

# Communicating

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Communicating successfully is often a matter of luck. Canada is an officially bilingual country, which is good and not-so-good: good in the sense that both English-speaking and French-speaking Canadians feel included in the activities of government and society, but not-so-good in some of the practicalities of communication. The most fortunate Canadians are those who are fully bilingual. The most unfortunate are those who are not only unilingual, but also tone-deaf when it comes to learning another language.

This is the end of my second year as a Canadian citizen, and much of what I had to learn to become Canadian is still fresh in my mind: to this day I mutter “1867” in my sleep. But I recall being bemused by the fact that becoming Canadian required a working knowledge of either of the official languages but not both. The potential for difficulties with communication in this multicultural country was obvious at my swearing-in ceremony because the dominant language of inductees was neither English nor French.

The presiding judge spoke only in English, but the swearing-in itself was conducted sequentially in both French and English. All very confusing, which may be why I remember clearly only two things the judge said that day: the first was his admonition that “in Canada, a woman is the equal of any man” (my wife’s pinch marks on my arm are still visible), and the second was a warning not to go directly from the ceremony to the passport office (“they couldn’t handle you all”).

Being a Canadian communicator thus carries its own special difficulties, difficulties that are not familiar to our Commonwealth cousins or our American neighbours. Canadian medical journals must, of necessity, cater to readers of both official languages, not only because the Minister of Canadian Heritage requires it, but also because many of our readers are truly unilingual. In each issue of this journal, we publish bilingual versions of editorials, abstracts from original articles, and clinical practice guidelines, and we know

that most of our readers will read only the version written in their original or preferred language. For most readers, therefore, segments of each issue will always go unread. Nevertheless, it can be argued that the bilingual sections of the journal serve to broaden the ability of unilingual readers to recognize expressions in the unfamiliar official language. The journal’s mandate, after all, is educational. Since for many Canadians the only recognizable words in the unfamiliar language are “cereal,” “ketchup,” and “fasten your seatbelt,” we provide a valuable public service.

Speaking as a relatively new citizen, and someone who can still claim to see things from the outsider’s perspective, I think the novelty of Canada’s bilingualism is one of the country’s appealing qualities. As the *Economist* acknowledged a couple of years ago, “a cautious case can be made that Canada is now rather cool.”<sup>1</sup> Having said that, however, I recognize that bilingualism remains a work in progress and that this journal is read by many more primarily English-speaking readers than French-speaking. Manuscripts are submitted to the journal in English, following which the abstracts, editorials, and guidelines are translated into French by the hardest-working translators in the country; but the bodies of research articles and commentaries remain available only in English. Our journal, like Canada, is ultimately intended to be fully bilingual but in practice comes up a little short.

If bilingualism is indeed a policy that is difficult to perfect, it is up to us to find creative ways to improve communications for and between French-speaking and English-speaking readers. One of the ways any print publication garners attention is with a striking picture that requires no explanation in either official language. Our corner of clinical practice often generates striking examples of anatomical or pathological oddities, and the coming of the digital age has meant that many of these oddities can be captured with very little effort, using digital cameras or computer-based recording technology. Even better, these images can then be circulated with great ease over network and Internet connections. Such images have appeal for all of us who practise

in a reproductive field, no matter which is our primary language.

With this background, we are introducing this month in the journal a section for Image of the Month. This may be reminiscent (for some) of the Royal College specialty examination in obstetrics and gynaecology, in which candidates are presented with a photograph of operative findings or X-ray or ultrasound images and are then required to provide a rapid diagnosis. Because we will provide a brief background (in both French and English) to the findings in the image, with, where appropriate, a summary of the outcome, it is unlikely that this feature will induce the parasympathetic reflexes that the Royal College did, although we guarantee nothing.

Introducing a form of case report that is intended to bridge the language gap does not mean that we are abandoning traditional reports, many of which do not have any visual

features. But in view of the great simplicity with which images can now be captured and exhibited, it is natural for a journal such as ours to use the technology as much as possible. We are eager to hear from our readers and to see their clinical findings through their own eyes. Send us your pictures, with a paragraph outlining the clinical circumstances and outcome, and a signed patient's consent, and we'll do our best to publish them. Our intent is to be informative, so we will resist the temptation to publish extreme examples of common conditions: no images of 30 kg ovarian cysts, for example. Let's see what you've got.

And if, by doing this, we advance bilingualism in Canada, we'll be very happy, but in a restrained and modest way, of course.

## **REFERENCES**

1. Canada's new spirit. *The Economist* print edition (North America). September 25, 2003:31.