

“  
A study looking at the effectiveness of Google translate in converting 10 significant medical phrases into 26 languages resulted in only a 57.7% accuracy rate  
”

healthcare providers are recognising the value of sensitively using technology to assist them with communication. Whilst new live stream translating devices are being developed that hope to bring some semblance of *The Hitchhiker's Guide's* Babel fish to life, online computerised translations remain patchy at best. A study looking at the effectiveness of Google translate in converting 10 significant medical phrases into 26 languages resulted in only a 57.7% accuracy rate.<sup>7</sup>

The Kings Fund organisation – an independent charity that conducts research and analysis that can inform policy, for the betterment of healthcare in England – published an article this year looking at the technologies that will revolutionise healthcare delivery. At the top of their list – smartphones and mobile applications.<sup>8</sup> Examples of this include the winner of their grant money – an app aptly entitled New Natives – that is being designed to help vulnerable members of the population navigate healthcare service registration, in their own language. Last year's UN world summit award for mobile healthcare apps went to Universal doctor – and its offshoot Universal woman. It provides an offline language translation service with phrases previously professionally translated. Medibabble and Canopy developed across the pond offer a similar service for free.

Alongside the sad rise of the refugee crisis there has come a new wave of humanitarian technophiles, dedicated to developing translatable mobile resources. One such example is Techfugees – a volunteer collective that has run hackathons across the world to identify and build language and tech specific solutions to the problems of refugees. Empowerhack is an innovative collective that focuses on challenges specific to women accessing healthcare as refugees, and their mobile app *Hababy* (in production) aims to address those needs in a sensitive and language specific manner.

What these groups and others have identified is the paucity of quality information available on- and offline to non-English speaking women. However, while we continue to mold our clinical atmospheres to facilitate open communication between healthcare professionals and their patients, the Internet and Smartphone as a static, vetted, autonomously accessed resource, remains under-utilised. The majority of available patient information is in English, though because of the ease of posting opinion less than half of the websites reviewed in one study provided accurate information. This changed drastically when only NHS or government approved clinical websites were searched, with almost 80% providing clear and accurate answers to common questions posed.<sup>9</sup> We hope to contribute to this with an offering going live

later this year ([www.earlypregnancyservice.org](http://www.earlypregnancyservice.org)), providing information regarding access to healthcare pathways, signposts to cultural and faith based organisations that provide support, and frequently asked questions in early pregnancy.

Ibn Sina (Avicenna) when speaking of the art and science of medicine said: “In truth every science has both a theoretical and practical side”. Though the art of communication is infinitely nuanced, the medical and tech communities have come together to acknowledge the deficit of medical information to non-English speakers, and are addressing it through practical, pragmatic tools.

*Natasha is a clinical research fellow in the Nuffield Dept. of Obstetrics & Gynaecology at the University of Oxford, and honorary registrar in obstetrics and gynaecology with the Oxford University Hospitals NHS Foundation Trust.*

*Her fellowship project to address the needs of vulnerable communities within the UK stemmed from her role as National Women's Health Lead with the Muslim Doctors Association in the UK – a community service group - and her volunteer work with NGO's. She acts as clinical advisor for Hababy and New Natives apps.*

*To access the website or its content for your organisation, or sponsor this endeavor please contact the author.*

*Funding for technical development of the website has come from the Switz Group [<http://www.switzgroup.com/>]. Funding for translations has been crowd sourced.*

1. MMBRACE-UK 2014  
<https://www.npeu.ox.ac.uk/downloads/files/mbrace-uk/reports/Saving%20Lives%20Improving%20Mothers%20Care%20report%202014%20Exec%20Summary.pdf>
2. CMACE 2011  
<http://www.hqip.org.uk/assets/NCAPOP-Library/CMACE-Reports/7.-2011-BJOG-Centre-for-Maternal-and-Child-Enquiries-Executive-Summary.pdf>
3. NICE Guideline CG154 2012  
<http://www.nice.org.uk/guidance/CG154>
4. MMBRACE-UK 2014  
<https://www.npeu.ox.ac.uk/downloads/files/mbrace-uk/reports/Saving%20Lives%20Improving%20Mothers%20Care%20report%202014%20Exec%20Summary.pdf>
5. Jayaweera, H. Briefing: Health of migrants in the UK. University of Oxford Migration Observatory 2014  
<http://www.migrationobservatory.ox.ac.uk/briefings/health-migrants-uk-what-do-we-know>
6. National census data 2011  
<http://www.ons.gov.uk/ons/guide-method/census/2011/census-data/index.html>
7. Patil S., Davies, P. Use of Google translate in medical communication: evaluation of accuracy *BMJ* 2014;349:g7392
8. Greton, C., Honeyman, M. The digital revolution: 8 technologies that will change healthcare Jan 2016 <http://www.kingsfund.org.uk/publications/articles/eight-technologies-will-change-health-and-care>
9. Scullard, P., Peacock, C., Davies, P. Googling children's health: reliability of medical advice on the internet *Arch Dis Child* 2010 95: 580-582