

# Effect of Language-Concordant Care

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## Background

- Patients with low English proficiency are more likely to misunderstand a medical problem than English-speaking patients. This can be reduced through language-concordant care.<sup>1</sup>
- Spanish-speaking patients are more satisfied with the care they receive from Spanish-speaking physicians, who also elicit more patient concerns and problems during patient encounters than physicians using Spanish interpreters<sup>2</sup>.
- Having language-concordant healthcare improves patient outcomes in non-English speaking patients<sup>3</sup>.

## Objective

To explore a patient case that utilized language-concordant care and learn what effect this had on outcomes.

## Patient history

This patient is an 82 year-old Spanish-speaking male patient that presented to UPMC Lititz for right foot pain. He had a medical history significant for type 2 diabetes mellitus, peripheral vascular disease, coronary artery disease, and essential hypertension.

This patient's level of English proficiency is low. He was unable to understand much besides very basic commands and greetings in English, which had been noted in previous encounters in his medical record.

## Patient Presentation

This patient presented to UPMC Lititz with complaints of right lower extremity pain. A review of his chart revealed that he was seen at an outside hospital the week prior to presentation and was admitted at that time. During that admission, he had an angiogram of the right lower extremity that showed lack of blood flow to the right foot, and he was advised through an interpreter to have a right above the knee amputation at that time. The patient did not agree to this procedure and was discharged from that facility with no scheduled follow up for this condition other than a visit with his PCP.

On presentation to the emergency department at UPMC Lititz, the patient's right 2nd and 3rd toes were found to be black at the distal ends (see photos below). His right foot had no palpable pulses and was very pale. He was admitted for further workup.



Image 1 (left):  
anterior view of right  
toes



Image 2 (right):  
posterior view of right  
toes

## Initiation of Language-Concordant Care

This patient was admitted to the teaching service and was assigned to a Spanish-speaking resident for medical care. Upon the first encounter in the patient's native language, it became apparent to the providers involved that the patient and his wife had very poor understanding of his medical condition. This condition was then described at length to the patient, who agreed to having the angiogram repeated. A repeat angiogram showed continued lack of blood flow to the right lower extremity, and a vascular surgeon recommended an above the knee amputation of the right lower extremity. The Spanish-speaking resident was able to explain the results and the recommendations in Spanish to the patient and his family members, who verbalized understanding of the medical problem at hand. The patient was very agreeable at this time to amputation. The amputation was successfully performed the following day, and the patient was discharged the following week with follow-up appointments planned.

## Discussion

This patient case presents evidence of the effect of language-concordant care on patient understanding and outcomes. Prior interactions with healthcare providers had left this patient confused and unwilling to make decisions as he did not fully understand the diagnosis or its significance. After an encounter that used his native language, this patient was able to understand more fully what immediate needs were for his treatment, and he was able to ask questions that aided him in making a decision regarding amputation.

Providing care in a patient's native language, when available, creates better physician-patient interactions. This is part of looking at a patient holistically and providing care at the level they need.

## Sources

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2. Fernandez, A., Schillinger, D., Grumbach, K., Rosenthal, A., Stewart, A. L., Wang, F., & Pérez-Stable, E. J. (2004). Physician language ability and cultural competence. An exploratory study of communication with Spanish-speaking patients. *Journal of general internal medicine*, 19(2), 167–174. <https://doi.org/10.1111/j.1525-1497.2004.30266.x>
3. Diamond, L., Izquierdo, K., Canfield, D. et al. (2005). A Systematic Review of the Impact of Patient-Physician Non-English Language Concordance on Quality of Care and Outcomes. *J GEN INTERN MED* 34, 1591–1606. <https://doi.org/10.1007/s11606-019-04847-5>