

Pedro Sanz-Altamira, MD, PhD
Commonwealth Hematology Oncology

Pedro Sanz-Altamira, MD, knows first-hand the importance of having cultural or linguistic ties to patients. Dr. Sanz practices in an area of Massachusetts where almost half of his patients come from Latin America, specifically the Dominican Republic and Puerto Rico. As a native of Spain, Dr. Sanz found that having a similar cultural background to his patients increased their comfort level and ultimately help him provide better care.

“The physician workforce should be more diverse,” Dr. Sanz said. “Minority oncologists are themselves a minority. It would be nice for oncologists to represent the patients they serve. I think it would be a pity for an oncologist who speaks Spanish, not to use his language where he practices.”

Dr. Sanz came to train in the United States after completing medical school in Spain and a doctoral thesis in Germany. He chose to practice in the United States after his fellowship, but in order to stay in this country, he was told that he would have to either work in a VA hospital or an area with a medical shortage. Dr. Sanz chose to work in Lawrence, Massachusetts, 30 miles from Boston. Eleven years later, he is still practicing in Lawrence and treating nearly 150 patients each week.

Sharing a language with his patients gives them a certain comfort level that makes him better understand where they are coming from. Dr. Sanz said that he often ends up “inheriting” the Spanish-speaking patients of his colleagues. “If I am on call, I will occasionally see the patients of other oncologists, good oncologists. I will often find that their Spanish-speaking patients will only want to see me after that because of the comfort level that they feel,” he said.

Dr. Sanz sees this comfort level as an advantage, because his patients will often tell him things that they say they wouldn’t feel comfortable discussing with other physicians, including sexual function, financial issues, or social issues in general. At Dr. Sanz’s practice, his patients fill out a questionnaire the first time they meet with a physician. He often finds when talking with his patients that the sections on drinking and smoking are grossly underestimated once he starts talking with his patients.

“I ask them where they are from, when they came to this country, and what they like to do,” he said. “Sometimes, you learn important parts of their family history that you otherwise might miss. I see good physicians talking with their patients through a translator, and the conversations are much shorter, usually with yes or no answers.”

However, Dr. Sanz does experience how difficult it can be to communicate with patients when there is a language barrier – a small percentage of his patients come from southeast Asia. When he treats these patients, Dr. Sanz communicates through translators or bilingual family members.

“It is difficult to communicate through a third person,” Dr. Sanz said. “The language barrier can be partially addressed by a good translator, but that isn’t case when translating through family members. They often include their own interpretation of my question or statement – it is not entirely clear to me whether they told their grandfather what I meant to tell him.”

Many of Dr. Sanz’s patients face socioeconomic barriers, including access to insurance issues. His Puerto Rican patients are American citizens, so it is easier for them to access the state’s

medical system, but not all of his patients from the Dominican Republic are U.S. citizens – many of them are in the United States on visas and do not have insurance.

“We have a hard time because we need to find a way to treat all of these patients,” he said. “I can tell them that I will give them my medical services for free, but that is only a small part of the cost of treatment.” Dr. Sanz’s practice hired a social worker who helps patients navigate the health care system and find financial resources.

Dr. Sanz also has encountered language barriers when trying to enroll his patients into clinical trials. He began clinical trials programs at both sites where he practices. “In oncology, they keep saying they want to increase the representation of minorities in clinical trials. So I said ‘ok fine, we’ll do it,’ and I helped translate some of the consent forms into Spanish.” However, the translations need legal review, and by the time they are approved, it may be too late to get the patient on the trial. “A good way to start would be to take a large clinical trial that plans to recruit thousands of patients and translate the consent forms from the very beginning,” he said.