

Episode: *Author Interview: “Recognizing and Dismantling Raciolinguistic Hierarchies in Latinx Health”*

Guest: Dr Pilar Ortega, MD

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[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview Series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Pilar Ortega, a Clinical Assistant Professor in the departments of Medical Education and Emergency Medicine at the University of Illinois College of Medicine in Chicago. She’s here to discuss her article coauthored with Drs Glenn Martínez, Marco Alemán, Alejandro Sapien Hildago, and Tiffany Shin, [Recognizing and Dismantling Raciolinguistic Hierarchies in Latinx Health](#), in the April 2022 issue of *The Journal*, [Health Equity in Latinx Communities](#). Dr Ortega, thank you so much for being on the podcast today. [music fades out]

DR PILAR ORTEGA: Muchas gracias. Thank you for inviting me.

HOFF: To begin with, what’s the main ethics point that you and your coauthors are making in this article?

ORTEGA: As doctors, and in general I would say, as humans, we are constantly making rapid decisions based on things we observe about people around us. But sometimes we make faulty assumptions, and sometimes those assumptions are not only based on how someone looks, but also based on how they sound, especially how they sound when they speak. And so, the main point we’re trying to make is that language is a key factor and a determinant of health, and the impact of language is one that we have to recognize. And it shouldn’t be understood in isolation, but rather, together with other factors that influence people’s identity. So, when we talk about Hispanic, Latinx health, language and other aspects of identity like race, ethnicity are deeply intertwined. So, we need to be conscious of those potential sources of bias, including language, so that we can ensure health equity.

HOFF: Mmhmm. What do you see as the most important thing for health professions students and trainees to take from your article?

ORTEGA: Well, in this article, we introduce a term that is probably new to many people: “raciolinguistics.” And the reason that raciolinguistics is important for people to become familiar with is that it’s a way to understand the complex relationship, the convergence, if you will, between several aspects of people’s identity, including race and ethnicity, and also the languages they speak and how they speak them.

So, for example, sometimes health professional staff make assumptions about patients that are not true. For example, if they encounter somebody who does not speak English, they might assume that that person has a low level of education or low health literacy, or that they are more likely to refuse treatments like vaccination or screening tests. But these are not true assumptions. Other times, people make faulty assumptions about us as health

professionals who they believe to have some non-English language skills, like, for example, we might get asked to serve as an interpreter, even though we may be untrained and unprepared for that kind of role.

HOFF: Mmhmm.

ORTEGA: So, we have to make ourselves aware of the impact of language and the biases we may have related to non-English languages in order to create a safe environment. And I think that's particularly critical for trainees and students, and especially so that we can be welcoming and really have a sense of belonging for those who are bilingual and to provide excellent care to all patients, regardless of their language needs.

HOFF: And finally, if you could add a point to your article that you didn't have the time or space to fully explore, what would that be?

ORTEGA: Well, I think the thing I would add is how we can make this raciolinguistics really help us provide better care and to improve medical education. I think it's an opportunity to improve health equity and also to advance the careers of those who are lucky to speak more than one language and are able to therefore provide excellent care to a diverse variety of patients with different linguistic needs. And so, the way I think we can do that is first by intentionally preparing the health care environment to let people know that they belong. So, things like signage, professional interpreter availability, training for staff in how to ask patients about language preference, working with interpreters, factoring in patient language needs whenever a new system gets implemented, for example, telehealth. All of these areas are really complex, and there's a lot of issues around policy in systems, as well as training for providers, for students, for residents, etc. that need to all fall into place. So, it's a multifactorial effort in order for these things to be effective.

So, I think that's where I would spend, I think, some more time if we had the time and space to do so, is really how to incorporate this theoretical understanding of raciolinguistics into how to practically impact health care and medical education so that we can really support those who have language skills and support the rich diversity within our students, within our trainees, within our clinicians, and also support the language needs of our patient population. [theme music returns]

HOFF: Dr Ortega, thank you so much for your and your coauthors' work on this article for this issue, and thank you for being on the podcast with me today.

ORTEGA: Thank you so much for the time.

HOFF: To read the full article, as well as the rest of the April 2022 issue for free, visit our site, [JournalofEthics.org](https://www.journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.