

GUEST EDITORIAL

IMPACT OF LANGUAGE AND CULTURE ON THE QUALITY OF MEDICAL COMMUNICATION AND CARE



Disease is closely linked to the social context in which we live and patients experience significant barriers to accessing quality medical care. Foremost among these are socio-economic, structural and cultural/language barriers. Most doctors differ from their patients in terms of educational level and

the knowledge held about medical conditions, as well as the fact that the patient is ill and wants to see the doctor rather than the other way round. However, in many settings in South Africa, patients and providers may differ from each other not merely in these 'usual' ways but also in terms of coming from different backgrounds and speaking different languages. Thus difficulty with communication and cultural incompatibility between patients and health care providers become even more important barriers to quality care in this setting.

In this edition Dr Claire van Deventer outlines the barriers to practice in primary and rural care. Some barriers are structural and financial, viz lack of equipment or drugs at clinics and patients lacking money to attend follow-up visits. Many barriers stem from the nature of the patient-doctor interaction. These include poor clinical rigor, lack of adherence to guidelines and patient's misconceptions and denial of the need for chronic care. Where doctor and patient differ from each other in terms of language and culture, barriers of class, power and knowledge which are present in every medical interaction are exacerbated and can adversely effect outcomes. Dr Van Deventer proposes the patient-centred approach as a vehicle to address these concerns.

The issues of culture and language are explored more fully in the following three articles. Prof Stephné Herselman gives an overview of the impact of culture on health beliefs. A key concept is the distinction between 'sickness' and 'disease'. Whereas 'disease' encompasses the objective signs of ill health seen by the practitioner and used for diagnosis and 'curing', 'illness' relates to the subjective symptoms (and the interpretation thereof) held by individual patients. A key

message is that when patients' concerns are not addressed, they may not feel that their 'illness' is being addressed and thus personal 'healing' (in contrast to objective 'curing') cannot take place. This may lead to dissatisfaction and lack of adherence to medical advice and follow-up visits.

Where patients and providers speak different languages, interpreters are commonly utilised. Prof Claire Penn is the premier researcher in this field in South Africa. Her article on the mediated interview in South Africa summarises the large amount of research done in this field, most under her guidance. A key finding is which settings, types of interactions, relationship variables, institutional variables and techniques facilitate good communication, and which deter communication. Finally, Dr Michael Levin's article on asthma terminology follows on his previous research on the different meanings attached to medical terminology by English-speaking doctors and Xhosa-speaking patients. This article applies these results to understanding how the use of asthma terminology may affect the use and interpretation of asthma control tests and questionnaires such as the large ISAAC studies.

For those who wish to read more about these issues, the *Oxford Handbook of Family Medicine*¹ and Ellis's² *Learning, Language and Culture in the Medical Consultation* are excellent South African texts. For those grappling with bilingualism in the setting of Xhosa-speaking patients, the book by Kirsch, Skorge and Matsiliza³ is strongly recommended and a short medical Zulu dictionary is available online at <http://www.jwolfe.clara.net/WebPages/ZuluDict.htm>.

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Guest Editor

1. Mash B, ed. *Handbook of Family Medicine*. Cape Town: Oxford University Press: 2000.
2. Ellis C. *Learning, Language and Culture in the Medical Consultation*. Parktown: Sue McGuinness, 1999.
3. Kirsch B, Skorge S, Matsiliza N. *An English-Xhosa Companion for Health Care Professionals*. Kenwyn, Cape Town: Juta: 1996.