

Unit 9 Communication

1 SPEAKING

- a** Look at four people's stories. What do they all have in common?
- b** What communication problems might they have had? What could be done to overcome the problems?
- c** Have you (or someone you know) ever had a similar communication problem?

Amir from Afghanistan

After three months in Germany, I could get by in basic German. One day I had a pain in my back, so I went to the doctor. He said something about it but I'm still not sure what the problem is.

Sofia from Guatemala

My family live in the USA but my grandmother only speaks Spanish. So when she went to hospital I went with her to translate what the doctors said.

Dmitri from Russia

I went to Thailand to have dental treatment. It saved me a lot of money and I had a holiday at the same time.

The treatment was good but they only spoke Thai and a bit of English.

Alison from Scotland

I'm 80 and in a care home. The staff are very kind but some of them don't speak English very well.

2 READING

- a** Read the extracts from four articles about language problems in healthcare. Which of the four stories in 1a does each extract relate to?

A
Barriers to effective healthcare can result from linguistic differences between patients and healthcare professionals. Increasingly, healthcare professionals include migrants whose first language (L1) is not the majority language. Patients from linguistic minorities, a group also increasing in number, must also use a second language (L2) during their healthcare encounters, or rely on the availability and accuracy of an interpreter. Thus growing numbers of patients using a country's healthcare system do not share an L1 with their healthcare professional.

B
Current evidence indicates that language barriers affect almost every aspect of health. Consistent and convincing international research highlights the impacts of language barriers on participation in healthcare. This includes delays in seeing a healthcare professional; barriers to initial access for most health services; increased risks of wrong diagnosis; poorer patient understanding and failure to follow prescribed treatment; lower patient satisfaction; increased risk of negative experiences; poorer management of disease; and less effective pain management. Language barriers also commonly result in failure to give the patient adequate information or to protect confidentiality. (Bowen, 2015: 36)
In recognition of the importance of language barriers in patient safety, some health organizations are now including interpreters to help in analysing problems and finding solutions. (Robert Wood Johnson Foundation, 2008).

C
Informal interpreters, including family members, friends, untrained members of the support staff, and strangers found in waiting rooms or on the street, are commonly used in healthcare encounters. But such interpreters are considerably more likely than professional interpreters to commit errors that may have negative consequences. Informal interpreters are also unlikely to have had training in medical terminology and confidentiality; their priorities are sometimes different from those of patients; and their presence may inhibit discussions about sensitive issues.

D
Due to healthcare sector problems as well as easy and cheap access to cross-border travel and the internet as an advertising and marketing platform, patients around the globe are increasingly seeking healthcare in other countries than their country of residence (Carrera & Bridges 2006). This phenomenon is called medical tourism (e.g. Carrera & Bridges 2006; Freire 2012; Lunt et. al 2012; Moreira 2013b). [...] Language has a key role not only in healthcare services in general but also in medical tourism. Previous research (Levary 2011; Peters & Sauer 2011) has demonstrated that the possibility for a patient to use his/her native language while receiving health services abroad is one of the most important decision criteria for a medical tourist. There are also the same types of findings in the Finnish context. For example Finnmedi (2012) has researched Russian medical travellers and found that in choosing the healthcare provider 40% of Russian medical travellers find the service providers' ability to provide services in Russian extremely important and 21% important.

b Read the extracts again and answer the questions. Make brief notes.

- 1 What are the three main situations where language barriers arise in medical care?
- 2 What are the main negative effects of language barriers in medical care?
- 3 What role can interpreters play?
- 4 Are members of the family effective as interpreters? Why / Why not?
- 5 What is medical tourism?
- 6 What part does language play in medical tourism?

c Which text (or texts) provided the answers to each question? Write letters (A–D).

- 1 ____ 2 ____ 3 ____
4 ____ 5 ____ 6 ____

d Read a student's summary of the information in the texts. Does it ... ?

