Reviewer’s report

Title: Lost without Translation: Risks of Patient-Physician Language Discordance in Ontario

Version: 2 Date: 25 May 2013

Reviewer: Alden Blair

Reviewer’s report:

This is a well-conceptualized article that highlights an important issue in patient care in Ontario with broader implications for Canada and other nations with high levels of immigration. The utilization of two comprehensive datasets to create clear visualizations of NENF doctor patient mismatch successfully presents the findings in a way that is understandable for a broad audience. There are a few suggested minor revisions, and a few moderate revisions suggested prior to publication.

Major Revisions:

1. The authors rightly note and clearly present the potential health concerns associated with an NENF overlap. However, they do not explore if this actually bears out in Ontario, and thus is a problem that needs addressing. Thus it is difficult for readers to assess whether this results presented have a bearing on public health and are thus worth delving into or simply show aspects of population distributions. There is no mention as to whether concerns regarding language barriers in the province have been brought up by patient groups, clinicians, or foreign-born communities in any of the CDs or the province as a whole. The use of widely available data from a source such as the Canadian Community Health Survey (CCHS), which includes questions on healthcare use and language mismatch, would allow the authors to make a statement either at a provincial or CD level as to the importance of their findings.

There needs to be some clear point that there are issues associated with NENF mismatch in the province itself to make statements such as, “Understanding the linguistic capabilities of Ontario’s immigrant population .... is essential to ensure equal access and quality of healthcare.” This can be data driven (such as from the CCHS) or more observational (from patient groups) but the case needs to be made for the reasoning as to why the mapping relates to public health directly in the province.

Minor Essential Revisions

1. Abstract: Page 1

The first introduction of the term NENF uses the phrase ‘not proficient in English or French (NENF).’ In the article proper NENF is first introduced as “non-English and/or non-French.” There should be consistency between the two and it is suggested that the abstract definition be changed to reflect the article.
2. Discussion: Page 8
The sentence beginning “The size of NENF populations within these census divisions” is a direct repetition of a sentence in the results from the page above.

3. Discussion: Page 9
It is not apparent that the findings, “support the notion that physicians with proficiency in non-official languages do indeed practice in census divisions that have the largest NENF populations.” Correlation is not causation and it is quickly noted that more physicians tend to practice in cities and foreign-born populations tend to cluster in these cities as well.

4. Discussion: Page 9
In the second paragraph the use of the ampersand (&) should be changed to spell out the actual word.

5. Discussion: Page 10
The suggestions for addressing the language mismatches between patients and clinicians are well throughout especially with regards to the reworking of regulations for foreign medical graduates to allow them to practice in communities that share similar cultures and languages. However, the suggestion that an intermediate step would be to increase interpretive services is not supported by their findings. As noted in the conceptual concerns, the authors have neither made a case that current NENF mismatches are a problem for patients in the province, nor does their data mapping provide any information on the current provision of interpretive services. It is quite possible that in CDs with mismatches that interpretive services are widely offered by the province already. Thus it is suggested that if this proposition remain, that it be backed by evidence as to a failing of current services.

Discretionary Revisions
1. Abstract: Page 1
The sentence beginning, “There was a range of 5-15 CDs ….” is confusing as there are a set number of CDs and either a CD has a NENF population without a physician proficient in the language or not, thus the use of ‘range’ does not make sense. It is surmised that the authors are referencing that there were 5 primary NENF languages and so some regions, perhaps 5 had 5 NENF mismatches, which 15 had at least one mismatch, but this is not clear.

2. Background: Page 3
In the sentence beginning, “Between 2001 and 2006…..” the authors state that the foreign-born population increased by 13.6%. It would be helpful if this number was quantified to a specific number of people to give readers outside of Canada a sense of scope. Similarly, as the authors focus on Ontario, specific numbers should be given for that province.
3. Background: Page 4
Similar to the above suggestion when the authors state that “2.5% of Ontario’s population” they should give a total population number for the readers.

4. Background: Page 5
It is worth noting that while the census is mandatory it does often miss certain populations such as the homeless, and undocumented immigrants, the latter potentially being at heightened risk for the NENF mismatch if/when they enter the healthcare system. It is suggested the authors consider and comment on how this issue and how, if anything, it heightens the importance of their research.

5. Background: Page 5
When noting that 98% of physicians are included in the database, the authors should give some indication of who would have been excluded. While 2% is a small amount, given the small number of physicians per CD who speak NENF languages (1,2,3+) even 2% could differentially bias the results is those excluded were perhaps foreign-born NENF speakers.

6. Results: Page 7
As noted above in the abstract the use of the phrase, “range of 5-15 census divisions” is awkward. It would be more clear to present it as X divisions had 5 mismatches, Y had 4 mismatches, and so on.

7. Results: Page 7
The use of the phrase “in need” repeatedly is unclear as there is no statement as to what the populations are in need of. Is it a single doctor who speaks the language?

8. Discussion: Page 8
Much of the first paragraph of the discussion section is analogous to information that should be presented in a results section, from the sentence beginning “the top five” to “1470 individuals.”

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests