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Narrative Medicine Essay

One Umeboshi at a Time: Language, Culture, and Care

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When I gently knocked on the exam room door and greeted Mrs. Y in Japanese, she quickly looked up, her eyes wide with surprise. “日本語を話せるの?” (You speak Japanese?), she asked with a mix of hope and disbelief. It was a moment that reminded me how language can unlock not just understanding—but humanity and dignity.

Mrs. Y was a 92-year-old Japanese woman who had lived alone in her West LA home since her husband passed away 15 years ago. A month prior, she had contracted COVID, from which she swiftly recovered, yet remained unusually fatigued even after her respiratory symptoms had resolved. Additional workup confirmed severe hyponatremia, requiring ICU admission. She came to my Geriatrics clinic to establish care following her recent prolonged hospitalization.

Mrs. Y’s daughter, D, who was born and raised in the U.S. and could not communicate fluently in Japanese, remarked that this was the first time she’d seen her mother “doing all the talking.” Normally, Mrs. Y requested D to translate and refrained from engaging directly with healthcare providers. “She used to speak more English, but she can’t anymore. It’s really hard for me to figure out what’s going on at home,” D shared.

When reconciling her discharge medications, I noticed the nurse had checked off ‘Taking’ for all prescribed drugs. When I asked, “新しいお薬はいかがですか？” (How is the new medication?), Mrs. Y lowered her voice and admitted her difficulty with the sodium chloride tablets prescribed three times daily. “That medication tastes disgusting,” she confided. “I am going to be honest with you, doctor—I’ve only been taking it once a day, maybe less.”

As expected, her sodium levels remained low. Having practiced in Japan, I knew the trick. “Okay…do you like Umeboshi?” I asked. Her eyes lit up. “Yes, of course!” Umeboshi is a traditional Japanese pickled plum, intensely salty and sour—one plum typically contains around 2 grams of salt. I “ordered” her to eat one Umeboshi per day for a week. After rechecking her serum sodium levels, I tapered the dose to every other day, then to ‘as needed,’ no more than twice a week. She has remained stable on this regimen ever since.

This was one of many encounters that reinforced how profoundly language and culture shape patient care—particularly for older adults. As people age, cognitive decline often erodes proficiency in languages learned later in life. Beyond linguistic challenges, Japanese cultural values such as “和(wa)” –harmony and respect for others–can lead to reluctance in expressing needs directly or questioning authority. This tendency is often more pronounced in the older generation.

When we talk about inclusive, patient-centered care, cultural and linguistic concordance can be transformative. Substantial evidence shows that older patients with limited English proficiency (LEP) face significant barriers and are more likely to be overlooked. For example, studies have found that older adults with LEP are less likely to visit medical providers, more likely to be overdue for preventive screenings (e.g., blood pressure, cholesterol, and colorectal cancer screening), and often experience difficulty understanding written medical materials.[1-3] Our healthcare system is already extremely complicated to navigate—language barriers add yet another layer of difficulty.

I am proud to be among the few providers able to offer care in Japanese. If you are fluent in another language, I encourage you to take the Language Proficiency Assessment so you can deliver language-concordant care. Even when a patient appears to understand English, offering professional interpreter services—ideally in person—can be vital in reducing disparities, especially for older adults. Translated plain-language written materials in large fonts are also valuable complements to verbal interpretation.

Cultural competence is not just about communication—it fosters connection, trust, and better health outcomes. Training in cultural humility can be an asset to providers and a lifeline for patients.

When I think back to Mrs. Y—speaking freely in her native language, in the center of our attention, appreciative and smiling as we tailored her care together—I’m reminded that small, culturally attuned choices can make a profound difference. As we continue to build inclusive systems that serve our diverse aging population, let us not overlook the quiet power of one shared word, one trusted moment—or, even one Umeboshi plum.

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REFERENCES

1. Ramirez N, Shi K, Yabroff KR, Han X, Fedewa SA, Nogueira LM. Access to Care Among Adults with Limited English Proficiency. *J Gen Intern Med*. 2023;38(3):592-599. doi:10.1007/s11606-022-07690-3. PMID:35882706

2. Ponce NA, Hays RD, Cunningham WE. Linguistic disparities in health care access and health status among older adults. *J Gen Intern Med*. 2006;21(7):786-791. doi:10.1111/j.1525-1497.2006.00491.x. PMID:16808783

3. Kim G, Worley CB, Allen RS, et al. Vulnerability of older Latino and Asian immigrants with limited English proficiency. *J Am Geriatr Soc*. 2011;59(7):1246-1252. doi:10.1111/j.1532-5415.2011.03483.x. PMID:21718269