

## Changing face of Canada is changing the face of medicine

Canadian health professionals are witnessing a rising tide of multiculturalism that has seen the number of nonofficial languages spoken across the country hit a record high. Data from the 2001 census show that about 5.3 million people are allophones — people who claim neither official language as a mother tongue. While English and French still predominate, more than 100 languages are being spoken. There has been a spike in the use of Asian and Middle Eastern tongues, particularly Punjabi and Arabic but including rarer tongues such as Twi, spoken in southern Ghana. Overall, 5.4 million of the 30 million people living in Canada were born abroad.

The impact of this cultural shift has been felt in health care for several years, says Deborah Gordon-El-Bihbety, director of national programs at the Canadian Public Health Association. How-

ever, medical communication problems are not limited to new arrivals. “We know that almost 50% of Canadians have low literacy and they can’t make use of health information because it’s written at too high a level.”

But the challenges doctors face today extend beyond literacy into the realm of cross-cultural understanding, and nowhere are they more complex than in Toronto. Census data show that 40% of people residing in Canada’s biggest city are allophones (1.898 million residents), a 17.8% increase since 1996.

Toronto residents speak more than 60 languages, with Chinese dialects being predominant after English. Chinese is the first language of more than 355 000 Toronto residents, and is followed in popularity by Italian, Portuguese and Punjabi.

Riffaat Mamdani has witnessed the growing need for cross-cultural services

### Varicella vaccination needed to avoid severe complications: surgeons

A new study says varicella vaccination of children would help eliminate the danger posed by rare but potentially fatal complications, including necrotizing fasciitis.

The study, published in the February issue of the *Canadian Journal of Surgery*, recommends aggressive surgical debridement and intensive antibiotic treatment for children showing signs of infection with the organisms that cause necrotizing fasciitis in order to prevent muscle necrosis, major limb dysfunction, amputation or death.

“The complications we have described are preventable with vaccination ..., which has proved effective in preventing and decreasing the severity of infection,” the authors state.

The study was conducted by physicians in the Orthopedics Division of the Children’s Hospital of Eastern Ontario in Ottawa. An increase in the severity of complications in children with chickenpox prompted them to review the incidence of necrotizing fasciitis among these children, and its treatment.

There are about 350 000 cases of chickenpox in Canada each year. Studies estimated the overall complication rate at 2.1%, and about 6% of these complications are musculoskeletal in nature.

The study involved 5 children aged from 2 to 5 who developed necrotizing fasciitis and other complications after getting chickenpox. Each child had surgery immediately after diagnosis, followed by intravenous antibiotic treatment. All recovered.

The researchers concluded that doctors should suspect necrotizing fasciitis in any child with a history of chickenpox who has symptoms such as increasing pain, fever associated with swelling in a particular area, and reddening or blistering of the skin. “Vaccination against varicella infection should become the standard of care in order to prevent these serious complications,” the authors conclude. —

Brian Whitwham, CMAJ



Canapress

### Physicians must adapt to a new cultural reality

during 3 years as a nurse with Toronto Public Health. She said the increasing reliance on translators is placing unexpected strains on the health care system.

“Think about the time it takes us. A normal visit takes about an hour, but once we take an interpreter we’re in there at least an hour-and-a-half to 2 hours. It doubles everything you do.”

Mamdani, a Muslim, has conducted workshops on Muslim culture at several Toronto hospitals to help explain cultural differences. For instance, it’s important for doctors to know about the tradition of reciting the *Adhan* (the Muslim call to prayer, a standard blessing) into a newborn’s ear shortly after birth.

Differing gender relations between cultures can also create difficulty. “Women who are from Pakistan, for example, are less likely to speak directly to a male doctor, but they’ll probably speak to a female doctor,” Mamdani said. “Women from Saudi Arabia will ... always look down, but that doesn’t mean that [they are] not listening.”

Given the plethora of cultural issues, said Mamdani, no doctor can be expected to be aware of all of them. “You can’t know everything, so you have to be sensitive,” she added. “And in order to be sensitive, you really have to be listening.” — Brad Mackay, Toronto