

LETTER TO THE EDITOR

## Patient Doctor Communication in the Era of Medical Tourism

Mamta Dubey<sup>1</sup> and Akhilesh Pahade<sup>2\*</sup>

<sup>1</sup>Senior consultant Department of Anesthesia, Rajiv Gandhi cancer institute and research centre, India <sup>2</sup>Attending consultant, Department of Anesthesia, Rajiv Gandhi cancer institute and research centre, India

## ARTICLEINFO

Article history: Received: 16 October 2017 Accepted: 27 October 2017 Published: 30 October 2017

**Copyright:** © 2017 Pahade A et al., SL J Anaesth Crit Care This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Citation this article:** Dubey M, Pahade A. Patient Doctor Communication in the Era of Medical Tourism. SL J Anaesth Crit Care. 2017; 1(1):112.

Correspondence: Dr. Akhilesh Pahade, Attending consultant, Department of Anesthesia, Rajiv Gandhi cancer institute and research centre, India, Tel: +91 9818128778; Email: akhildada09@yahoo.in

## Letter to the Editor

Medical tourism is a growing sector in India. The primary reason that attracts medical value travel to India is cost effectiveness and treatment from accredited facilities at par with developed countries at much lower cost. Usually the patients travel with interpreter or one is provided by the hospital for effective communication between the patient and doctor. The presence of an interpreter is invaluable in the preanaesthetic assessment when the anaesthesiologist elicits patient history. But inside the operating room where patient is not accompanied by the interpreter, explaining simple procedures like intravenous cannulationcan be cumbersome and increase the anxiety of the patient. Also during the recovery from anaesthesia a person responds best when spoken to in their own language.

Usually at our institute, translations of simple commands (as provided by the interpreter) like take deep breath, open your eyes, do you have pain etc, are documented in the preanaesthetic chart. When this vital step is omitted during preanaesthetic assessment, as we faced recently, mobile translator (google translate) came to our rescue.

An Iraqi lady underwent small bowel resection for Neuroendocrine tumour under general anaesthesia. During reversal from anaesthesia the patient was unable to comprehend our commands and continued to hold her breath, attempts to contact her interpreter over phone were also not successful.

We used Google translate to explain to the patient in her native language that the surgery has been completed. She also responded to simple commands which helped us extubate her, administer additional analgesics and epidural top ups and shift her to post an aesthesia care unit.

Later, to verify the translations, we made the interpreter listen to the translations, who confirmed that they were accurate. We also searched for translations of these simple commands in Google translate and copy pasted these translations of different language in another translation apps to get the same phrase we had started off with, thus verifying the correctness of these translations.

A mobile translator is an application for smart devices that can translate words or phrases in a number of languages. Some of these are Google translator, Bing translator, I Translate etc. Google translate supports 90



## SL JOURNAL OF ANESTHESIA & CRITICAL CARE



languages at various levels and serves around 200 million people per day [1].

In an article in BMJ by Patil et al, discrepancies were found in translations of medical phrases made by web based apps. They concluded that Google translate has only 57.7% accuracy when used for medical phrase translations and should not be used for important medical communications [2].

Patrick G. Fernandez et al, used text and translation application for communication with a foreign deaf family, for perioperative communication. They also highlighted the need for validation of such technology to ensure that these tools are an effective way to accurately communicate with patients in the perioperative setting [3].

Currently, in view of mobile translators not being fully accurate, we advocate the use of this technology only for simple non medical commands, in situations where interpreter is not available. We suggest that each hospital should form its own database of commonly used phrases for translation in languages (indian or international) most commonly used and should be displayed in the OR for the doctors and other personnel. **References** 

1. Sciarra AMP, Batigalia F, Oliveira MAB. (2015). Technological Devices Improving System of Translating Languages: What About their Usefulness on the Applicability in Medicine and Health Sciences. Braz J Cardiovasc Surg. 30: 664-667.

2. Patil Sumant, Davies Patrick. (2014). Use of Google Translate in medical communication: evaluation of accuracy BMJ. 349: g7392.

3. Fernandez PG, Brockel MA, Lipscomb LL, Ing RJ, Tailounie M. (2017). Utilization of a Text and Translation Application for Communication With a Foreign Deaf Family: A Call for Validation of This Technology-A Case Report.A & A Case Rep. 9: 47-49.