

## **2002:09 ACCESS TO HEALTH CARE – ADDRESSING LANGUAGE BARRIERS**

Whereas: there is increasing evidence that those who do not speak one of the official languages do not have equitable access to health information and services in Canada; and

Whereas: there is compelling evidence that quality of care for those who are not fluent in an official language is affected as a result of miscommunication, misdiagnosis, inappropriate treatment, poor understanding of prescribed treatment, with the result that there may be lower patient satisfaction”; and

Whereas: equitable quality of care is also affected through failure of health care providers to meet ethical standards as exemplified through failure to provide care to the same standard as received by other patients, failure to protect patient confidentiality, and failure to adequately ensure patient’s informed consent to treatment; and

Whereas: failure to address language barriers results in exclusion of those who do not speak one of Canada’s official languages from many clinical and health services research; and

Whereas: health is a provincial and territorial responsibility, and in order to receive federal funding, those governments must comply with standards established by and overseen by Health Canada; and

Whereas: the Canada Health Act states that its primary objective is to facilitate reasonable access to health services without financial or other barriers; and

Whereas: rights to language access for services in health care in Canada are principally based on interpretations of the Canadian Charter of Rights and Freedoms, the Canadian Human Rights Act, provincial and territorial Human Rights Codes, the Canada Health Act, Provincial Health Acts and the Criminal Code of Canada; and

Whereas: research on access to health care in Canada has neglected the impact of non-financial barriers (such as gender and language barriers) to equitable access; and

Whereas: differences in utilization of preventive services have been attributed to cultural beliefs and practices, rather than on characteristics of the health care system itself; and

Whereas: rights to language access differ among various constituencies in Canada; and

Whereas: the absence of legislation specifically requiring that health interpreters be provided in the health care setting has contributed to the failure of the health care system to take responsibility for provision of such services; therefore be it

RESOLVED: that the National Council of Women of Canada adopt as policy that national standards be developed, and implementation encouraged, to improve oral, written and sign language access to health information and services for those who lack official language proficiency; and be it further

RESOLVED: that the National Council of Women of Canada urge the Government of Canada to work with the provincial and territorial governments to:

- a. develop national standards and encourage their implementation, in order to improve oral, written and sign language access to health information and services for those who lack official language proficiency;
- b. coordinate a national research strategy to further the understanding of the effect of language barriers on health service utilization and the health status of Canadians; and in particular, ensure that such research explores the impact on women;
- c. develop initiatives to promote awareness of the importance of provider/patient communication and the provision of health interpretation within health professions and institutions.