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Bilingual

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Our batch of interns was posted at a community centre near New Delhi. Just 6 days earlier, we had received our final MBBS examination results. A rite of passage after which you can add a 'Dr' to your name and start internship. While it was exciting to finally see patients independently for the first time, 'real-life' medicine presented with many challenges that I had never dealt with before. What followed was a lesson not only in realizing the limitations of practising medicine in the real world, but also learning to accept less than ideal solutions to problems.

Despite being a small hospital, this place served a large number of patients every day. Doctors in the clinic were always overwhelmed, and merely attending to all the patients within clinic hours was an achievement. This meant that with each patient, you only spent the amount of time that was absolutely necessary. Each minute was precious. While taking final year examinations, we used to read about heroic acts of stenting the coronary arteries or inserting a chest tube to relieve a tension pneumothorax. Real-life medicine for the most part did not involve heroism. It turned out to be repetitive, and after a week into the posting, became slightly mundane. The clinical work involved using just a few combinations of investigation and treatments based on the most common chief complaints and diagnoses—mostly different bundles of investigations and treatments for cough, headache, dyspepsia, diabetes, hypertension, antenatal care, etc.

Another thing that irked me was the pervasiveness of translation in the way we practised medicine. It felt weird realizing this so late, because I had been doing the same thing all through medical college, and this is how we had always been taught. Even though hardly any of our patients spoke English, all of our practice was in English. We used to talk to patients in Hindi, but then translate and document everything in English. This arrangement was inherently riddled with flaws. For some Hindi words, no English equivalent is available, more so for colloquial Hindi words. Over a few days, I realized that the patients were using the same Hindi words to describe completely different complaints. *Hararat* could mean malaise, fever or even tiredness. *Ghabrahat* could mean palpitations, anxiety or uneasiness. *Chaintis*—a burning or tingling sensation, and *chees*—which most likely means pain, would often be used interchangeably. I would often find myself confused about what the patients were saying, and after a short struggle, write down my best approximation of their complaints in English. How can we reliably understand hundreds of patients every day, if we do not speak medicine in the same language as the one the patients use to speak their history?

The prescriptions that the patients take home with them—containing the obviously important instructions about the names of the medications, timing, dose and frequency—were written in English. To help the patients really know how and when to take each medication, a lot of us would often annotate our prescriptions (as so many doctors in India routinely do) with easy-to-understand instructions in Hindi. This was not a perfect system, but it worked.

On one such day, an elderly man walked in. He started talking about his complaints. He had a long medication list, and did not fit into any of the chief complaint bundles. We discussed all of his medications—old ones, and new ones to be started on this visit. I explained to him how and when to take each tablet. At the end of the visit, I wrote down the same explanations in Hindi for him to take home. He waited silently as I annotated his long list of medicines.

'I have written everything in Hindi. You can read this right?' I asked.

He paused.

Then said, 'No, I don't know Hindi, I know Urdu.'

This did not make sense. Hadn't we been talking in Hindi all this while?

'Aren't they the same,' I murmured, and immediately realized my mistake. A Hindi speaker and an Urdu speaker can converse without almost knowing that they are speaking different languages. But though they are spoken similarly, Hindi and Urdu are written in different scripts. He had been speaking Urdu all along. I had realized this just now.

Even though it was not perfect, I was proud of our little system of annotating in Hindi. However, it could not have worked this time. I felt lost at not being able to help. I was helping him in the way that I knew how to help, rather than in the way he needed. I wondered how many times I had already done this with so many other patients. The queue of patients behind him was growing longer. I thanked him and said goodbye. Before he left, just out of curiosity, I asked him to write his name at the top of his prescription sheet, perhaps trying to create a small token of our interaction.

What could have been done differently to avoid this? I'm not sure. I realized we were missing out on long-term follow-up with patients. Since each batch of interns is posted at a centre only for a few weeks, by the time the patient returns for the next visit, the intern who first wrote the prescription is no longer there. The same doctor building a long-term rapport with a patient would lead to better results, in such cases. Otherwise, I simply wish I had more time to talk to him. Had I spent some time with him, maybe I could have picked up on the difference in languages and made a more tailored approach for explaining things.

As I walked back from the clinic that day, I saw the many

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signboards in the hospital that I used to see every day. 'Pharmacy' it said, in Hindi, and in English below that. I thought about this man, trying to navigate his way through the hospital, in a world where all the signs were in two languages that he did not know. We talk about making medicine accessible to everyone, but accessibility means different things to different people. No matter how inclusive we try to make healthcare, we would always be leaving out so many patients. I wondered if he was able to find his way to the pharmacy. I wondered if he would remember the instructions I had bombarded him with.

I thought about the intern who would see this patient on his next visit. I hoped that they would not be too busy to notice this man and his peculiar medical record. Written in three different languages, like how they show the title of a Bollywood film in the theatre. The prescription in English, instructions in Hindi and a single word on the top, written in Urdu.

Conflicts of interest. None declared