

Episode: *Author Interview: “What Should Be the Scope of Long-Term Care Organizations’ Obligations to Offer Culturally and Linguistically Appropriate Services to Patients?”*

Guest: Azziza Bankole, MD

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[bright theme music]

[00:00:04] 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 way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Azziza Bankole, a professor of psychiatry and the program director of the Geriatric Psychiatry Fellowship at the Virginia Tech Carilion School of Medicine in Roanoke and an attending geriatric psychiatrist at the Carilion Clinic Center for Healthy Aging. She’s here to discuss her article, coauthored with Drs Darlon Jan and Mamta Sapra, “*What Should Be the Scope of Long-Term Care Organizations’ Obligations to Offer Culturally and Linguistically Appropriate Services to Patients?*,” in the October 2023 issue of the Journal, [Geriatric Psychiatry](#). Dr Bankole, thank you so much for being on the podcast. [music fades]

DR AZZIZA BANKOLE: And thank you so much for having me.

[00:00:59] HOFF: So, what’s the main ethics point that you and your coauthors are making in your article?

BANKOLE: I would like to say that the key ethics point is the importance of having legal protections keep up to date with the changing landscape. Individuals with limited English proficiency we know have worse access to care. And despite decades of work, these challenges remain. Our current laws are limited in the protections they provide and in how they are applied. That being said, we have seen improvements compared to where we were many decades ago.

Long-term care facility environments can be particularly challenging, as many of their protections can be unclear and actually do depend on the overall makeup of the environment. An example is CMS, the Centers for Medicare and Medicaid Services, requires incorporating resident personal and cultural preferences. And it’s important to note that this extends to like food and meals, but it can be limited depending on the overall cultural and religious makeup of the facility’s population itself.

Another example is the requirement that information needs be presented in a language that residents can understand, either orally or in writing, in a manner that makes sense. In the case that we presented, the patient was provided with a translator, but whose background brought up traumatic memories of war that the patient themselves had experienced. Now, would it be better for this patient to have regular access to the trained medical translator provided, but who so happens to be the only one available to the facility, or for the facility to engage the patient’s family friend whenever they were available? It’s situations like this that make working with this and trying to sort this out very complex.

[00:03:01] The obligations prescribed by the Hill-Burton Act, EMTALA, or the Affordable Care Act do take into account that different facilities can have different levels of obligations

such that those that serve a more diverse area are actually expected to serve and provide the services for this diverse population. In this case, the facility actually did more than the minimum required. And an increasingly diverse older population means that this scenario is going to play out more and more frequently in these facilities.

[00:03:37] HOFF: And so, what's the most important thing for health professions students and trainees specifically to take from your article?

BANKOLE: For me, that would be that they be able to explore in depth the challenges faced by residents in long-term care facilities who are not part of the majority group, especially on a cultural and linguistic level. Language and cultural sensitivity is much more than just having translator services or cultural recognition. We know that cost and the ethnic or cultural makeup of a facility are major limitations in ensuring that these services are actually provided widely. But we all should also understand that the lived experiences of older adults, what we are taught or what our learners are taught in history is actually what these older adults have lived through. When I started in geriatric psychiatry, I had patients who had been through World War I. And for me, that was history, but for them, that was their lived experiences. So, they have lived through wars, famines, dictatorships, epidemics, and pandemics. We often tend to focus on medical factors, or maybe even at best, the immediate psychosocial factors like home, work, and family. But we also need to remember that our psychosocial factors are broadly influenced by major political, economic, and social stresses and events. This, in essence, is an important reminder for our learners to take a good history.

[00:05:13] 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?

BANKOLE: I wish we were able to provide a more expansive take on what culture is. In our article, culture was inextricably linked with language, which made it simpler for us to tackle both concepts at once. But there are numerous elements that comprise our identities and cultures, including religion, spiritual practices, gender identity, sexual orientation, even where we grew up and where we live currently. The impact of these and other cultural factors can play a significant role in assessing the needs of and providing resources for older adults in long-term care facilities. [theme music returns]

[00:05:58] HOFF: Dr Bankole, thank you so much for your time on the podcast today, and thanks to you and your coauthors for your contribution to the Journal this month.

BANKOLE: Thank you.

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