Author's response to reviews

Title: Potential for Patient-Physician Language Discordance in Ontario.

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Author's response to reviews: see over
Dear Editor,

Thank-you again for considering our manuscript titled “POTENTIAL FOR PATIENT-PHYSICIAN LANGUAGE DISCORDANCE IN ONTARIO” for publication in the BMC Health Services Research journal. In response to the referees’ comments we have made a number of changes to the manuscript. A revised version of the manuscript has been included. Below are our responses to the referees’ comments.

Referee 2
Comment 1: P 5 a ref is missing. There is (25), probably a trace of the ref.

Response: Thank-you for catching this. The reference has been added and corrected in the reference list.

Comment 2: P 6 Bivariate choropleth, there is still no definition.

Response: Thank-you for the suggestions. A definition of a bivariate choropleth map has been added to the Methods section of the manuscript (see page 6).

Comment 3: P 11, an intermediate solution might be to increase the availability of interpretation. Drop intermediate or explain why it is “intermediate”.

Response: We agree that this is not necessarily an intermediate solution therefore the word intermediate has been removed from this sentence in the manuscript.

Comment 4: Discretionary Revisions -Title: Potential.... Better title than the old one, but still: aren’t we dealing rather with challenges instead of potentials?

Response: We agree that we are dealing with challenges, however we feel our maps describe where potential patient physician languages discordance might occur and that highlighting where there is a potential for patient physician language discordance we’ve added to the medical literature. A future direction of this study would be to explore the challenges of patient physician language discordance and how it relates to immigration and migration.

Referee 3
Comment 1: For each of the top five non-official languages, there was at least 5 census divisions a NENF population speaking without any primary care physicians proficient in that non-official language.- This sentence is not grammatically correct.
Response: Thank-you for catching this error. The sentence has been changed in the abstract to be grammatically correct.

Comment 2: Given the increase in immigration rates, it is reasonable to assume that patient physician language discordant encounters may become increasingly common in Canada. The province of Ontario receives the highest number of new immigrants. - This needs to be corrected. With the increase in immigration rates there will also be more physicians who speak international languages.

Response: We agree that we cannot assume there will be an increase in Patient-Physician language discordance clinical encounters. With increase in immigration there will be more individuals who speak languages other than English or French, and who may require health care services in languages other than English or French. There will also be an increase in international medical graduates who speak languages other than English or French but unfortunately, in Ontario, it will be quite a while before these individuals will be able to obtain a license to practice medicine. We have changed the sentence in the introduction to “Given the increase in immigration rates, it might be reasonable to assume that there will be more patients requiring health care services in languages other than English or French.”

Comment 3: We could also consider incentives for foreign medical graduates, who are proficient in nonofficial languages, to practice in census divisions that have a NENF population speaking in need of their linguistic skills. - Change foreign to international.

Response: We agree that International Medical Graduate is the correct term. We have changed the word foreign to international in the appropriate places in the manuscript.

Comment 4: The figures do not appear below their titles. The figures are still not well explained. The numbers reported in the text do not always correspond to the numbers reported in the colour grid.

Response: The figures have been added with the titles below as well as the results section has been updated to better explain the figures and the numbers reported (see page 8).

Comment 5: The inclusion of persons speaking Aboriginal languages needs to be acknowledged as a limitation.

Response: Thank-you for this comment. Just to clarify, we used the Canadian census to identify the number of people who indicated they could not conduct a conversation in English or French and indicated a different mother tongue. There were over 100 different mother tongues indicated by this population. Some of the mother tongues indicated were Aboriginal languages, however the top five mother tongues indicated by the non-English/non-French population were Chinese, Italian, Punjabi, Portuguese and Spanish, therefore we ran our analysis based on these five languages. As a future study, it would be very interesting to look further into the distribution of non-English non-French individuals speaking Aboriginal languages in relation to the distribution of physicians speaking Aboriginal languages.
Comment 6: The authors should speculate on the extent of a mismatch among the Ontario population that speak an ‘other language’ as approximately half of the NENF population falls into this category.

Response: Thanks for bringing this to our attention. There were over 100 non-official languages indicated by the NENF population. In figure one and appendix table 1, these languages were grouped together as “other languages” for simplicity. I have added two sentences to the results section of the manuscript in hopes of clarifying the “other language” category. We agree a further extension of the study would be to repeat the same analysis for the other languages spoken by the NENF population.

We’d like to thank all the reviewers again for the constructive feedback and excellent suggestions. We have made all the compulsory changes to the manuscript and feel that is a much stronger submission than the previous version. Once again, thank you for considering our manuscript and we look forward to hearing from you.

Sincerely,
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