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Peer Review Panel

No peer reviewed Journal can exist without a panel of authorities who are willing to take the time to read a manuscript, critique it, and return it promptly. Our panel consists of very dedicated generalists and specialists – members from the Hawaii Medical Association as well as invited non-members. Some of the newer specialized peer reviewers are experts in Barometric Medicine, Addiction Psychiatry, Forensic Pathology, Pain Medicine, and Geriatric Medicine. (See list of Peer Review Volunteers on p. 358)

The Editorial Board and I thank our peer reviewers for their continued service to the Journal.

Translating Services in Hawaii

When I received Cross-Cultural Medicine, edited by Judy-Ann Bigby, M.D., for a possible book review for the Journal, I thought of Al right away. Al Morris, M.D., has practiced internal medicine in Hawaii for more than 30 years. I knew him as a cardiologist /internist at the Honolulu Medical Group. With his years of caring for patients of all backgrounds and languages, now retired, I thought he would give us an objective review of the problem, an ever-increasing one here in Hawaii. That he did with his review on page 361. Mahalo nui loa, merci, grazie, gracias, danke schön, dziekuje, asante, tack, spasido Herr Professor Morris.

Practicing in Honolulu’s Chinatown, I confront the problems of translation services several times every day. Sometimes a patient will come in with two or three friends or relatives who offer their help, compounding the history, examination and recommended treatments. Sometimes a patient will come in with his cell phone to call a son or daughter who is at work attempting to serve as translator. As Al Morris points out in this book review, non-family members are the best translators. But the very best translators are professional ones trained in medical problems.

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Translating Services in Hawaii

For your interest, we did some investigational reporting about the various payments for translation services in Hawaii:

- Medicare covers translation services only for Psychiatry.
- Kaiser Permanente system offers translations in house.
- Medicaid does cover services. Primary care physicians must make a referral and may need prior authorization.
- Queen’s Health Systems - Healthcare: no payments.
- HMSA: no payments.

Hawaii has the following primary language translators available 24/7:

Fortunately, we have Helping Hands Hawaii, which is the most commonly used translating service. Helping Hands Hawaii is a nonprofit organization that sponsors the Bilingual Access Line (BAL). Their professional interpreters have been trained in medical ethics, maintaining accuracy, confidentiality and neutrality in all of their services. At this time, the following language translators are available on Oahu: Cambodian, Cantonese, French, German, Ilokano, Japanese, Korean, Kosraen, Laotian, Mandarin, Marshallese, Portuguese, Samoan, Spanish, Tagalog, Thai, Tongan, Trukese (Chuuk), Vietnamese, & Visayan.

Neighbor island translation can be performed via the telephone by calling Jessica or Mary at 536-7234. Should an interpreter be required on-location, a bilingual access line will provide a translator on your island, or might even fly a BAL interpreter in at the patient’s expense.

Additionally, secondary language translation services are available for the following languages:

Afghanistan	Carolinian	Fuzhou	Kashmiri
Farsee	Chamorro	Georgian	Kiribati
Pashto	Chung Sam	Greek	Kurdish
African	Cook Island	Haitian Creole	Lung Du
Nuev	Maori	Hakkanese	Malay
Dinka	Creole	Hawaiian	Maori
Shilluki	Croatian	Hebrew	Marianas
Moru	Czech	Hindi	Nepalese
Swahili	Danish	Hmong	Norwegian
American Sign Language	Dutch	Hungarian	Pakistan (Urdu)
Arabic	Farsee	Ibanog	Palau (Belau)
ASL	Persian	Ilongo	Pangasinan
Bengali	Fijian	Indonesian	Pashto
Bulgarian	Finnish	Iran (Farsee)	Persian (Farsee)
Burmese	Flemish	Italian	Polish
	Fukien	Javanese	Ponape (Pohnpeian)

Pundi	Sign Language	Tahitian	Turkish
Punjabi	Singhalese	Tai Shun	Tuvalu
Romanian	Slovak	Taiwanese	Urdu
Rota	Solomon Islands	Tamil	Yap
Russian	Swahili	Tcheo Chau	Yiddish
Serbo-Croatian	Swedish	Tibetan	Yugoslavian
Shanghaiese	Szechuan	Tokilau	

These translators are not employees of the Bilateral Access Line, so the patient must arrange for the fees for services on an individual basis. Helping Hands Hawaii with the Bilingual Access Line, is located at 2101 North Nimitz Highway in Honolulu, HI 96819. The phone is 808-526-9724; fax is 808-524-4389, and e-mail address <mailto:bal@helpinghandshawaii.org>.

