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Lesson of the Week

Communicating with Asian patients

Kathryn A Stevens, R F Fletcher

Patients from the Asian subcontinent who do not speak or read English need the help of a qualified interpreter or written information or videos in their own language

Patients cannot hope to benefit fully from the advice given in a consultation or be expected to comply with treatment if they cannot understand the information that is given to them. Many of our patients are of Asian ethnic origin, and some have obvious difficulties with written and spoken communication. Though a previous report recommended providing teaching materials in Asian languages,¹ there is doubt about the usefulness of such written material because of uncertainty about the level of literacy among patients. To help us develop suitable material in the dietetic department we carried out a survey of our patients to assess the possible value of different ways of communicating with them.

Patients, methods, and results

Patients of Asian ethnic origin from the Indian subcontinent who attended the general outpatients department at this hospital over seven days in May 1988 were invited to answer a short questionnaire. Only one patient refused, and 150 patients were interviewed by an Asian interpreter. Relatives were not asked to interpret.

The patient's ability to read English and an Asian language was assessed by asking the patient to read aloud a short, simple sentence in the appropriate language. Each sentence was different to reduce the possibility of the patient guessing the content.

The patients' ages ranged from 13 to 74; 96 were women. Eighty five could read an Asian language: Punjabi (43), Urdu (22), Hindi (10), Bengali (5), and Gujarati (5).

A total of 76 of the 150 patients could speak English,

A doctor examines a patient in the casualty department after a road accident

TABLE I—Literacy among 150 patients of Asian origin seen in outpatient clinics

Literacy	No of patients
Read English only	20
Read English and an Asian language	33
Read an Asian language only	52
Read no language	45

TABLE II—Numbers of men and women of Asian origin who could speak English according to age

Age (years)	Men		Women	
	No	No speaking English	No	No speaking English
13-28	11	11	32	21
29-60	31	22	56	18
61-74	12	2	8	2

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and 53 could read it as well (table I). All of the men and two thirds of the women aged 13 to 28 could speak English but the proportion fell to under a fifth of the men and one quarter of the women aged 61 to 74 (table II). Fifteen patients said that they could read, but they were unable to do so when tested.

Discussion

Our patients fell into three groups of roughly equal sizes. One third read English, and often an Asian language as well, one third read an Asian language only, and one third could not read. Among those speaking Asian languages, about half spoke Punjabi, but four other languages were also spoken. Thus the needs of our patients for help in understanding information about their health care are highly variable. One hundred and twenty five of our patients wanted

more information in Asian languages, mentioning particularly interpreters, directional signs in the hospital, and written information, posters, and videos.

Organisations that deal with Asian patients should consider these findings. Our test of literacy was crude, but presumably the one third of our sample of patients who spoke and read English benefit from routine consultations and their accompanying written material. But for those who cannot read multilingual interpreters are essential.

There are, however, problems in using interpreters. The main disadvantage is that communication is spoken only and depends on the patient's later recall, which is notoriously unreliable regardless of the language. The interpreter's ability is also important. In our experience an interpreter who is familiar with medical and dietetic words is much more helpful than one who is fluent but lacks knowledge of medical terms. Exact translations of medical terms may, however, not exist. For example, we have found that "diabetes" has to be referred to commonly as "sugar problems." There may also be no equivalent names for some internal organs that are understood by both interpreter and patients.

There are some problems also for the remaining third of our patients who would benefit from having written material in Asian languages. Generally the

written information provided for patients in English is not good—the writing is too elaborate and the reading ability required too high for the average patient. We have tried hard to write information leaflets in English which require a low reading age and so can be understood by most of the population. Translating such leaflets into a foreign language does, however, pose a further problem. A suitably qualified translator must always check the final text to ensure that it is expressed in a form that is meaningful to the local Asian community. Such material exists, but much more is needed. Videos would be particularly useful but we have found them difficult to produce.

Further efforts are needed to communicate effectively with patients who do not speak English. Interpreters are invaluable but require special training, which is not readily available and needs to be carried out locally. Perhaps written material and videos could be produced centrally as considerable resources are required, but their use would be widespread.

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