

The Need for Local Language Training in Healthcare in PakistanA.A.Minhas¹¹ Dow Medical CollegeDOI: <https://doi.org/10.69491/9s3mkh51>

Language is the vessel through which knowledge is transferred, trust is built, and care is delivered. In healthcare, where human lives are at stake, the absence of a common language can create barriers that transform healing into misunderstanding. As Nelson Mandela once said, “If you talk to a man in a language he understands, that goes to his head. If you talk to him in his language, that goes to his heart” (1). This notion resonates profoundly in healthcare, where connecting with the patient’s heart is as important as understanding their symptoms.

In this editorial, we shall discuss the alarming lack of training in Urdu and other local languages for healthcare professionals in Pakistan. In a country where multiple languages coexist, the healthcare system is often unprepared to meet the linguistic needs of its diverse population, which severely impacts the quality of care delivered. While Urdu serves as the national language and is widely spoken, regional languages such as Punjabi, Pashto, Sindhi, and Balochi are the mother tongues of millions of Pakistanis (2). The absence of formalized training in these languages for healthcare workers creates significant communication barriers, leading to misdiagnoses, patient dissatisfaction, and ethical challenges in patient care.

The Linguistic Landscape of Pakistan and Healthcare Challenges

Pakistan is a linguistically diverse country, with over 70 languages spoken across the nation. Urdu is spoken by approximately 8% of the population as a first language and serves as the national language, but it is the second language for many citizens, especially in rural areas (3). Regional languages like Punjabi (spoken by 38.78% of the population), Pashto (18.24%), Sindhi (14.57%), and Balochi (3.02%) dominate local communication, especially in non-urban areas (4). Despite this diversity, the medium of instruction in medical schools across Pakistan is overwhelmingly English, with limited formal training in Urdu or other local languages (5).

This linguistic gap creates significant barriers in patient-provider communication. Most healthcare providers are fluent in English and Urdu, but struggle with regional languages. In rural settings, where healthcare access is already limited, patients often struggle to communicate in Urdu or English, relying on their regional languages for everyday conversation. Consequently, language discordance leads to poorer health outcomes, particularly for vulnerable populations such as the elderly, women, and uneducated individuals (6).

Impact on Patient Care and Healthcare Outcomes

The ability to communicate effectively with patients is critical for accurate diagnoses, treatment adherence, and patient satisfaction. When healthcare providers and patients do not share a common language, it can result in incomplete medical histories, incorrect diagnoses, and inappropriate treatments (7). Studies have demonstrated that language barriers significantly impact the quality of care, increasing the likelihood of adverse events, longer hospital stays, and readmissions

(8).

A study conducted in a local hospital in Lahore revealed that patients who did not speak Urdu or English fluently were more likely to report dissatisfaction with their care (9). They expressed frustration with their inability to fully communicate their symptoms and concerns, often relying on family members or untrained hospital staff to interpret. Inaccurate translation can further complicate medical consultations, leading to misunderstandings between patients and healthcare providers.

In Pakistan's northern and western regions, where Pashto is predominantly spoken, language barriers are especially problematic in mental health services. Patients with psychological or psychiatric conditions need to express their thoughts and emotions with clarity, but a lack of Pashto-speaking healthcare professionals often results in superficial consultations that fail to address the underlying issues (10).

Ethical Concerns and the Principle of Informed Consent

Language barriers in healthcare also raise ethical concerns, particularly regarding informed consent. Informed consent requires that patients understand the nature of their treatment, the associated risks, and alternative options. Without the ability to communicate in the patient's native language, healthcare providers may struggle to ensure that the patient fully comprehends this information. This compromises the ethical principles of autonomy and respect for persons (11).

A report by the Pakistan Medical and Dental Council (PMDC) revealed that many healthcare providers face difficulties in explaining medical procedures and treatments to patients from rural areas who speak only their regional languages (12). The lack of comprehension often leads to confusion and mistrust, with some patients refusing necessary treatments because they did not fully understand the implications.

Current Training Deficiencies

Despite the clear need for linguistic competency in healthcare, medical training in Pakistan continues to focus predominantly on English and, to some extent, Urdu. There is little emphasis on developing language skills in regional languages, despite the fact that the majority of the population speaks these languages (13). The curricula of medical schools are structured around English-language textbooks, while clinical training primarily takes place in urban hospitals where patients are more likely to speak Urdu or English.

According to a survey of medical students at a leading institution in Karachi, it has been concluded from findings of this research that majority of students agree that they need good communication skills in order to be a good doctor (14).

Proposed Solutions

1. **Integration of Language Training in Medical Curricula:** Medical schools in Pakistan must incorporate comprehensive language training as part of their curricula. This should include not only Urdu but also key regional languages based on the geographic location of the institution. Language courses should cover medical terminology as well as basic conversational skills to facilitate communication with patients from diverse linguistic backgrounds.
2. **Continued Professional Development:** For healthcare professionals already in practice, ongoing training programs in regional languages should be made available. These programs can be offered as part of continuing medical education (CME) to ensure that healthcare providers have the tools necessary to communicate with patients in their local languages.

3. Utilization of Medical Interpreters: Where direct communication is not possible, hospitals and clinics should employ trained medical interpreters who are fluent in both the patient's native language and medical terminology. Research from other multilingual countries shows that the use of professional interpreters improves patient outcomes, reduces medical errors, and increases patient satisfaction (15).
4. Use of Digital Translation Tools: Given the rapid advancements in technology, healthcare providers can also use mobile applications and other digital tools to bridge language gaps. These tools can provide real-time translation of medical terms and patient responses, offering a practical solution in settings where professional interpreters are unavailable.
5. Community Outreach and Engagement: Healthcare institutions can also engage with local communities to develop culturally and linguistically appropriate health education materials. These efforts can help bridge the communication gap by empowering patients to better understand their conditions and treatments.

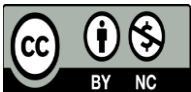
Conclusion

The lack of training in Urdu and regional languages for healthcare professionals in Pakistan is a critical issue that hinders the delivery of equitable and effective healthcare. Addressing this gap requires systemic changes in medical education and professional development. Incorporating language training into medical curricula and offering continuous learning opportunities for practicing professionals will significantly improve patient care, reduce errors, and ensure that all patients—regardless of their linguistic background—receive the respect, understanding, and treatment they deserve.

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