LANGUAGE BARRIERS - INFORMED CONSENT AND THE SURGICAL PATIENT'S OUTCOME AT FRERE HOSPITAL

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To the Editor: South Africa has eleven official languages and the majority of its population is non-English speaking. Doctors need to communicate with patients from various ethnic and cultural backgrounds and must convey information so that patients can understand it. In a multilingual society, doctors have to rely on an interpreter to communicate with patients. The following problems may, however, be encountered when using an interpreter: loss of part of the information, failure to convey the importance of some information, reduced emotion and empathy between doctor and patient, the addition of information which may not have been given by the patient or doctor, and the absence of the privacy and confidentiality of the patient. As a result, the patient might withhold relevant, culturally-sensitive information.[1]
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There is a paucity of information on the language barrier and the outcome for the surgical patient in South Africa. The aim of this study is therefore to assess the level of patient satisfaction after signing consent through an interpreter and on the outcome after surgery.

The Senior Medical Superintendent of Frere Hospital and the Ethics Committee of the Faculty of Health Sciences, University of the Free State, approved the study, in which 100 post-operative consenting adults partici-pated. Fifty patients were solely Xhosa speaking (group 1) and 50 patients were English speaking (group 2). The principal researcher asked the English questions and a university graduate fluent in Xhosa asked the Xhosa questions. The structured interviews took place on a patient by patient basis once the patients were

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stable. The patients were not guided in their answers and the average interview lasted five minutes.

The patients included 44 males and 56 females aged between 21 and 77 years (median age, 51 years). For group 1, the median age was 52,5 years (range: 21 to 75 years) and for group 2 it was 49 years (range: 23 to 77 years). Most (97%) of the patients felt at ease communicating with the doctor (96% for group 1 and 98% for group 2). Seventy-five percent of the patients were interviewed in their home language when they gave their consent (82% for group 1 and 68% for group 2). An interpreter was present at the time of obtaining consent in 80% of the cases for group 1 and only in 2% of the cases for group 2. More group 1 patients (62%) than group 2 patients (46%) asked questions. Infringement of privacy was experienced by 28% of group 1 and 22% of group 2. Half of the patients (46% for group 1 and 52% for group 2) felt that they had been well informed of the complications of the operation. Most patients (92% for group 1 and 94% for group 2) felt that their operation had met their expectations, based on what was explained before they gave their informed consent. When asked if they understood their surgical procedure, 74% of group 1 and 80% of group 2 answered 'yes'. Most patients (98% for group 1 and 96% for group 2) preferred communicating directly with the doctor in their home language. During difficult doctor-patient commu-nication, most patients (90% for group 1 and 82% for group 2) preferred an interpreter to be physically present.

Most patients felt comfortable during the doctor-patient communication and felt that the presence of an interpreter was not an infringement of their privacy. The ability of the doctor to speak in the patient's home language is significantly important to patients, especially those in group 1. Both groups felt that not enough information about possible complications was given to them, but the majority still felt happy signing the consent form. Most patients trusted the information given by their doctor and were satisfied with the post-surgical outcome.

Good patient-doctor communication is essential in effective treatment. More effective communication can be produced as follows:

- The doctor could summarise what has been explained and confirm that the patient understands.
- The interpreter must be completely confidential, translate precisely and must ask, not guess, if something is not clear.
- The doctor should speak simply and unambiguously.
- The doctor could write things down and ask the interpreter to translate them.
- The patient should be encouraged to ask questions.
- Discussion with the interpreter during the patient-doctor interview should be about issues of communication rather than about the patient.
- The same interpreter should be used during subsequent communication with the same patient.
- Before meeting the patient, the doctor should discuss with the interpreter the purpose of the interview, the subject to be covered and ask the interpreter if there are any specific cultural factors that may have a direct bearing on the interview.
- The Department of Health needs to employ bi- or multilingual health workers if possible, otherwise professional interpreters.❐

References

1. Jones D, Gill P. Breaking down language barriers. The NHS needs to provide accessible interpreting services for all. *BMJ* 1998; 316:1476-480.