

Physicians Interrupting Patients

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Dr. Ortega highlights an incredibly important, often understudied but common aspect of current medical practice—the nuance of multi-lingual medical encounters. Medical encounters with discordant languages between the clinician and patient bring with them numerous challenges, not the least of which is time.¹ These visits likely require at least twice as much time, which often is not accounted for when they are scheduled. This makes time constraints even more pressing, and increase the risk for patient interruption, clinicians that feel pressured by time and inadequate communication and care.^{1, 2} Furthermore, these visits rely on expression and perception of empathy through a third party (the interpreter).³

Another valuable point is the underrepresentation of non-English-speaking participants in clinical trials, as was the case in our study. This is likely a result of barriers that span from limited opportunity to participate in research for these patients (e.g., excluded or not asked to enroll) to limited trust in the research team (e.g., limited information about the study in their language).⁴

Caring for patients with limited proficiency in the language spoken by their clinical team is challenging. Clinicians should be aware of the barriers these patients face when seeking care and make every effort to assure they provide adequate care. However, until significant changes to our current medical

system are made, these patients would continue to be vulnerable. We whole-heartedly agree future communication research should include and/or focus specifically on these increasingly common, but nonetheless challenging situations.

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Compliance with Ethical Standards:

Conflict of Interest: The authors declare that they do not have a conflict of interest.

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