



# The Importance of Resurrecting English-speaking Healthcare Services in Québec



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## Context

French is the first language of 71.2% of Quebecers. For the remaining 27.9%, communication outside of this language can be difficult, especially in regard to health care (Ouimet et. al 3). This is of concern as those who seek medical attention or health resources may not be provided adequate care given the linguistic barrier. Particularly, it is Québec's English-speaking minority that is most affected by this issue (Ouimet et. al 3). Within this minority, there are still hundreds of thousands of English-speaking individuals who desire to seek health services in their first official language. The wish does not simply arise due to a lack of bilingualism. Evidence shows that in times of crisis - when individuals look to communicate a matter of importance - they most often revert to their mother tongue (Silver 686). Without resources designed to cater to the English-speaking population, the government subjects this linguistic minority group to unequal health care services.

## Why address this issue now?

Significant increases and demanding needs for health care services (in different capacities) since the onset of the COVID-19 pandemic has showcased just how important it is for all, including the English-speaking Québec population to easily receive accessible and reliable health care. In a time as health conscious as ever, it is imperative to realize that the result of poorly adapted health care services, from a linguistic perspective, can lead to circumstances vulnerable to medical errors. Scientific literature highlighted by the Community Health and Social Services Network contains examples of the way in which language barriers compromise not only the accessibility but quality of health services. For instance, these barriers may lead to medication errors, misdiagnosis, and interactions with incorrect medical personnel amongst other roadblocks (CHSSN 5).

It is also important to address this issue considering that as recently as 2019, the current Québec government has made it even more difficult to obtain these services; by commending the removal of the English

language on hospital signs in a number of regions across Québec. Most particularly, *Office québécois de la langue française* demanded the removal of English signage at the Lachute hospital in order to conform to Bill 101 despite the town's significant English minority (Banerjee). However, at Y4Y Québec we wish that the current government be more mindful of the population of English-speakers that are present in these areas, which our organization believes can be done in tandem with ensuring the vitality of the French language. Subsequently, English-language speakers seek healthcare elsewhere in the province, and in some instances, this leads them far from where they reside, which can be both inconvenient and, in some cases, dangerous (Silver 685).

## Call to action

In the 2011-2012 years, the proportion of persons who reported having a place to go when sick or in need of medical advice reported by the English-speaking population of Québec (73.7%) was lower than that of the French-speaking population (82.1%) (Pocock 78). It should be in the best interest of the present Québec government to help eliminate this gap between anglophones and francophones as effective communication in health care boosts the overall well-being and maintenance of health for the entirety of the Québec population (Pocock 10) regardless of language divisions.

## Conclusion

Notably, following the 1967 Castonguay-Nepveu Report the provincial government established a network of public institutions for which it assumed all costs within Québec. Subsequently, this helped healthcare in Québec become more accessible for all and permitted the expansion of services catered to the English-speaking community (Silver 684). However, additional efforts of expansion have certainly been most saturated in one region rather than all. As a result, we see that English-speaking services are most abundant within Montréal and are incredibly hard to come by in similar volume elsewhere in the province.

It is also worth noting that there are laws in effect that aim to uphold health care services for the English-speaking population such as section 15 of the *Loi sur les services de santé et les services sociaux*. Section 15 states that English-language speakers “are entitled to receive health services and social services in the English language, in keeping with the organizational structure and human, material and financial resources of the institutions providing such services and to the extent provided by an access program” (Québec section 15). While these efforts to recognize the English-speaking population in health care have been appreciated, they do not appear to be of top priority for the current government and as such should be revisited. Therefore, it is under the recommendation of Y4Y Québec that Premier François Legault and Minister of Health and Social Services Christian Dubé begin to focus more acutely on the development of English-language health access programs throughout all regions in Québec.

What this entails is working with the English-speaking population to gather input on the services most needed in the language as well as supplying translators for most, if not, all healthcare services, to name a few. Additionally, the government should opt to oust the option of transferring patients as a part of access programs. Instead, access programs should focus on providing English-speaking health care services at all facilities. To achieve this goal, periodic revision and updating of the English-speaking access programs should be of utmost importance in order to keep track of effective progress regarding services.

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