister is translating and she goes wrong, I will interrupt. I can tell when doctors have properly understood—if they take you behind the curtain and actually do know where the pain is, for example. But do say hello to patients first—it is their appointment.

SD: If you are relying on a family member to translate, particularly a child, please be patient when you ask your questions, and give them enough time to think of what to say and how to say it. Repeat things more than once, and check the

translator really does understand. At 11 I may have had the best English in my family, but I still didn't always understand everything doctors said. One doctor made notes for me to take away: "give your dad aspirin every other day." That was lovely.

Don't forget that a family member may need extra support. As a child I used to go with my dad to the main hospital in our city and I knew the way there and back by bus. But on one of these visits the doctors decided to admit dad to a specialist hospital a mile and a half away, and we were taken there in an ambulance. Once he had been admitted, I was just left there and I did not know how to get back home. I asked the receptionist how to get back to the main road and then I just worked my way home by bus, asking people where to go.

I also didn't know how to book appointments over the phone or what it meant to book my dad in for blood tests. Luckily we had a helpful neighbour who advised me.

ZA: I have experienced some bad situations when the doctor just didn't take me seriously and said my problems weren't urgent. I was really suffering with a bad kidney infection, and the doctor just said "you need to learn to cope with your pain." He didn't seem to take on board what I was saying, perhaps because he was talking to me via my sister. By contrast, the best experience I ever had was with an out-of-hours doctor. Even though he did not speak my language, he had already started to work out what was wrong just by watching me walk through the door. Doctors can still use their experience and observational skills even if there is a verbal communication barrier.

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What you need to know

- Your patient may understand much more than you think. Speak slowly and calmly, even if you have a translator, and try not to speed up
- Patients may prefer to have a family member doing the translation because they already know and trust them, and can continue to get their help before and after the appointment
- Remember that family members who translate may appear to be more professional than they really are; check their understanding of difficult words and unfamiliar healthcare systems

Education into practice

1. One of the authors writes about preparation that they had done before consulting. "I know you are doing your duty but we have done work first to find out what's wrong and agreed what to ask. So a lot of the time it's fine to go straight to the person translating. If I'm unsure, I check with my sister to see if I have got it right." To what extent would you feel comfortable with this approach? Could you alter your consulting to explore whether this is the case?
2. One of the authors writes that she would rather have help from a family member than a professional translator. Are there ways that you could change your practice or the practice of your organisation to better tailor your approach to translation options?
3. One of the authors writes: "I can tell when doctors have properly understood—if they take you behind the curtain and actually do know where the pain is, for example." What markers do you use to gauge the success of a consultation through a third party? Does this article give you ideas on other markers that you could watch for?
4. One of the authors describes difficult experiences of being a translator for her family as a child both in understanding medical information and in finding her way home after her father was admitted to hospital. To what extent do you adapt your approach to family translators when talking via a child? Could you improve this?
5. Having thought about the content in this article is there anything else you would like to reflect on or change in your practice?