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responsibility for the lasting intergenerational impact of residential schools in Canada,⁶ by addressing health inequalities as health providers. These inequities leave us with a renewed commitment to take responsibility as colleagues, educators, rheumatology providers, researchers and global citizens to be part of the change towards health equality and justice for all. As a rheumatology community, we would like to be at the forefront of this transformation, and we welcome new members to the Task Force to be part of the change.

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Bridging the Gap: Learning Spanish To Better Help My Patients

By Nancy Keesal, MD, FRCPC

I've always been a lover of languages. I was born in Montreal, and I attended a Jewish elementary school and high school and learned French, English, Hebrew and Yiddish, not to mention sign language as I had two grandparents who were deaf-mutes. That being said, when I moved to Toronto for my residency, facing the multiculturalism of the city was daunting, and I soon came to see that translation was a fundamental and often frustrating part of medical practice. No matter how good your translator is, you know you are never getting the full story, and that your patient is not getting the best of you because of it.

When I started in private practice as a rheumatologist, I spent part of my time in an area of Toronto dominated by Portuguese and Spanish patients. Every second patient required a translator, and it was time-consuming and tiring, so I signed myself up for a Spanish class. I have been seeing patients without a translator for years now. It has even helped me learn some Portuguese, not enough to not require a translator, but enough to know when I am not being translated well. It is frightening to realize how often the information we share or the questions we ask our patients are incorrectly conveyed.

Because of my Spanish, I decided to travel to one of the poorest parts of Guatemala with a non-governmental organization (NGO) and offered my services there. The "clinic"

was crude, and we barely had any medical supplies. It was publicized through the village that a "bone doctor" was in town. I snuck in a lot of Depo-Medrol in my suitcase (I found out that to bring it in legally would require the mayor of the town writing a letter on my behalf and 10 pages of paperwork, so I hid it in my luggage). I listened to many stories and gave a lot of cortisone injections that week. I had to ignore the patient with a breast mass I saw, because she had no money for medical care, and the lice on a newborn, passed on to her by the only midwife in the village. There was nothing to do because they can't wash all their clothes with clean water.

There are so many barriers to equity; so many cultural differences that lead to separation instead of celebration. At the core of relationships within medicine is the ability to communicate with ones' patients. Language, at the very least for me, helps me to cross the first fundamental barrier at least with some of my patients. Language has brought a richness and joy to my life and has helped me expand my world, and now I am trying to teach that to my children.

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