Readers of the Journal should be aware of the new publication, the American Journal of Multicultural Medicine; volume I, No. 1, 2004 was just published. Interesting articles in this first issue include Type II Diabetes: confronting the multicultural challenges; Allergic Rhinitis: cultural issues and diagnosis and management; and increasing diversity in clinical trial populations, a primary care opportunity. The web site is <http://www.multiculturalmedicine.com/>.

The mission of this new publication is "to heighten awareness of and provide a forum for the racial, ethnic, and cultural perspectives that will improve communication and positively impact patient care, medical practices, and clinical outcomes." Robert C. Like, MD, Associate Professor & Director of the Center for Healthy Families and Cultural Diversity at the Robert Wood Johnson Medical School in New Brunswick, New Jersey, is the series editor.



Book Review

Cross-Cultural Medicine

Edited by Judyann Bigby MD

Illustrated. Appendix. References. Index. Pp ix 289.
American College of Physicians / Philadelphia. 2003
Paperback \$38.00

Book Review by Alfred D. Morris MD

The concepts and problems of cross-cultural medical practice are certainly familiar to any practicing physician in Hawaii. Known for and generally conceded to have the most diverse population in the United States and perhaps in the world for that matter, Hawaii has much to offer in this arena. Although noted for its ethnic tolerance, the state probably has as much prejudice and lack of cultural understanding as any other area of comparable size and density of population. From the vantage point of forty-seven years living in this my adopted home state and practicing medicine here for over thirty years of that time, I gladly accept the thesis of this book as a much needed wake-up call for medical students, residents and practitioners, not to mention the most important group of all, the

professors and teachers of medicine. Nurses, social workers, every employee and employer, every inhabitant and tourist in fact may profit by a perusal of this study with contributions by a cross-section of educators. A nurse, two anthropologists, a Doctor of Education, another PhD, and five physicians, two of whom have MPHs, make for an eclectic set of experts. Most are from the New England area and the majority are physicians.

An excellent first chapter by the Editor lays out the ground work. Each of the subsequent six chapters, by a different contributor or set of contributors, focuses on a specially defined group of particular importance because of its being disadvantaged, oppressed, or different culturally. Language is often the major problem. The eighth chapter addresses the role of spirituality and religion in shaping disease concepts and behaviors, with multiple examples. The final chapter by Dr. Bigby, attempts to energize the medical community to cope with the challenges which seem to be almost insurmountable.

While I applaud the efforts, recognize the validity of the arguments, and support the needs expressed in this book, I feel constrained to point out some of the failings as well. The difficulties of achieving the ideal conditions desired are only briefly mentioned and viable approaches/solutions are given minimal attention. The theme of the book seems to be "a voice crying in the wilderness," with no help given for the listeners as to just how to get out of the "wilderness." In a pertinent example the author explains at length how a physician must have a capable, medically trained, non-family member interpreter in order to give quality care to a patient who is perhaps illiterate, does not speak the same language, and has a totally different concept of illness, the methods of care, and the role of the family. It is an ideal which is not compatible with the practice of a busy practitioner who needs to see patients on a very short allotment of time and, as pointed out, often is not reimbursed for such an interpreter. Indeed in any place other than the largest medical centers in major metropolitan areas such resources are rarely available. The solo physician, and many groups of physicians, faced with this problem may do what little he/she can, but does not have the wherewithal to deal with the situation. The economic/time resources are not available to cope with an unrealistic expectation. The number of languages seems nearly infinite, the number of cultures beyond counting, and indeed each individual even in one's own culture is unique in beliefs and understanding. The best physicians try to cope with this situation, but if failure ensues must we fall on our scalpels screaming "communication is our greatest problem?"

A second difficulty I have with the book is the repeated use of the politically correct mantra against "profiling", "stereotyping", "pigeon-holing" and the like. Why spend many, many pages of statistical numbers characterizing specific groups, ethnic or otherwise, if we are not to view these groups as special, to be carefully scrutinized in regard to some specific parameters. In the name of sound public health it has even been recommended that all of certain groups undergo vaccination because we are unable to document reliably who has or has not been vaccinated. If we know that certain groups have a high incidence of tuberculosis or Hansen's disease, should we look at all patients, whether in that group or not, with the same intensity and suspicion? We are taught that pigeon-holing

See "Cross-Cultural Medicine" p. 370