

## Guidelines for Providing Health Care Services Through an Interpreter

**Interpreter:** A person who renders orally into one language a message spoken in a different language. An appropriate interpreter for a health care setting is an adult who is a fluent speaker of both languages in question, who is not a relative of the patient, and who has received professional training as an interpreter.

### How do you decide if you need an interpreter?

You need an interpreter whenever a patient requests an interpreter, or whenever you as a provider believe that language or cultural differences may be causing a barrier to clear communication between you and your patient. Legally, you are required to provide language assistance for limited-English-speakers if you receive federal funds of any kind. According to Title VI of the 1964 Civil Rights Act, no recipient of federal funding may run its programs in such a way as to discriminate on the basis of race, color or country of national origin. One common form of discrimination on the basis of national origin is ineffective methods of communication between English-speaking staff and limited-English-speaking patients. One method to ensure equal access is to work through trained interpreters. The Office of Civil Rights has taken action in numerous parts of the country against institutions that are out of compliance with Title VI by not providing linguistically appropriate care.

### How do you choose an interpreter?

The quality of interpretive services available in different areas will vary, depending on the sophistication of the local systems and the training available. Contracting certified interpreters is a good idea if certification is available. In Washington State, certification is available for social service, medical and legal interpreters of Spanish, Russian, Vietnamese, Chinese, Korean, Cambodian and Lao. At the very least, the interpreter should be:

**Fluent in both languages in question.** Language screening is needed to establish the degree of fluency.

**Trained as an interpreter.** The fact that a person is bilingual does not make her or him an interpreter: there are special skills involved. While training available for interpreters will vary by region, some professional training is absolutely necessary. Untrained interpreters are at extremely high risk for adding material, omitting material, changing the message, giving opinions, and entering into long discussions with the patient or provider from which the other is excluded.

**Not a family member.** Family members have a valid role in providing patient support; however, they are not appropriate interpreters. Family members often edit the patient's message heavily, add their own opinions, answer for the patient, and impede the development of the patient-provider relationship. Patients may be loathe to discuss certain problems in front of a family member, and confidentiality becomes a concern. Family members are rarely trained interpreters and often are unfamiliar with medical terminology. In general, a family member should be used only for interviews where confidentiality is not a concern, where nothing of a delicate nature will be discussed, and where medical terminology will not be used.

**Never a child.** In addition to those concerns mentioned above, the use of children to interpret creates an inversion of power relations in the family, where parents, not children, are normally in control. Lack of vocabulary in both languages is a serious problem. In addition, children are often traumatized if they are required to pass on bad news or if they are held responsible for negative outcomes.

## How do you work effectively through an interpreter?

- Introduce yourself to the interpreter; establish the interpreter's level of English skills and professional training, and request that the interpreter interpret everything into the first person (to avoid "he said, she said").
- During the medical interview, speak directly to the patient, not to the interpreter.
- Speak at an even pace in relatively short segments; pause so the interpreter can interpret.
- Assume that, and insist that, everything you say, everything the patient says and everything that family members say is interpreted.
- Do not hold the interpreter responsible for what the patient says or doesn't say; the interpreter is the medium, not the source, of the message.
- Be aware that many concepts you express have no linguistic, or often even conceptual, equivalent in other languages. The interpreter may have to paint word pictures of many terms you use; this may take longer than your original speech.
- Avoid: highly idiomatic speech, complicated sentence structure, sentence fragments, changing your idea in the middle of a sentence, and asking multiple questions at one time.
- Encourage the interpreter to ask questions and to alert you about potential cultural misunderstandings that may come up. Respect an interpreter's judgment that a particular question is culturally inappropriate and either rephrase the question or ask the interpreter's help in eliciting the information in a more appropriate way.
- Avoid patronizing the patient. A lack of English language skills is not a reflection of low cognitive function or a lack of education. Your patient may be college professor or a medical doctor in her own country, just as easily as she may be a farm worker.
- Acknowledge the interpreter as a professional in communication. Respect his or her role.
- Be patient. Providing care across a language barrier takes time. However, the time spent up front will be paid back by good rapport and clear communication that will avoid wasted time and dangerous misunderstandings down the line.