Millions of pounds are spent on NHS translation services each year. **Kate Adams** argues that doctors should encourage patients to learn English to avoid future public health problems, whereas **David Jones** believes that current service provision is patchy and more investment is needed

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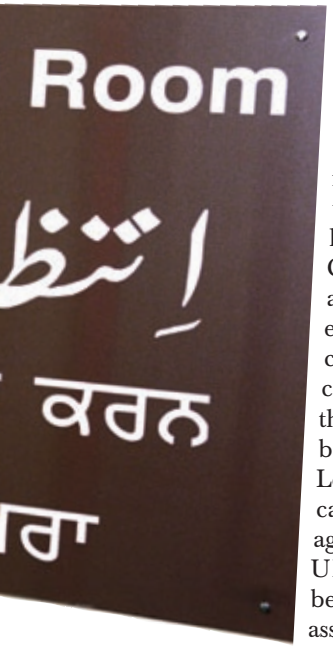
When the BBC reported the high cost of interpreting services, the conservative estimate was £55m (€82m; $107m).[1] My initial response, as a general practitioner using interpreting services every day, was that this seemed a fairly small sum. I believe that more money should be spent on providing a comprehensive language service and on supporting the doctors and hospitals to use it. This is because there are clinical consequences when interpreters are not available or not used and current practice falls short of General Medical Council expectations.

Full citizenship requires a test of competence in English. Non-English speakers have a responsibility to learn English to contribute to the process of integration and share in British identity and public life and to hold on to unemployment benefit.[2] The darker side of this idea is that the state's responsibility to provide adequate language services for those who fail to become competent speakers of English is limited.

Complex factors determine if a migrant to the UK will acquire sufficient English competence to communicate effectively with health professionals. In a 1996 study that explored English language skills in five different ethnic groups, people who were in employment or education performed much better than those at home or retired.[3] Cause and effect are difficult to disentangle, and the cultural factors that confine women to the home may not be easy to shift. Longer formal education and younger age on arrival in the UK also seemed to be important factors associated with better English language competence. In this study the length of time in the UK alone had little relation to English language attainment.



In my practice, which is in a deprived inner city area of London with a diverse population of migrants, I often care for three generations with different English language abilities. For example, it seems unrealistic to expect a 76 year old Somali woman with no previous formal education to acquire English. She may live for another 20 years and this means continued language support. We need to take a long view sometimes.

Influencing language

Health professionals must not underestimate the importance of cultural, demographic, and technological factors in determining if a patient will acquire English competence. In Carr-Hill et al's 1996 study, nearly 90% of 1200 people from nine different minority linguistic communities watched television in English.[3] Ten years later technology has moved on, and the homes of my patients have satellite TV invariably tuned to non-English channels. Even the governments of liberal democracies may be incapable of influencing this area. The United States is often used as an example of a country that has encouraged a strong sense of national identity. It remains a country struggling to manage the language barrier.[4]

It is clearly a disadvantage not to speak the majority language of the country in which you live. Language is a barrier to accessing information. Social and cultural contacts may be limited to those who share the same language. It is not clear that this results in psychological damage. Migration to the UK may have been a difficult experience in many ways, and psychological problems associated with this process are well recognised.[5] We have no evidence to support the suggestion that being a non-English speaker is an independent cause of mental illness. It may be that people who do not speak English are protected from many of the negative features of the wider English speaking culture in ways that have a positive effect on mental health.[6]

Good medical practice

The GMC's 2006 publication, *Good Medical Practice*, clearly states: "To communicate effectively you must: make sure, wherever practical, that arrangements are made to meet patients' language and communication needs."[7] All too often no such arrangements are in place. This is not because such arrangements are impractical but because provision for translation and interpreting in the NHS is patchy and often not adequate or not used. Interpreting services are not audited for quality or uptake, and health professionals do not have training or clinical governance guidelines for the use of interpreters. I have received letters from hospital consultants explaining that a full exploration of a patient's problem had not been possible because no interpreter was available.

Current NHS interpreting services may well have negative health and social care consequences because they are so poor

A recent usage review of telephone and physically present interpreting in two primary care trusts in north London showed that although interpreting services in a range of languages are available, many GPs are choosing not to use them, while a small number of GPs are intensive users.[8] We should not find this surprising. The use of interpreters, either physically present or available remotely via a telephone link, is time consuming and not supported or rewarded by the GP contract. The use of family members and practice receptionists as informal interpreters as a substitute for professional interpreters is widespread.[9]

What is needed is more, not less, spending on language services. Current NHS interpreting services may well have negative health and social care consequences because they are so poor. A new study from the United States has shown that adverse clinical events are more likely to result in physical harm in patients with limited English proficiency.[10] All doctors working in the NHS, certainly in the inner cities, understand quite clearly that care for non-English speakers regularly falls short of the GMC's expectation of good communication with patients.[7] We must not let the politicians persuade us that it is the patients' fault.

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References are in the full version on bmj.com