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When language becomes a safety risk in supportive and palliative care

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Letter to the Editor

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Dear Editor,

We were intrigued by the recent case reports by Jimenez-Torres et al. (2026), which compellingly demonstrate how language barriers can compromise patient safety, autonomy, and emotional well-being in supportive and palliative care. These cases highlight that language discordance is not just a communication challenge, but also a structural safety risk inherent in clinical systems and workflows, with direct implications for quality of care and equity (Van Rosse et al. 2016).

Importantly, these cases have at least reinforced previous evidence that interpreter services alone are insufficient to address the complex clinical, emotional, and ethical challenges faced by patients with language preferences other than English. While professional interpreters are crucial, relying solely on translation without a linguistically accessible system leaves gaps in symptom management, discharge safety, and shared decision-making, particularly in palliative care settings where communication is emotionally charged and time-sensitive (Silva et al. 2016).

The absence of validated and appropriate multilingual symptom assessment tools in the electronic medical record (EMR), as illustrated in the second case, further underscores this risk. Language-inappropriate assessment tools can lead to inaccurate symptom reporting, inappropriate treatment decisions, and increased patient vulnerability. Previous studies have shown that patients with limited English proficiency experience suboptimal pain and symptom assessment, reinforcing the need for language-appropriate clinical tools to ensure safety and accuracy in patient care (Schwartz et al. 2022).

From a psychosocial perspective, these cases also reveal how linguistically inaccessible systems exacerbate psychological distress and perceived loss of control among patients with advanced illness. Reliance on family members for translation compromises privacy and autonomy, while navigating English-only systems can increase anxiety, fear, and emotional burden. Studies show that limited English proficiency is associated with poorer psychological outcomes and diminished patient experiences, particularly in intensive care and end-of-life settings (Lehman and Moriarty 2024). The authors' integration of bilingual supportive care psychology and feedback education demonstrates how language accessibility is inextricably linked to dignity and emotional well-being.

These cases ultimately demand a shift from individualized, shortcut-based solutions to system-wide accountability. Integrating validated multilingual tools into EMRs, standardizing translated patient discharge materials, and embedding linguistically responsive practices into institutional quality and safety initiatives are critical steps toward equitable and adequate care. Moving from awareness to sustained action requires health systems to treat language accessibility as a top patient safety priority rather than an optional accommodation (Fox et al. 2020).

Overall, the findings of this article make an important contribution by reframing language access as a patient safety imperative in supportive and palliative care. We sincerely hope this will encourage further research, policy reform, and institutional commitment to linguistically responsive systems that uphold the safety, equity, and dignity of all patients.

Competing interests. We declare no competing interests related to this article.

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