LETTERS—CONCISE RESEARCH REPORTS

Letter to the Editor in Response to: My Son, My Interpreter

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As a bilingual physician, I was absorbed by Dr. Rodriguez's story,^[1] yet my eyes got repeatedly stuck on the word "toz." "Toz" is a misspelling of "tos" (meaning "cough"), with a phoneme change that, in some varieties of Spanish, alters pronunciation and affects comprehension. Other errors in the article, like missing accents in words like "sí," "él," and "qué," change meaning in ways that can impact medical content (*si* = if, *sí* = yes; *el* = the; *él* = he; *que* = that, *qué* = what).

The linguistic nuances brought out by Rodriguez's memory as a child interpreter illustrate the tension experienced by many physicians with heritage bilingual skills. We are often passionately committed to caring for Spanish-speaking populations, but are rarely professionally supported or trained to do so.

The U.S. societal push toward monolingualism has stunted the linguistic growth of our professionals. Despite immigrant families' reliance on their own children's bilingualism to navigate healthcare, the experience of language-based discrimination has caused many to discourage younger generations from pursuing or openly displaying non-English skills.^[2]

Although the U.S. is home to over 350 languages and no official language,^[3] such a hierarchical perspective has resulted in English functionally dominating academic discourse, including education. Even when medical language programs are offered, courses are often student-run without professional guidance or assessment,^[4] something that would never be allowed to happen in English clinical education. This linguistic double standard sends the message that for non-English health communication, *un poquito* is good enough.

As a U.S. medical Spanish educator, I commend the incorporation of multilingualism in academic discourse. However, it is critical that we also embrace the professionalization of bilingual medical communication skills. For example, medical schools should promote language education and assessment led by trained faculty. Medical centers should confirm clinician language skills prior to their use in patient care. Academic journals should facilitate professional language

review of submitted non-English content. Having professional linguistic standards is not in conflict with celebrating regional linguistic and cultural variants within languages, which naturally develop and change over time.^[5] Choosing and expressing words respectfully and accurately in any language in which we intend to practice medicine is a skill that should be progressively taught, learned, and reevaluated.

As doctors who grew up as bilingual children, we seek to become the clinicians we wish our *mamis* could have had. We cannot rely on children for health communication, but we *should* be able to rely on competently trained and well-supported bilingual medical professionals.

Declarations

Conflict of Interest P. Ortega receives author royalties from Saunders, Elsevier.

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