

# Communication and Efficiency: Language and Health Care Brief Presented to the Clair Commission

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## **Introduction:**

Alliance Quebec welcomes the opportunity to present the concerns of the English-speaking community during the public consultations on the reorganization of health care.

As we all know, communication is fundamental to proper diagnosis and treatment of the patient. It also plays a vital role in ensuring a patient is comfortable with his or her health care professional. Alliance Quebec is of the opinion that no matter how fine and efficient a health care system is, it will be less effective if it cannot communicate effectively with the patient and vice versa.

More than 1,000,000 English-speaking people live in the province of Quebec. Since 1982, Alliance Quebec has been entrusted with defending the rights of those members of our community living in the regions which Alliance Quebec represents (Montreal, West Island, East Island, Laval, South Shore, Abitibi, Saguenay Lac Saint Jean, Mauricie and the Laurentians) amounting to in excess of 800,000 Quebecers.

While Alliance Quebec's mission is to preserve and enhance the English-speaking communities and institutions within Quebec, we feel the issue of effective communication between health care professionals, administrators and patients is important for all Quebecers regardless of language spoken.

## **Access to English Language Health and Social Services:**

The English-speaking community has long campaigned for continuing and enhanced access to health and social services in English across Quebec. In December 1986, three years of sustained campaigning for legislative guarantees to English services culminated in the adoption of Bill 142 - a law which guarantees access to health and social services in English for all English-speaking Quebecers. Bill 120, however, stipulates, "each regional board, in collaboration with institutions, must develop a program of access to health and social services in the English language for the English-speaking population of its area ... [and that] ... the program must be approved by the Government and revised every three years." Despite this guarantee, the present government stalled the adoption of access plans for more than three years - plans which had been prepared by Regional Boards. In fact, the government referred these access plans to the *Office de la langue française*, an agency that should have no role in examining documents related to health care. In the end, the plans were only adopted after Alliance Quebec initiated legal proceedings to force the government to do so.

We must recognize the fact that our community had to initiate legal proceedings to ensure access to these vital and essential services. This is symptomatic of a bigger problem: *It doesn't matter what type of equipment is used, how highly trained a health-care professional is or even how health care is funded if there is a complete breakdown in communication from the onset.*

While we appreciate the commission holding public consultations to address problems in Quebec's health care system,

and its varied proposals to address these problems, we must stress that a patient's right to receive health-care in his or her own language should be considered a fundamental right. We urge the commission to seriously consider examining access to English-language health and social services throughout the province and to also consider instituting measures to monitor delivery of such services. We must find a way to ensure that language politics does not interfere with patient communication.

### **Language Testing and Training for Health Professionals:**

The present system requires that health-care professionals, whose first language is English, pass rigid and difficult French language tests before they can obtain their medical licenses and pursue their chosen professions. This has contributed to the exodus of highly trained health-care professionals who choose to leave the province taking their knowledge, experience and expertise elsewhere. Indeed we are aware of many individuals who have left the province after failing the French test or who have been prohibited from practicing medicine despite our shortage of family physicians.

English-speaking health-care professionals must undergo language testing - testing, which is often more difficult than some of the tests required to earn degrees in, say, nursing. This system makes it more difficult for English-language health care professionals to practice medicine than their French-speaking counterparts.

It is imperative that the committee consider revising language-testing requirements to ensure an equitable system and guarantee that all Quebecers have access to the same essential, and in some instances vital, services. While we agree that French-language testing is necessary, we must emphasize that no coherent French language training is implemented. It is also our belief that English-language testing should be required where a significant proportion of the population served is English-speaking. To that end, we would suggest that the language testing requirements be re-evaluated and that the committee give serious consideration to requiring testing of other languages, including English, for health care professionals who serve a clientele in regions where the language need arises.

We would also request that the committee consider instituting measures that would ensure that all health care professionals are provided with on-the-job language training. This will render our health care system more effective and efficient.

