



**We are  
Called**

**TO HEAL. TO UNITE. TO JUSTICE.**

## Team Reflection

### No. 7 Assumptions & Language Services

Words and language possess significant power. Words shape our mental images, affect our emotions and create realities. They have the power to calm and soothe. We all have had experiences when words sting and cause harm. We also have had experiences when words fail, or when we have struggled to find the best words to describe a situation, our inner dialogue or to communicate the essence of what we want to express.

Layered atop such common occurrences is the strange language and acronyms peppered throughout every aspect of medical care. Our work in the clinical setting impacts a patient's life, mobility, disease trajectory, disability and even death. This is why when a patient prefers a language other than English, ensuring quality interpreter services is critical. Failure to do so can prove harmful.

Dr. Aana Marie Vigen, a theology professor at the University of Loyola Chicago, researched health care experiences of women of color and documented their stories. Vigen relates Antonia's story, a third-year medical student who identifies as Puerto Rican and speaks Spanish and English. Antonia met a Spanish-speaking patient in her late sixties. A colleague made a note in the medical record indicating low educational level. As Antonia spoke with the patient, however, she was surprised to learn the patient had been a professor! Antonia expressed dismay at assumptions made by colleagues: "[...] basically a lot of times I think a lot of people, also, because like I said, their level of understanding English, they're assumed to not understand medical terms, or medical problems, or what's going on with them. And so it decreases your level, or their level, of wanting to communicate and further explain what's going on ..."

Antonia reflected on problems that arise from a combination of fear and language when cultures differ between patients and clinicians. She explained, "fear of...the person, the physician or whoever, not understanding their culture, not understanding their reasons for thinking or doing something." [7.0] Such dynamics create reluctance in patients who thereby withhold information about their symptoms or refrain from admitting they need more information to better understand.



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Vigen trusts that health care providers do not want or intend to look down on anyone. Less understood are how provider and patient differences — such as race, socioeconomics, class, sexual orientation, culture, religion, language, etc. — may inhibit meeting the other as a person.

In the Easter season, events following Jesus's death and resurrection include the Pentecost gathering of Jesus's disciples from every nation hearing and speaking of God's deeds and power. All of this unfolds in each person's native language<sup>i</sup>. This unity across a diversity of language is seen as a gift of inclusion and demonstrates the power of God's Spirit to include diverse people as part of God's healing grace<sup>ii</sup>.

Language also shows up as a theme in the book of Revelation where the literary style highlights conflict between a corrupt majority and righteous minority. The book's author identifies present difficulties but also sees future blessing. Among those blessings, several examples emerge of people from many different nations and languages receiving God's lavish favor<sup>iii</sup>. Such images inspire us today to resist seeing language differences as a barrier, but rather, to see that we have the skills and technology to foster inclusion.

## Consider

- Think about a time when you overheard people speaking in a language you did not understand. Notice your internal reaction. What thoughts and feelings do you notice? Why do you think those thoughts arose for you, whatever they were?
- If you feel sick while on vacation in a foreign country, how would you hope to navigate the language barrier during your hospitalization?

## Let us pray together,

*O God, who created all peoples in your image,  
We thank you for the wonderful diversity of races and cultures in this world.  
Enrich our lives by ever-widening circles of fellowship,  
and show us your presence in those who differ most from us,  
until our knowledge of your love is made perfect*

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*in our love for all your children.*

*We make our prayer in your Holy Name, AMEN.*

*Adapted from *The Book of Common Prayer**

[7.0] Aana Marie Vigen, *Women, Ethics, and Inequality in U.S. Healthcare: To Count Among the Living* (New York: Palgrave Macmillan), 161-162.

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<sup>i</sup> Acts 2:5–13

<sup>ii</sup> Acts 10:44–48

<sup>iii</sup> Rev. 5:9, 7:9, 11:9, 14:6