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Report: Patient illiteracy threatens health care

Understanding is key for safety

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Miscommunications between patients and health care providers are increasing the chances that people who need medical care will be hurt or killed in the process, according to a report from a health care accreditation group.

While cultural and language barriers pose problems for patient-doctor communication, poor general literacy skills can be just as great an impediment, according to The Joint Commission, which accredits nearly 15,000 U.S. health care organizations and programs.

The implications around all

of this are huge if the patient doesn't understand what they have and what they're taking and why. You might be putting the patient in harm's way, and they could be killed," says Dennis O'Leary, president of the commission.

The commission held a news conference in February to present recommendations for health care providers, policymakers and consumers.

The recommendations include specific advice for educating and training health care professionals; using well-trained medical interpreters for patients with English comprehension difficulties; and encouraging a culture of easy-to-understand communication in all facets of medical care.

The 2003 National Assessment of Adult Literacy by the National Center for Education

Statistics revealed that 29% of the American population has only basic prose literacy skills, and 14% has below-basic skills. The below-basic figure includes 3% taking an alternative assessment because of language difficulties; another 2% weren't tested because they couldn't communicate in English or Spanish.

Prose literacy, as defined in the study, measures the skills needed to understand texts such as news stories, brochures and instruction manuals. People with basic skills can perform simple, everyday literacy activities, while people with below-basic skills show proficiency in only the most simple and concrete literacy.

"When literacy collides with health care, the issue of health literacy—defined as the degree to which individuals have the

capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions—begins to cast a long patient safety shadow," the Joint Commission report says.

The report, noting that medical information is often filled with jargon, said that "even those who are most proficient at using text and numbers may be compromised in the understanding of health care information when they are challenged by sickness and feelings of vulnerability."

"When I was in medical school, no one even mentioned that someone might not understand what I was saying," O'Leary says. "Yet, more serious adverse events are caused by communication problems than any other thing."

Toni Cordell, a nationally

known health literacy advocate who has been working with the commission, knows this only too well. Struggling with the effects of dyslexia and a poor education, Cordell went to see her gynecologist three decades ago and listened as he told her she would need surgery.

"He said that it was an easy repair. Unfortunately, I asked almost no questions except 'What day and time do we do this?'" she says.

It wasn't until she was in recovery and a nurse asked her how she was feeling after her hysterectomy that Cordell realized what had happened.

"Humiliation and shame washed over me. I have always felt, even to this day, disappointed in myself that I allowed it to happen in total ignorance. Ignorance is not bliss; it's not a good place to be," she says.