- 1 make general statements about the ideas in 2b
- 2 give detailed information about each idea
- 3 only cover some of the ideas

A growing issue in healthcare is the problem of overcoming language barriers between healthcare practitioners and patients. This problem can arise in several ways: in many countries, healthcare professionals come from other countries and so do not always share a first language with patients from that country; the patients may be 'medical tourists' who have gone abroad to have medical treatment; or patients may be migrants from another country or may speak a minority language.

Lack of communication between healthcare professionals and patients can create serious problems in healthcare. As research has indicated, language barriers lead to delays in treatment, longer hospital stays, more errors in diagnosing illnesses, less effective advice, and dissatisfaction among patients. In particular, it may be difficult to convey to patients how seriously they are at risk and as a result patients may not follow a doctor's instructions (Bowen, 2015).

Doctors and nurses often try to overcome communication problems by using a bilingual relative or friend of the patient as an interpreter. This is often unsatisfactory if the interpreter has limited medical knowledge and it can give rise to misunderstandings or embarrassment. A better solution is to employ a trained interpreter, or to train medical staff to speak the patient's first language. This is especially important in the case of medical tourism, where several studies have shown that patients feel more comfortable if they can speak in their mother tongue (Levary 2011; Peters & Sauer 2011, Finnmedi 2012).

e Skills focus Collating and summarising information

Look at the list of tips below. For each tip, find an example from the summary paragraph.

Collating and summarising – tips

1 Leave out specific details

There's no need to mention every piece of research – summarise the results.

2 Add topic sentences to highlight main points

This will help to make your general points clear.

3 Put together ideas from different sources

Don't only use one source – get information and ideas from different texts and put them together.

4 Select main points

Don't mention every fact and example – only include the most important points.

3 LANGUAGE FOCUS

Referring to research

a Look at these expressions from the summary and answer the questions.

As research has indicated, language barriers lead to delays in treatment ...

... **several studies have shown that** patients feel more comfortable if they can speak in their mother tongue.

- 1 What verb tense do the expressions in bold use, and why? What other verb tense could be possible here?
- 2 Do the phrases 'research has indicated' and 'several studies have shown' have the same meaning? Why does the writer use two different phrases?


b Here are some more expressions for referring to research. Add two words in each gap.

_____ according _____ it _____ makes _____ suggest _____ that _____ to _____

- 1 _____ recent research, the most common reason for medical tourism is to save money on treatment.
- 2 Some studies _____ training healthcare workers in a second language can be more beneficial than hiring interpreters.
- 3 Recent research _____ clear that language barriers are a major factor in patients delaying or missing appointments.

c Add an expression referring to research to these sentences, using the words in brackets. More than one answer is possible.

- 1 Patients are more likely to trust a doctor who is fluent in their own mother tongue. (several studies)
- 2 Men are less likely to report a medical problem than women. (recent research)
- 3 The presence of a bilingual family member can have a reassuring effect on the patient. (some studies)
- 4 Over 80% of recent migrants to the EU are unaware of their medical rights. (research)

 Compare with a partner. Did you use the same expressions?

STUDY SKILLS: REFERRING TO SOURCES

- 1 Look at these sentences referring to background sources. Which references are correct? Why?
 - (a) Finnmedi (2012) has researched Russian medical travellers ...
 - (b) ... patients around the globe are increasingly seeking healthcare in other countries (Carrera & Bridges 2006).
 - (c) Previous research (Peters & Sauer) has demonstrated that ...
- 2 What would you expect to find in a bibliography?

4 WRITING


a Read the three extracts about using technology to overcome language barriers in healthcare. What is the main point of each extract?

A Professional interpreters are available in many clinics, but they usually need to be booked in advance and they are very costly. Also, the patient may have to wait until the interpreter is free, which research suggests may lead to increased anxiety or even hostility (Jacobs et al, 2004). So increasingly, health centres and hospitals are looking at alternatives to using technology.

