Reviewer’s report

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

Version: 2 Date: 25 July 2013

Reviewer: Alexander Bischoff

Reviewer’s report:

Thank you for giving me the opportunity to review this paper. I insert my comments in the list of the questions provided by the editor:

1. Is the question posed by the authors well defined?
   a. While the study question is adequately formulated, it is not what is announced in the title.

2. Are the methods appropriate and well described?
   a. There are concerns with the methods sections: the definition of language discordance is inadequate or outright discriminating, because it sounds as if the patient was the blame that there was discordance. For the concept of language discordance, see Manson, A. (1988). Language concordance as a determinant of patient compliance and emergency room use in patients with asthma. Med Care, 26(12), 1119-1128. Or: Bischoff, A., Bovier, P., Rrustemi, I., Gariazzo, F., Eytan, A., & Loutan, L. (2003). Language barriers between nurses and asylum seekers: their impact on symptom reporting and referral rates. Soc Sci Med, 57, 503 - 512.
   b. Choropleth maps: I don’t know what this is.
   c. What does the range of CDs mean? This was not clear to me.
   d. No information is provided of how the different data sets are combined.

3. Are the data sound?
   a. Based on the census data and the Canadian medical directory, the data seem sound.
   b. However, I am afraid that too many assumptions are made when it comes to interpreting the links between the physicians’ language proficiencies and the behaviour and communication patterns between them and the NENF populations.
   c. The figures can and should be commented in more detail. (By the way the numbering of the figures in the text does not correspond to the numbers of figures in the annex)

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   a. What one can infer from the information provided by the authors, the standards are adhered too.
5. Are the discussion and conclusions well balanced and adequately supported by the data?
   a. While the main results are well summarized in the discussion, there is no discussion at all about the role that interpretation can play.
   b. This is disappointing because in the catchy title of “Lost without Translation” (by the way all to often quoted and wearing off by now), the reader expects to see at least some allusion or comments about translation/interpreting (for which Canada has a rather impressive track record).
   c. No discussion regarding risks (as stated in the title) is provided.
   d. Remark on: “This is also in line with previous studies that found that new immigrants as well as physicians tend to settle in larger cities.15,17“: References 15 and 17 are not studies, but information from Statistics Canada, and 17 is incomplete.
   e. Recommendations are rather vague, and most of them deal with further research, but there is little information on how the ‘discordance’ issue can be improved, a discordance which is painful for both providers and patients.

6. Are limitations of the work clearly stated?
   a. Quite a number of limitations are stated, but, in my view, there appear to be even more, namely the equation or rather the inferences from to data to actual health care utilization.
   b. Missing in the limitations paragraph is also the lack of information on the number of years of the NENFs’ integration in the host society and its relation to language proficiency and language concordance/discordance. (It is referred to in another paragraph of the discussion, though)

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
   a. While some of the relevant publications are referenced, recent ones are missing, and the international literature does not seem to have made it into the bibliography.
   b. Also, many of the references are dealing with overall communication and literacy, but are not specific to foreign-language communication and language discordant medical interviews.

8. Do the title and abstract accurately convey what has been found?
   a. This is my most important concern. The title does not address of what this article is about. At the same time, it provides keywords (important and relevant ones, for sure) that cannot be dealt with in this research. Translation? Risks? Actual patient-physician encounters (and not just potential ones)?
   b. I wouldn’t have accepted to review this paper, if I had seen what the research findings are about. As a recommendation for the revision, I would suggest a title along the line of: Quantifying linguistic and spatial mismatch between Ontario’s non-English and/or non-French (I used the study objective: “The objective of this study is to quantify and visualize the linguistic and spatial mismatch between
Ontario’s non-English and/or non-Frenchspeaking (NENF) population...”
c. I would still think the paper could be transformed into an important contribution
by: (i) sticking to the objective, (ii) aim at more descriptive and (iii) exploratory
character of such a paper, (iv) so as to alert health decision makers to sensitive
areas of health care provision in a context of diversity. For that to be written in a
convincing manner, more detailed information on the methodology should be
included.

9. Is the writing acceptable?
a. Yes.

All of my comments are to be considered as suggestions for Major Compulsory
Revisions

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the
statistics.

**Declaration of competing interests:**

I declare that I have no competing interests