Reviewer's report

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

**Version:** 2  **Date:** 13 June 2013

**Reviewer:** Ilene Hyman

Reviewer's report:

I greatly enjoyed reviewing this article on patient-physician language discordance in Ontario. It deals with an extremely important issue that has not been sufficiently addressed in current research in Ontario/Canada, although there is a wealth of accumulating research on this topic in the US. Given the dearth of data on language discordance, the authors used an original methodology to assess whether the current physician population in Ontario meets the linguistics needs of the Ontario population from a geographic perspective. However there are several issues that need to be addressed before this paper may be published.

Major Compulsory Revisions

1. The authors assume that ‘given the increase in immigration… patient-physician language encounters will become increasingly common in Canada’. This assumption needs to be supported since parallel to an increase in immigration will be a higher proportion of physicians who speak other languages.

2. The authors do not indicate whether they excluded people who spoke Aboriginal languages exclusively in the NENF population. This group should be excluded as it skews the results since this group is largely comprised of elders living in remote First Nations communities in the north with limited access to physicians in general and a very limited professional pool to service them.

3. There needs to be a discussion about increasing access to professionally trained interpreters as another approach to addressing the patient-physician discordance. There is a lot of research in this area.

4. Several limitations to the study need to be acknowledged:

   - The availability of a language concordant physician does not guarantee access to care since one of the major barriers to primary care in Ontario is the lack of physicians who are accepting new patients.
   - Combining all Chinese languages together is a major limitation that needs more elaboration since this group would include recent immigrants, more likely to be from Mainland China and non-recent immigrants from English and Cantonese speaking Hong Kong. Moreover I would suspect that most of the physicians speak Cantonese because it is challenging for physicians from China to have their credentials recognized, but this group would not be able to communicate with Mainland Chinese patients.
   - The reliance on data for census divisions (vs census tracts) may be less
appropriate for low density population areas.

- Geographic location (i.e. in a census division) is not equivalent to access. In larger centres where there transit is available/affordable, patients may be willing to travel outside of a CD to access their physician.

Minor Essential Revisions

1. Descriptive data on all the languages used by NENF patients and the number of languages spoken by all primary care physicians should be presented, not only data on the top 5 languages since only half of the NENF group speak the top 5 languages. We need to know what other languages physicians’ are proficient in since 18% speak another language.

2. Background information on primary physicians practice settings e.g. solo, group, family health teams, CHC’s, institutions, would be helpful. The paper seems to assume that most physicians are in private practice.

3. What does ‘sub-optimal’ mean in the sentence “despite these findings there is still considerable evidence that physicians’ communication skills can be sub-optimal.”

4. There are findings in the Discussion section that may be better situation in Results. For example, the first two paragraphs on populations and languages.

5. Please provide more information on ‘return of service’ programs available to international medical graduates.

6. The figures did not appear with their titles in the version of the paper that I downloaded. More explanation is required to understand and interpret the figures e.g. the explanatory grid is unclear.

Discretionary Revisions

1. Why was the College of Physicians and Surgeons database that includes physicians’ languages spoken not used for this study?

2. The authors recommend an option to increase the availability of language training for immigrants but a key issue is not their ‘availability’ but rather the length of time an immigrant is eligible (i.e. first 3 years only since arrival in Canada).

3. It would be nice to have some context on how new physicians determine where they will practice in Ontario

4. Findings should be better linked to health services research.

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

Quality of written English: Needs some language corrections before being published

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.