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Seeking understanding: Proposal for technology as a partial solution to the use of Spanish lexical variants in the English medical setting

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Abstract

Physician-patient communication, essential to achieving good health outcomes, can become complicated when a native language is not shared, as is the case for many Latino patients in the United States. This communication is then enriched, but also hindered, by the diverse Latino dialects that arise in the discourse. Thus, it is imperative that providers have access to resources that promote effective communication. Until recently most medical Spanish resources have focused mainly on standard language, ignoring the use of dialect and lexical variants. This paper will briefly discuss lexical variants in the medical setting along with the challenges introduced when including them in reference materials. Then, some of the medical professionals' needs regarding reference resources will be presented, followed by a few weaknesses inherent in those currently in use. Finally, a proposal will be offered for a system that takes these needs into consideration and seeks to facilitate the medical discourse.

Keywords: medical discourse; lexical variants; ICTs

1. Introduction

As Bennink (2013) demonstrated, in the United States, Spanish lexical variants are used by Latino patients when interacting with physicians who speak Spanish as a second language. These variants, which are for the most part

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absent in medical Spanish textbooks and many bilingual dictionaries, can result not only in an exacerbation of communication barriers and repercussions in terms of poorer health outcomes, reduced compliance and loss of patient trust, but also in negative financial side-effects for the clinic (for example, see Timmins 2005 and Bennink 2013). In order to reduce these noxious effects, there must be more information available to medical professionals regarding these non-standard terms. Certainly one important component would be to begin including them in medical Spanish courses; however, the sheer quantity of these terms implies that this proposal is not enough. Instead, measures need to be taken to promote effective communication during the medical interview itself, resolving doubts and misunderstandings as the variants emerge. This calls for the availability of comprehensive, easy to use, secondary resources that can be accessed during the medical consult. Given the challenges presented by these variants, the specific setting and the short time available for patient care, modern technologies are an ideal platform for such a resource and should be explored to find how best to adapt them to this purpose. To that end, this paper will look at variant use in the United States medical setting, the challenges variants pose to resource design and ways these challenges can be partially confronted via the application of technology to create a more adequate resource.

2. Lexical variants in the medical setting

In terms of variant use among Latino immigrants in the United States medical setting, a preliminary study (Bennink 2013) as well as a more comprehensive study currently being conducted through the Universidad de Oviedo have revealed not only extensive variant use, but also the absence of these variants in the dictionaries consulted in the study[1]. For example, in Bennink (2013) a catalog of 242 variants occurring during the medical interview was collected and, of these, many were not included in at least one of the dictionaries and some were not included in any. This absence is particularly concerning since doctor-patient communication is key to providing quality care, and variant use forms part of that communication. Thus, due to their considerable number and apparent unavailability in secondary resources, there is a need to better design reference materials to incorporate variants in such a way that accounts for their unique characteristics as well as the specialized needs of the provider.

Specifically, these unique characteristics of variants are not limited to indications on use or origin but even more so the fact that, though they are referred to as "lexical", they actually embody a broader set of terms. Since the object of study is the language that professionals perceive and receive in clinic, their perception of "lexical variants" should be considered as it differs from that of a linguist. In Bennink (2013), survey respondents included terms as "lexical variants" that were pronunciation variations perceived as different words. Others were terms that changed meanings due to context, such as *cuidar*: *mi esposo me cuida* (my husband ejaculates on the outside) and *mi esposo se cuida* (my husband uses a condom), both distinct from the typical use of *cuidar*. Other times, grammatically based differences were perceived as a lexical issue. Therefore, a good reference resource must take these characteristics into consideration.

3. Resource needs and current resources

However, before considering an improved design, it was necessary to examine the specialized needs of the end user. For that, twenty-one US medical professionals were surveyed and ten others were asked to provide feedback on the proposed model. The results demonstrated that time, the unavailability of resources or the difficulty in accessing those available, the patients´ lexical dialect, and terms related to the patient´s culture were among the most significant challenges faced when using reference materials in clinic with Latino patients. Of those resources currently used, 75% of respondents use computer-based resources such as Medline Plus, Google and Word Reference; 45% use paper dictionaries; 10% use interpreters or no resource; and some use more than one type.

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[1] Dictionaries consulted: *Diccionario de Español Usual de México* (Fernando Lara 2000), *Diccionario de la Lengua Española* (RAE) and the *Southwest Medical Dictionary* (Artschwager Kay 2001).