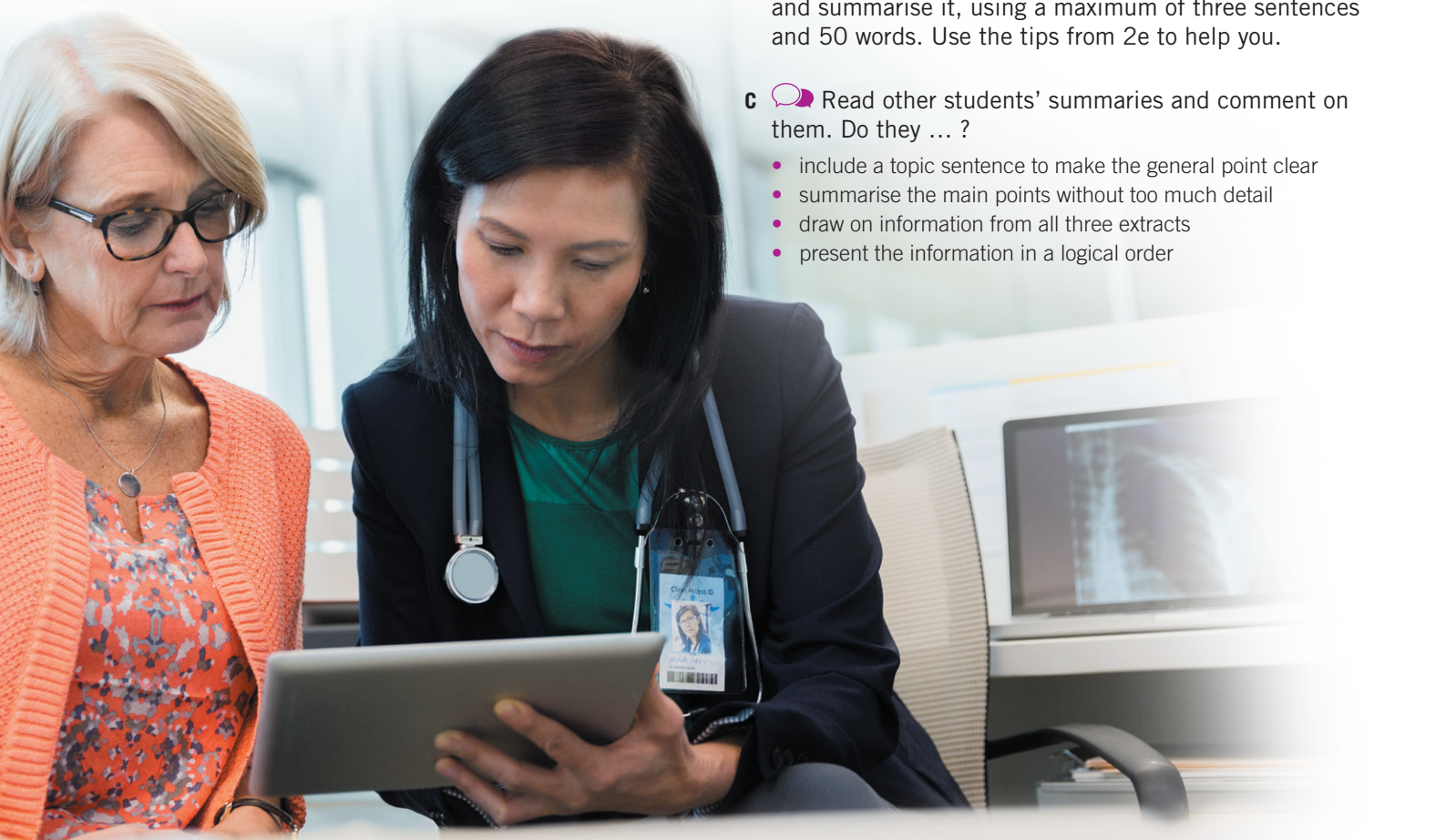
B New technologies for automating translation are emerging and have been used successfully in healthcare. Staff at some US hospitals communicate with Spanish-speaking patients using an automated spoken translation tool that listens to a sentence in English, translates it to Spanish and says the Spanish sentence to the patient.

