2018 HCALM International Conference

Ethical and Policy Issues in Language and Health (with a Special Focus on Measurement and Measurability)

Montreal, ITHQ, 6-7 September 2018

	Day I: Thursday September 6	Day II: Friday September 7
9.00 - 9.15	Registration and Coffee	Registration and Coffee
9.15 – 9.30	**Welcome and Opening Remarks** Daniel Weinstock (IHSP and Law, McGill)	
9.30 – 11.00	<u>Session I: Healthcare Access in Multilingual Societies</u> - *Language-Based Inequality in Infant Autopsy: Implications for Anglophone Quebecers* Natalie Auger (INSPQ and Speech Therapy, UdeM); Marianne Bilodeau-Bertrand (INSPQ); André Costopoulos (Anthropology, University of Alberta) - *English Program Nursing Students' Experiences with the Active Offer of French in Healthcare* Amy Ford (Nursing, Ottawa)	<u>Session IV: Cross-Cultural and Cross-Linguistic Perspectives</u> - *Commodification of Health Services in Linguistic Landscape of Kathmandu, Nepal* Prem Phyak (Education, Tribhuvan) and Sudha Ghimire (Education, Tribhuvan) - *Cross-cultural Adaptation of the Edinburgh Postnatal Depression Scale for Nunavimmiut (EPDS-Inuktitut)* Zoua Vang (Sociology, McGill); Robert Gagnon (McGill and MUHC); Eduardo Chachamovich (McGill and Douglas); Laurence Kirmayer (Psychiatry, McGill and Jewish General)
11.00 – 11.30	Break	Break
11.30 – 13.00	<u>Session II (Plenary I): The Ethics and Epistemology of Health Measurement</u> - *Measuring Patient-Reported Outcomes: Quantification, Validity, and Fitness-for-Purpose* Eran Tal (Philosophy, McGill)	<u>Session V (Plenary II): Health Institutions - Power, Pedagogy, Practices</u> - *Decolonizing the Curriculum of Health and Wellbeing* Mark Fettes (Education, Simon Fraser)
13.00 – 14.00	Lunch	Lunch
14.00 – 15.30	<u>Session III: Language, Culture, and Mental Health Care</u> - *A Scoping Review and Critical Appraisal of Guidelines Implementability for Family Work in Early Intervention Services for Psychosis* Helen Martin (McGill and Douglas) and Megan Pope, Manuela Ferrari, Srividya Iyer (McGill and Douglas) - *Service Disengagement in Early Intervention for Psychosis: Where Do Language and Culture Fit In?* Anika Maraj (Psychiatry, McGill and Douglas) and Manuela Ferrari, Jai Shaha, Srividya Iyer (McGill and Douglas)	<u>Session VI: Practitioners' Perspectives and Training Challenges</u> - *Clinician Responses to Language Barrier in Hospital Mental Health Settings* Alessandra Miklavcic (McGill and Douglas), Eric Jarvis (McGill and Douglas) and Maria Estebanez Elguezabal (McGill and Douglas) - *Implementation of Deaf Cultural Competency Training in the McGill Faculty of Medicine's Undergraduate Medical Curriculum* Aselin Weng (Medicine, McGill) and Brian Tran (Medicine, McGill)
15.30 – 16.00	Break	Break
16.00 – 17.00	General Discussion	General Discussion and Closing

Plenary I: Measuring Patient-Reported Outcomes: Quantification, Validity, and Fitness-for-Purpose (Eran Tal, philosophy, McGill)

Patient-reported outcomes (PROs) are used as evidence for a variety of purposes, such as diagnosing patients, monitoring patient progress, evaluating the effectiveness of new treatments, and improving the quality and cost-effectiveness of healthcare. The questionnaires that measure PROs are meant to provide actionable information on a specific construct, such as pain or physical functioning. This talk will survey some of the epistemological and ethical challenges facing PRO measurement. I classify such challenges into two kinds. First, the construction and validation of PRO measures involve universal challenges that are shared by all measuring instruments, including those used in the physical sciences. These challenges include the quantification of the domain of interest, the detection of error, and the individuation of measurable quantities. Recent literature on PROs tackles these difficulties by applying statistical methods, such as Rasch modelling and factor analysis, to raw score data. I argue that such tools are insufficient, and that a substantive theory of response behaviour is required to meet challenges of the first kind. Second, domain-specific challenges arise due to the multiple and conflicting meanings that patients, healthcare providers, policymakers, and other stakeholders assign to health and illness. Capturing these meanings in an informative way calls for careful trade-offs between standardization and dialogue, between objectivity and patient-centredness, and between accuracy and fitness-for-purpose.

Plenary II: Decolonizing the curriculum of health and wellbeing (Mark Fettes, Education, Simon Fraser)

Modern schools, prisons and hospitals have their origins in the self-confident expansionism of the 19th and 20th centuries, when centralized nation-states became the dominant paradigm of economic and political development worldwide. All were instruments of social order, designed to bring the messiest and more threatening aspects of human existence under rational control: the unruliness of children, the transgressiveness of crime, the insidiousness of disease and death.

The colonizing impulse embodied in such institutions is still alive and well today. One of its central features is a one-way flow of information – from teacher to student, from judge to convict, from doctor to patient. One side is the knower, the other the known. The assessment practices that flow from these relationships – the graded test, the court hearing, the medical examination – are designed to reinforce the authority of the one over the other. And of course it is the language of the knower in which such relationships and practices take place.

In an instrumentalist view of language, this last fact is of little concern; one language is as good as another at communicating objective truths about the world. But once we grant language a degree of constitutive power – once we admit that it helps to shape what we understand to be true, or just, or healthy – then we open the door to knowledge and assessment becoming, needing to become, a two-way street. And of course the converse is true. If the practices of pedagogy and rehabilitation and healing lead us to recognize the necessity of dialogue, then sooner or later we will have to confront the salience of language in enabling dialogue to happen.

I am suggesting that certain sets of ideas, values and practices hang together; that there is an ecology of decolonization at work here, asking us to look closer, pay attention, ask deeper questions. Such an ecology is also a curriculum. As might be expected, it is in borderlands and margins, or within Indigenous spaces, where this decolonizing curriculum comes into its own. Through exploring a few of its stories in the context of health and wellbeing, I invite us to recognize its relevance to our own places and lives.