Two patients. Same cancer. Same hospital. One leaves with clarity. The other leaves confused, scared, and silent. The only difference? Language.

We talk about cancer care in stages—diagnosis, treatment, remission, and survivorship. Yet, each stage is scaffolded on communication: the ability to understand, to ask, and to be heard. For tens of thousands of Canadians, this scaffolding may have been fractured from the start (1). Language is a quiet social determinant of health, often invisible and unheard. Within records, it leaves no obvious trace. Only missed words. Unasked questions. Silent fears.

"If you can't express yourself, you go home."

These words came from a cancer patient who only speaks a non-official language, interviewed by a Denmark phenomenological study (2). It's a simple sentence, but speaks to a larger experience: language, illness, and emotions are closely intertwined. As another patient describes, when you cannot understand, "you just disappear from that room" (2). Without an interpreter, many feel hopeless and frustrated (3). Even when an interpreter is present, gaps persist. Differences in dialect, rushed consultations, and imperfect translations can distort what's being said. "It might give a completely different meaning, or I might not get all the information I should have" (2).

For over 22% of Canadians, English or French is not their first language (4). Even for bilingual (English and French) Canadians, receiving cancer care in their less familiar language can cause distress (3). Hearing difficulties also pose a language-related barrier (5). 4% of Canadians face hearing challenges preventing effective communication in group settings, unless with hearing aids (6).

In cancer care, every word carries weight. *Stage. Spread. Recurrence*. These terms are not merely clinical. They shift across languages, charged with meaning and emotional gravity. Recalling my time helping at a senior home, I saw how residents could dwell on one word from their appointments, turning it over in their minds, unsure if it meant hope or despair. Language reflects culture, and so does language for oncology. In some African, Pacific, or Canadian Indigenous languages, there might be no direct word for cancer or certain body parts (7,8). Stigmatization exists in some languages, with cancer euphemized as a shameful 'problem' or used as slang for insulting others (7,9). Evidently, language influences more than comprehension—it shapes attitudes, emotions, and decisions (2). And when unbridged, this gap leaves patients quiet and uncertain.

There is a tangible cost to the silence, beyond inconvenience or discomfort. Language goes both ways. When patients don't understand their diagnosis, they cannot advocate for themselves. When treatment options are not clearly explained, informed consent becomes symbolic, not sincere. When follow-up instructions are misunderstood or unread, survivorship becomes precarious. To healthcare providers, this breakdown in language could appear as non-compliance and disinterest, while symptoms, needs, and other critical information are overlooked (10). Physicians may feel frustrated, inadequate, and unconfident, in turn impairing their delivery of quality healthcare and decreasing follow-up referrals for that patient (10).

If a patient has difficulties communicating fluently, they're more likely to miss appointments, misunderstand medication usage, and delay reporting symptoms (2,10). A lack of rapport is also seen, linked to worse patient satisfaction, compliance, and general health outcomes (10,11). Objective metrics have been documented, with CIHI reporting that patients who cannot speak either English or French have a 30% higher rate of unintended hospital harm (12). In an audit with simulated patients, while 93.5% English speakers received further guidance for cancer care from a hospital hotline, only 27.5% did for Mandarin speakers and 37.7% for Spanish speakers (13). For Canadian Indigenous languages, language barriers are also a concerning risk for misdiagnoses, unnecessary tests, adverse reactions to treatment, medical delays, and poorer quality care (14,15). As noted by the language commissioner of Nunavut, "if you cannot communicate with your patient, your patient is not safe" (15).

Apart from these outcomes, there's a pain from being unheard—a recently coined term of 'linguistic pain' (2). It stems from the hopelessness and anger of being less involved in one's own health, along with a potential guilt and shame for not having learnt the language (2). This pain is often hard to express, while intensifying other symptoms like nausea and headaches.

Importantly, barriers to language are not isolated. They're intertwined with other identities and social determinants of health—immigrant or refugee status, cultural background, education, digital literacy, and socioeconomic status. As an immigrant myself, I saw this firsthand while volunteering with non-profits supporting fellow newcomers. Language was often the most visible hurdle, but beyond that, many had to navigate an unfamiliar healthcare system and juggle responsibilities in finding housing or settling in. Many had to rebuild social networks, locate resources, and seek a path to accessing healthcare. And, as I soon began to appreciate from our discussions, finding a physician who shares a common language or has an accessible interpreter is no simple feat.

These overlapping challenges make it harder not just to access cancer care, but to feel safe and understood within it. However, how might this be addressed? Mirroring the complexity of language barriers, resolving it demands a multifaceted solution. It's not enough to hand someone a pamphlet or offer a translation. We must ask: do they understand? Do they feel safe enough to ask questions? Do they feel heard?

Medical interpreters are a critical component of cancer care, helping facilitate a shared understanding and reduce fear or distress (2). Yet, its delivery is fragmented. British Columbia is the only province with central funds for interpreter service (4). Interpreters are often underutilized with a lack of coverage (4). Potential contributors may include the cost of human resources, administration, and how having an interpreter may take more time in clinic.

Mitigating this requires a comprehensive coordinated province-wide system to allocate interpreter services seamlessly, with closer embedding of interpreters within care teams. Furthermore, many patients report lack of continuity in interpreters as a major source of distress, having to repeat their history and rebuild safety and comfort in sharing (2). Logistical supports, like maintaining consistent interpreter teams or using virtual interpreter services, can enable this continuity.

For example, a study in Germany found remote interpretation was broadly accepted and enhanced perceived communication quality among both patients and physicians (16). Virtual platforms offer timely access and broader language availabilities, thus serving as a strong complement when in-person interpreters are unavailable or inconsistent.

Integrating family members is also essential, particularly if patients rely on them for interpretation and emotional support. Providing resources, like on medical vocabulary, medications, and symptom monitoring, can empower them to support patients most. Expanding translations to include prescriptions, forms, and after-visit summaries would further reduce barriers, which could involve joint systems with artificial intelligence tools and medical translation services.

Community collaboration is equally important. Partnering with cancer support groups that share a patient's language or culture, or training peer navigators to guide newcomers through healthcare systems, can bridge gaps. As for providers, clinical and interprofessional training programs enhance comfort with navigating interactions with patients and interpreters (17,18). Linguistic humility is key: to pause, check for understanding, and create space for questions. Silence should never be mistaken for comprehension.

Ultimately, in cancer care, we must rethink what language means. It's not just a tool for communication, but a determinant of dignity, safety, and care. For patients, language shapes confidence and comfort. For providers, it's a responsibility that extends beyond words.

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