C A new language service was developed in which interpreters are trained in the skills of simultaneous interpretation commonly used at international conferences. The interpreters are linked from a remote site to headsets worn by the healthcare professional and patient through standard communication wires. The service is called 'remote-simultaneous interpretation' (Hornberger et al, 1996).

b Work together. Collate the information in the extracts and summarise it, using a maximum of three sentences and 50 words. Use the tips from 2e to help you.

c  Read other students' summaries and comment on them. Do they ... ?

- include a topic sentence to make the general point clear
- summarise the main points without too much detail
- draw on information from all three extracts
- present the information in a logical order



5 READING EXTENSION

- a** You're going to read part of a Master's thesis on medical tourism. Before you read, try to answer the following questions:
- 1 Is medical tourism new or has it existed in the past?
 - 2 Why do you think medical tourism has become more widespread?
 - 3 What do you think are the main reasons to travel for medical treatment
(a) to a less developed country (b) to a more developed country?
- b** Read the text. Did you guess the answers correctly?
- c** Read the text again and complete the notes below:

1 History of 'health tourism'

- 18th century: _____
- Later (late 19th century): _____
- 20th century: _____
- More recently: _____

2 Key features of 21st century medical tourism

- a large number of people _____
- b _____
- c new infrastructure: _____
- d _____

3 Main reasons for medical tourism

- a travel to less developed countries:
 - _____
 - _____
 - _____
- b travel to more developed countries:
 - _____

4 Why the internet is important

- _____
- _____



CRITICAL THINKING

EVALUATING AN ISSUE CRITICALLY

Consider the questions below.

- 1 The text quotes sources up to 2013. What changes (if any) do you think there have been since then? The text gives reasons why medical tourists travel from the USA to other countries. Do you think those reasons still apply today?
- 2 Think about your own country. Do you think people mainly ... ?
 - a travel from your country to other countries for medical treatment
 - b travel from other countries to your country for medical treatment
 - c both
 What are the main reasons and what countries do they come from or go to?

- e** Apart from language problems, what issues can arise from medical tourism?

Think about:

- impact on local health services
- health services in patients' own country
- the types of medical services chosen
- legal and ethical issues
- risks and safety
- impact on the environment

Make brief notes of your ideas.

What are the reasons for health tourism?

Although medical tourism has received a lot of media coverage in recent years, travelling abroad for healthcare or well-being is not a new phenomenon (Connell 2006, Morgan 2010, Lunt et al. 2012). For decades affluent people have travelled in search of healthcare that is more affordable, of better quality or which offers something that is not available in the person's home country.

Interestingly, one of the earliest forms of tourism is health tourism, as 'taking the waters' in spas became common by the 18th century especially in Europe but also elsewhere, and started local tourism in many places (Connell 2006, p. 1093). Some time later, towards the end of the 19th century, recreation and tourism shifted mainly to sea resorts in developed economies, as also sea bathing became the healthiest form of recreation, and tourism spread from elites towards working classes (Gilbert 1954, cited in Connell 2006). During the 20th century, affluent people from less developed countries travelled to developed countries to access the highly trained healthcare professionals and better quality facilities (Lunt et al. 2012). Also in more recent times affluent people have travelled seeking the latest technologies and highest quality services in exclusive private clinics around the globe (Morgan 2010). However, although health tourism or wellbeing tourism are not novel phenomena, medical tourism is a somewhat more contemporary trend. In recent years – or decades – medical tourism has risen to be a global high-volume phenomenon due to affordable cross-border travel and the rapid development of information technologies (Lunt & Carrera 2011).

