

Bridging the Communication Gap in an Irish Plastic-Surgery Trauma Unit

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Dear Editor,

Ireland's demographic landscape has transformed dramatically in the past decade. The 2022 Census found that 20 % of residents (1,017,437 people) were born outside the State, up from 17 % in 2016 ¹. This diversity is increasingly visible at our Plastic Surgery Trauma Unit, which handles urgent cases on a daily basis. Accessible, equitable communication is essential in this acute-care setting, supporting informed consent, patient safety, confidentiality and fairness.

Recognising this evolving patient profile, we sought to access formal interpretation services for trauma patients with limited English proficiency (LEP). A prospective analysis of all consecutively presenting patients to the plastic-surgery trauma unit at St Vincent's University Hospital Dublin was performed from 1 November 2024 to 31 January 2025. Preferred language, interpreter use and substitute communication strategies were collated from patient healthcare records and assessed at three time-points: (1) triage, (2) the informed-consent process and (3) discharge. We compared these practices with the HSE *On Speaking Terms* Good Practice Guidelines ².

Of just under 300 patients, 57 (approx. 20%) noted that English was not their first language. Professional interpreter services were utilised in only 3 / 57 cases (5 %). In 27 consultations a relative, friend or translation application (Google Translate or Microsoft Translate) was used, while in the remainder no support was offered. A language-screening question was absent from all triage forms, and consent forms were completed in English for 100 % of the procedures performed.

Our current practices fall short of the Health Service Executive's own standard. *On Speaking Terms* warns that failure to provide an interpreter where a language barrier exists "could be construed as unlawful racial discrimination" and may invalidate consent ². The Irish Human Rights and Equality Commission's 2023 Equality Review in Community Healthcare West reached similar conclusions, highlighting persistent gaps in interpreter availability ³.

International evidence reinforces the patient-safety imperative: a review of 37 hospital-based studies reported that professional interpreter services reduce clinical errors and adverse events while improving communication quality and cost-effectiveness⁴. The same review also highlighted that professionally interpreted encounters contained significantly fewer clinically consequential interpretation errors than ad-hoc or no-interpreter encounters, further strengthening the case for routine access to accredited services.

Frequent use of informal communication methods risks misinterpretation, confidentiality breaches and ethical issues, especially in trauma care. To safeguard equitable communication, we propose three concrete steps: mandatory language assessment at triage to trigger referral to remote interpreting services; prioritise remote interpreting services for all patients with LEP across both emergency and outpatient surgical services; and capture accredited-interpreter usage as a key performance indicator in departmental audits.

Accessible, fair communication isn't a luxury, it underpins informed consent, patient safety and human dignity. Our study highlights an easily remedied weakness in acute surgical care that likely exists in many Irish hospitals.

Declarations of Conflicts of Interest:

None declared.

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