### **Language of Work for Health Care Professionals:**

The Charter of the French Language states that workers have a right to work in French. This only serves to create conflict and confusion between health care professionals and their patients. In fact, there are instances where medical professionals have refused to speak to a patient in their language. This was made abundantly clear when the Canadian Union of Public Employees challenged the Montreal Chinese Hospital's determination to provide services in languages other than French, notably in Chinese, to its patients. The Quebec Superior Court, in a judgement rendered in November 1999, upheld the right of the Montreal Chinese Hospital to require that nurses have knowledge of a Chinese language. This historic decision affirmed that minority language communities have a fundamental right to receive health and social services in their language.

Given the enormous magnitude of having to bring such a matter before the courts, we would suggest that the committee consider measures which would ensure that the right of a patient to receive health care services in his or her language, supersedes the right of a worker to work in French.

## **Health Care Institutions:**

A community defines itself by its institutions. The English-speaking community is no different. There exists a sentiment that the network of institutions historically affiliated with the English-speaking community is gradually being eroded as new forms of service delivery evolve. Our community is attached to, and identifies with, its institutions. This is clear from its financial contributions over time and the thousands of hours of volunteer service every year.

Over the last few years, the English-speaking community has had to adjust to major changes in the organization and delivery of services in Montreal. The health and social services legislation of 1991 narrowed the mandate of Ville Marie Social Services Centre and many staff were consequently transferred into the CLSC network, which the community has not traditionally used. The Boards of Directors of some institutions were merged. Jewish Family Services Social Services Centre, which offered services to Montreal's Jewish community, was closed down and its staff integrated into other agencies. In 1993, five hospitals - the Montreal Children's, Royal Victoria, Montreal General, Montreal Neurological and the Montreal Chest - announced that they intended to merge in the form of the McGill University Hospital Centre. We have also seen the mandates of both Jeffrey Hale in Quebec City and the Holland Centre revised. These changes were confusing and unsettling for many in the community.

To add to the confusion, our community saw three hospitals close, the Lachine General, Reddy Memorial, and Queen Elizabeth. These institutions were deeply rooted in the English-speaking community and enjoyed the special designation under s. 29.1 of the Charter of the French Language because of the proportion of their English-speaking clientele.

Despite the varied changes that we have experienced throughout the years, our community continues to have the same health and social services needs. Given that we have seen a gradual erosion of health and social services to our community and that we have seen the *Office de la langue française* attempt to further reduce service to our community through such actions as removing bilingual signs from the Brome Missisquoi Perkins Hospital and, as stated before, encouraging the Canadian Union of Public Employees to challenge the Montreal Chinese Hospital's determination to provide services in languages other than French, notably in Chinese to its patients, we firmly believe that granting bilingual status to only those institutions where more than 50% of their clientele is non-francophone only serves to further reduce health and social services to our community.

With this in mind, we would respectfully request that the committee give serious consideration to recommending a revision of s. 29.1 to reduce the present threshold from 50% non-francophone clientele to 10% non-francophone clientele. To do so would serve to eliminate a communication obstacle to providing efficient and effective health and social services and would reaffirm the contention that a patient's right to receive health and social services in his or her own language is indeed a fundamental right.

## **Meeting the Needs of an Aging Population: Homecare and the CLSC's:**

It is increasingly apparent that the population of seniors in Quebec is growing at a remarkable rate. Between 1961 and 1991 the population rate of seniors (65+) in Quebec has grown from 5.8% to 10.9% and will continue to grow at an astounding rate until the year 2031 when seniors will make up 20% of the population.[1] As the population ages we face the challenge of ensuring that seniors obtain health and social services adapted to their specific needs.

In 1996 Alliance Quebec launched a study which found that English-speaking seniors, particularly those living outside

the Montreal region, can face special difficulties in participating fully in community life and obtaining services adapted to their needs. This is due to a number of factors:

- The English-speaking population as a whole is aging;
- Community support has weakened as their numbers have dwindled;
- Many English-speaking seniors don't speak French and services in English have become increasingly scarce in rural regions of Quebec;
- There is a lack of a critical mass of English-speaking Quebecers in some regions to warrant the organization of services specific to their needs;
- Children leave the province and are unable to take care of their parents and with them the informal structures normally present in most families and communities;
- In some regions, few public long-term care facilities are equipped to offer services in English.