Lunt et al. (2012) suggest that there are certain features that distinguish the contemporary 21st century medical tourism from its previous forms. These key features include: 1) the large number of people travelling in search of healthcare, 2) the shift towards patients from wealthy developed nations travelling to less developed countries to obtain medical services, largely driven by low-cost treatments and low-cost air travel, 3) new enabling infrastructure: affordable and accessible global air travel as well as the internet as an information platform, 4) industry development: both private and public sectors in developed and developing countries have been promoting medical tourism as a source of foreign revenue. Connell (2006) points out that also the rise of a new kind of companies has facilitated the growth of medical tourism; these companies are brokers that operate between international patients and hospitals and clinics.

Medical tourism can be seen as a two-tier system: some patients travel to more developed countries, whereas some patients travel to developing countries. Historically medical tourism flows have been from lower to higher income countries due to high-income countries' more developed medical facilities and more highly educated healthcare personnel (Lunt et al. 2012).

This trend is now changing and many travellers travel to less developed countries in search of reasonably priced medical services (Lunt et al. 2012). Many countries can simultaneously act as countries of origin and destination for medical tourism; quite often high-income countries are destinations of this kind (Lunt et al. 2012). According to Connell (2006), currently the majority of medical tourists are from developed countries, mainly from North America, Western Europe and the Middle East. However, medical tourists are not only from developed countries, but also from developing countries (Connell 2006).

Probably the most frequently proposed explanation for medical tourism is the high costs of elective treatments in domestic healthcare systems (Carrera and Bridges 2006; Connell 2006; Martinsen 2007; Morgan 2010; Levary 2011; Freire 2012). Due to high costs of healthcare in many countries, people are increasingly looking for options for expensive domestic healthcare services and travelling to cheaper countries than their own home country. Lack of proper health insurance is one of the main reasons for medical tourism (Deloitte 2008; Tseng 2013). Also the quality/price ratio may be more favorable abroad than in patients' home country (Freire 2012) or the quality of treatment may be significantly better (Lunt et al. 2012). For example, in the United States context the main motivator to travel abroad for healthcare is the high costs of healthcare (Forgione & Smith 2006). According to Deloitte (2008), from the United States patients mainly travel to more affordable countries, such as Latin American countries, South Africa, India and many other countries in Asia. Forgione and Smith (2006) write that it is commonly advertised in the United States that it is possible to save anywhere between 50–90% per operation compared to healthcare prices in the United States by travelling to less developed countries for healthcare services. However, Carrera and Bridges (2006) note that the majority of global medical tourist flows is towards developed countries, which implies that people travel in search of healthcare that is of better quality. As already mentioned, the developing world is catching up, but only slowly (Carrera & Bridges 2006). Another key driver is long waiting lists in healthcare in many countries; by travelling abroad for healthcare patients can avoid long waits and receive care quickly (Carrera & Bridges 2006; Connell 2006; Morgan 2010; Levary 2011; Freire 2012; Tseng 2013). For example, in the UK many non-essential surgeries, like a knee reconstruction, may have waiting lists of as much as 18 months, whereas the same operation can be done in India in under a week and the patient can travel home after approximately 10 days' recovery period (Connell 2006).

Today there are also fewer barriers to travel abroad than there used to be (Carrera & Bridges 2006). The price level of global low-cost transportation, particularly international air travel, is lower than ever and there is a well-functioning global network of flights (Connell 2006; Deloitte 2009; Wang 2012), which makes travelling for healthcare easy. Also the internet as a platform has played a key role in increased medical tourism (Connell 2006; Morgan 2010; Lunt & Carrera 2011; Lunt et al. 2012) due to the fact that internet platforms offer easy access to healthcare information as well as to advertising from anywhere in the world. Lunt and Carrera (2011) even claim that the internet is such a key driver in medical tourism that there would be no contemporary medical tourism without it. Above all, the internet connects patients with healthcare providers and broker companies (Lunt & Carrera 2011).

