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# Interpretation is key

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## **BDJ Letter**

### **Internationally displaced people**

Martha Paisi,<sup>1,2</sup> Philip Radford,<sup>3</sup> Hannah Wheat,<sup>4</sup> Jane Horrell,<sup>1</sup> Alaa Jebur,<sup>1</sup> Robert Witton<sup>1</sup>

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Sir, we read with interest the letter by P.Watson<sup>1</sup> regarding the challenges with interpretation services when organising and providing dental care to people who have fled persecution and found sanctuary in the UK. We fully agree that more needs to be done by the system to support these people and the dental teams who want to provide care.<sup>2,3</sup>

In our experience, communication difficulties and translation have been identified as fundamental barriers to accessing care.<sup>4</sup> These can range from patients being unable to make an appointment due to the lack of interpretation services, to difficulties in obtaining consent and appropriately explaining a treatment plan to a patient in the available appointment time.

For example, not all interpreters are fully aware of dental terminology and few receive specific training in dentistry, it can therefore take a long time for dentists to explain, in lay terms, the proposed treatment to patients. Where written translation is required for a treatment plan, this can be problematic when a translator cannot write as effectively as they can verbally translate. Using a telephone interpreter, rather than an in-person interpreter, can also increase appointment times. For NHS dentists in particular, spending time using an interpreter may drive up the costs of providing treatment to unaffordable levels. The costs of written translation is currently not provided by NHSE which acts as a further barrier to care.

Unclear lines of communication can cause frustration for both the patient and the dental team and particularly in our experience, when there are differences in dental cultural norms. Miscommunication can also act as a deterrent for patients with high needs to seeking further dental care. Although having a dentist who speaks the same language providing care is preferred by some patients, current NHS guidance requires

professionals to undergo a 12 week training course before they can treat in a language other than English, which is unrealistic for most dentists.<sup>4</sup>

Revision of existing NHS interpretation protocols but also investigation on how language support can be provided in a culturally appropriate manner would undoubtedly be important in improving patient experience for this patient group.<sup>4</sup> In addition, flexible models of care are required to meet the needs of patients with additional language needs.

## References

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