[1] Vers un nouvel équilibre des âges (Quebec: Gouvernement du Quebec, Ministère de la Santé et des Services sociaux Direction des communications. 1991). 11

Contrary to popular conception, the majority of seniors do not reside in retirement homes nor have they lost their independence. Most live at home and have long-standing roots in their communities. Yet, seniors, English-speaking and French-speaking have special needs. Many live below the poverty line, consume a level of health services that is greater than that of the population as a whole, and face a sense of isolation which can stem from not enjoying the social contact in the workplace.

According to a report published by the government of Quebec, solitude and isolation are two factors considered to have the greatest impact on the quality of life seniors enjoy.[2] For English-speaking Quebecers who reside in outlying areas of Quebec, these factors have an even greater impact. In rural areas where English-speaking seniors live, community support has weakened, many have children who have moved out of province, and very few, if any, resources exist in English. As such, feelings of solitude and isolation can have a tremendous impact on their well-being.

It has been reported that additional funding to the health care system will be diverted to the CLSC's. This being the case, we would request that the committee give serious consideration to ensuring that these funds take into account the increasing need to ensure that English-language home care is made available to our aging population, notably in the rural and remote regions of the province.

[2] Ibid, 20

### **Health Care Coordinators for the English-Speaking Community:**

The Canada Quebec Entente provides funding to ensure that the Provincial Government has the funds to provide English-Language Health Care Coordinators, through the Régie Régionales, for the English-speaking community. These Health-Care Coordinators serve as a necessary link between members of the community throughout the province and the institutions that serve them. They also monitor delivery of the Access Plans and ensure English-speaking Quebecers have access to English-language health and social services as determined by the Access Plans. In recent years, we have seen this position reduced, filled by a unilingual francophone and, in some instances, completely eliminated. This is cause for great concern to our community. The diminishing role of the English Language Health Care Coordinators could seriously endanger coordination of English-language services and

ultimately reduce, if not completely eliminate, English language health and social services to members of our community, particularly for those who avail themselves of these services in remote and rural regions of the province. We recommend that the committee seriously consider recommending that the Government of Quebec make use of all funds at its disposal to ensure that all Quebecers have access to proper health and social services.

### **Conclusion and Recommendations:**

In conclusion, we must stress that communication is fundamental to proper diagnosis and treatment of the patient. Consequently, it is our contention that no matter how fine and efficient a health care system is it will be less effective if it cannot communicate effectively with the patient.

It is imperative that the needs and concerns of the English-speaking communities be taken into consideration as the committee makes recommendations to address the problems in Quebec's health care system and ultimately reorganize the system. This being the case, Alliance Quebec is pleased to make the following recommendations.

- 1. The Provincial Government should monitor the delivery of English-language health and social services to determine if the Health and Social Services Access Plans are being properly implemented across Quebec.**
- 2. Revisit language testing for health care professionals and institute a testing formula whereby health care professionals receive language testing which reflects the population they serve. In addition, all testing should be administered through the College of Physicians or the health care institution itself.**
- 3. Provide Government supported on-the-job language training for all health care professionals.**
- 4. The Charter of the French language should be amended to ensure that:**
  - a. The right of a patient to receive health and social services in his or her language should supercede language politics and the right of the worker to work in French.**
  - b. To better meet the needs of the English-speaking community, Institutions that serve a population where more than 10% of their clientele is non francophone should be designated as bilingual.**
- 5. Provide Health Care Coordinators for the English-speaking community as per the Canada Quebec Entente. English-language Health Care Coordinators play a vital role in ensuring the English-speaking community has proper access to English-language health and social services and serve as liaison between the community and the institutions which exist to serve them.**
- 6. Provide adequate funding to ensure that CLSC's are better equipped to meet the increasing demands of serving an elder English-speaking population through services provided through homecare.**

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