

Between Languages

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The first time someone measured her belly, the tape never touched her skin.

She told me this, 7 months pregnant, in a clinic room where the heat arrived before 9AM. The fan on the wall shook with the effort of its own spinning, pushing warm air from one corner to another, without cooling anything. Outside, a street vendor’s voice rose and fell, selling fried dough and sugarcane juice; the smell of hot oil slipped through the window and settled on our clothes. The computer took its time waking up. I had left a translation app open in tab, Haitian Creole on one side, Portuguese on the other.

Altagrace entered wearing a blue dress with small flowers, plastic sandals, and a light scarf tied around her hair. Her prenatal card, its plastic edges worn soft from handling, she held against her chest like a border document. Her gaze moved across the room—the peeling poster about breastfeeding, the jar of tongue depressors, the chair with one short leg—before settling on me. There was steadiness in her look, but also an apology it should never have learned to carry. “*Bonjou, doutè,*” she said. The round vowel brought another tide into the room.

I answered as I had rehearsed, my accent still rough, “*Bonjou, Altagrace. M ap eseye pale tou*”.

She smiled with one corner of her mouth, “*Mwen konprann piti piti.*”

I turned the phone screen toward her so she could watch the words form in Creole as I typed, “*You are safe here. This visit will move at your pace. May I ask questions?*”

She read slowly, her eyes scanning the screen the way one searches a map for a familiar street. Then she nodded.

The fan rattled. I waited.

She began to type, one finger at a time. The words appeared on my side of the screen, “*He didn’t speak to me. Only to the nurse. He measured like this,*” she raised her hand in the air, miming a tape measure hovering above an invisible body, fingers trembling slightly, “*Without touching. I stayed quiet because when I spoke, he didn’t understand.*” She looked at the wall, then back at me. “*I thought being pregnant here meant being mute.*”

The sentence landed in my chest as a stone dropped into still water. I typed, “*I am going to touch you to examine you. Is that okay?*”

She read the Creole words, and I watched her shoulders lower half a centimeter. She nodded.

I measured her fundal height the way I had learned from midwives who taught me that the body deserves announcement before contact—tape against skin, one end at the pubic bone, the other following the curve of the uterus to its highest point—28 centimeters for 28 weeks. The fetus, head down, pressed against my palm as if playing hide-and-seek. Altagrace watched my hands. Her breathing slowed.

When I placed the Doppler on her belly, the fan seemed to quiet, or perhaps I stopped hearing it. The heartbeat came fast—146 beats per minute, a horse galloping through the small room.

Altagrace closed her eyes. Her face softened. “*Mwen tande l*” [“I heard it”], she whispered. Her smile broke free without asking permission.

“I heard it too,” I said.

Two months later, her daughter arrived at dawn. At the postpartum visit, the same fan clicked on the wall. I adjusted the nursing pillow while the baby latched, her small mouth searching, then finding. Altagrace said that in Haiti, mothers pass a hand over the baby’s head and speak a short blessing. She did it there, her palm resting lightly on the dark fuzz

of her daughter's scalp, her lips moving without sound. The baby swallowed. Somewhere outside, a bus honked twice.

When she left, Altagrace stopped at the door. She looked at the waiting room—the plastic chairs, the mothers fanning themselves with folded paper, the child playing with a toy missing one wheel—and then turned to me. Without the phone, without the app, in her Portuguese that had grown steady over these months, she said, “Here I speak.”

I stood in that doorway after she left and understood something that no clinical rotation had taught. The tape measure that never touched Altagrace's skin was not a failure of technique. It was a gesture shaped by something older and more deliberate—the quiet architecture of racism and xenophobia that does not always announce itself with slurs or closed borders, but sometimes arrives as a hovering instrument, a consultation conducted in the third person, a body examined without being addressed. I had been trained to detect fetal heart tones and fundal height discrepancies, but not to recognize how the clinical encounter itself can become a site of erasure when the patient's skin is dark and her language is not ours. Altagrace taught me that competence practiced on a body that has been made invisible is not care—it is procedure performed in the vicinity of a person. Since that morning, I begin every first visit with a migrant patient the same way: I say her name, I tell her what I will do before I do it, and I wait. It is a small act, insufficient against the structures that taught Altagrace to carry apology in her eyes for the crime of existing in that room. But it is where medicine begins—or where it should.

I wrote in her chart what I wanted anyone reading it to find: *Complete exam; unhurried, consented, and communicating through a translator. Dignity preserved.*

CONFLICT OF INTEREST STATEMENT

The author has no conflicts of interest to disclose.