



EDITORIAL AND COMMENT

Laxatives for a Cold?

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Envision a scenario where a healthcare provider listens to their Spanish-speaking patient say, “Estoy constipado.” The provider, possessing some proficiency in Spanish, proceeds to offer suggestions for constipation, including dietary advice and over-the-counter medications. As the patient looks puzzled, they inquire in Spanish, “But what does this have to do with me having a cold?” It is at this moment that the provider realizes that the word “constipado” does not mean constipated. This amusing linguistic mishap, resulting from the mix-up between “constipado” (cold) and “estreñido” (constipated), sheds light on the comical aspect of language misunderstandings within the healthcare field. However, beneath the humor lies a stark reality—miscommunications can give rise to significant misunderstandings, placing patient safety and well-being at risk.

Cognates, which are words sharing common roots, can be a language learner’s invaluable ally, offering convenient shortcuts when mastering a new language. For speakers of Latin-influenced languages, words in Spanish like “medicina” (medicine), “cáncer” (cancer), and “infección” (infection) become second nature. While cognates prove exceptionally useful in language acquisition, one must exercise caution with false cognates, such as “constipado” and “constipated,” which can lead to either amusing anecdotes, as illustrated in our case, or devastating, life-altering consequences.

One of the most notable instances of harmful false cognates involved an 18-year-old boy who appeared lethargic and was brought to the emergency department by his family. The family informed the healthcare team in Spanish that he was “intoxicado,” leading the team to treat him for a drug overdose. Several days later, it was discovered that his condition resulted from a brain bleed. The family had not intended to convey that he was “intoxicated,” rather, they were trying to express concerns about potential poisoning. The misinterpretation and misdiagnosis led to the young boy suffering permanent quadriplegia.

Efforts aimed at training healthcare providers in medical Spanish hold the promise of improving the precision and empathy of communication among healthcare teams, encompassing providers, nurses, and other staff members. Nevertheless, a significant challenge remains—the considerable variation in medical Spanish proficiency among healthcare providers, spanning from no proficiency to that of professional interpreters. Even among native speakers, the cultural

diversity that exists between various Spanish-speaking regions can cause misunderstandings because of unique, country-specific colloquialisms. The wide spectrum of cultural variation and Spanish proficiency necessitates the implementation of mandatory language proficiency assessments for individuals providing care in Spanish within healthcare institutions. Third-party organizations already offer a range of these assessments, including self-assessments and phone-based interactions with pre-recorded prompts. These assessments ensure a minimum proficiency threshold is met and are readily accessible.

Yet, one pressing challenge remains unresolved—the evaluation of authentic provider-patient interactions. A provider’s ability to convey concepts in diverse ways, adapting to the patient’s education level and medical literacy, is paramount. This skill demands an understanding of body language that cues the provider to adjust the conversation, rendering it a challenging task to evaluate through mere written tests or pre-recorded interactions.

The significance of in-person evaluations for medical Spanish proficiency is further underscored by the fact that medical schools require a variety of in-person evaluation methods as a standard part of education. Students undergo assessments in both clinical and controlled settings, honing their standardized and impromptu communication skills. Such evaluations are crucial for medical education and should be implemented as a part of medical Spanish education. However, the sheer number of Spanish-speaking providers presents a challenge in implementing these types of evaluations, emphasizing the need to lay the groundwork for their establishment.

The USA is a multicultural society with a vast and diverse Spanish-speaking population, and the necessity for healthcare professionals to communicate effectively in Spanish is undeniable. Institutions should actively pursue validation methods and resources for bilingual providers. Language-proficiency validation ensures that well-intentioned efforts contribute to the reduction, rather than the exacerbation, of disparities in healthcare. There remains a strong need for standardized, direct observation assessments to holistically review the ability of providers to care for patients in another language.

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Declaration

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