

Gained in Translation

SECTION EDITOR



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Editorial

We may pose many questions about translation, but the most frequent in the specific literature is “why translation matters?” In my opinion, however, the question should be rephrased as, “For whom is translation important?” The

answer might seem obvious, but if so, why are translators and interpreters underused in medical settings?

The following article, written by Audrey Laur, a lawyer and accredited translator specialised in medical law and international law, lists a number

of reasons for and issues related to the underuse of translation services. The article also describes necessary measures to make healthcare more culturally and linguistically accessible.

Enjoy!

Laura C Collada Ali

The underuse of qualified interpreters and translators in medical settings

Language barriers in healthcare settings can have a serious impact on both patients and medical providers. Language barriers are not restricted to migrants who cannot speak the official language of their host country – they also include people with hearing impairments, ethnic minorities, illiterate nationals, medical tourists, and tourists who get sick while on holidays. Although international studies have highlighted the benefits of professional interpreting and translating services (T&I) and the risks caused for not using them,¹⁻³ qualified interpreters and translators remain underused. These professionals are indeed key actors who ensure that patients can access and receive appropriate care, and they help prevent medical professionals from breaching their ethical and legal responsibilities.

Populations subject to language barriers

A recent census showed that nearly 863,000 UK residents are not proficient in English⁴ and that 50,000 were deaf,⁵ and in the US, 25.3 million have limited English proficiency⁶ and 30 million are deaf or are hearing-impaired.⁷ These language barriers compromise patients’ accessibility and quality of care by interfering with their ability to book medical appointments, explain symptoms and medical history to medical staff, understand their diagnosis, read documents, and provide informed consent.^{8,9} These people are also subject to increased risk of medical errors, emergency room visits, and unnecessary laboratory tests, and they have poorer compliance with medication instructions, and are more often dissatisfied with their medical care.

Restrictions in T&I services

T&I services are often employed to help people with hearing impairments or linguistic diffic-

ulties. Health facilities spend millions of British pounds on T&I services each year. In 2012, the National Health Service of the UK spent £23.3 million on T&I services of which £3 million was spent on translation,¹⁰ and annually each UK hospital spent between £60,000¹¹ and £1 million.¹² Investment in T&I services by the Swedish national health service was €45 million (£31 million).¹³ Globally, there is an increasing need for professional T&I services,^{9,10,12} but these services remain underused and are even facing budget cuts.

Recent studies have shown that only 30% of hospitals in California use professional interpreters,¹⁴ and a British survey reported that only six qualified interpreters were included in 1008 consultations surveyed.¹² Also, according to a British report, 40% of hospitals do not employ translators and 8% do not translate any of their documents.¹⁰ Similarly, a US report revealed a frequent failure to translate key medical documents such as informed consent forms.¹⁵ In the UK 100 languages are spoken,¹⁰ but translations are made in only 5 to 25 languages.¹⁵ Similar results have been found in the USA.¹⁶

Financial resources

T&I services may be underused for many reasons. In addition to the on-going lack of awareness of some medical practitioners regarding T&I services,² a main factor is financial resources. Healthcare centres restrict the use of T&I services because of the upfront fees they have to pay.^{9,12} Such financial costs can become a real burden and deterrent when hospitals run on a restricted budget.² Therefore, they seek alternatives. For example, instead of translating all documents in every language, healthcare providers restrict the number of medical documents to translate (e.g., discharge forms)

and languages. Alternatively, they offer translation services only upon request,¹⁰ or opt for verbal communication to avoid administrative complications and concerns about literacy. Hospitals have even been recommended to refer to bilingual staff instead of professional translators,¹⁶ or to use free translation software to save money when translating website content.¹⁰

Over-reliance on ad hoc interpreters

There is an over-reliance on ad hoc interpreters, who are mainly family members and bilingual staff. Ad hoc interpreters are used in 70% of medical consultations where translation is needed in the UK¹² and 80% in Australia.¹⁴ Medical practitioners believe that ad hoc interpreting is an easy, time-saving, and free solution that avoids increasing their workload.^{1,2} Healthcare professionals also consider that using such untrained interpreters create a more trusted atmosphere, especially for patients from some religious or small communities.¹⁵ Although untrue, they often believe that using lip-reading, hand gestures, or hand-written notes are convenient ways of communicating with patients, such as deaf individuals.^{2,12} However, some deaf people do not lip-read or understand written documents. The same goes for people with limited English proficiency: some might be illiterate, and some hand gestures can be misunderstood because they have different meanings in different cultures.

Lack of appropriate equipment

Other reasons reported for not using professional interpreters were a lack of appropriate equipment such as telephone and videoconferencing devices in specific rooms.² However, some doctors working in medical facilities, which do have such technologies, report that discussions with



qualified interpreters over the phone were too awkward and complex to be useful.¹⁷

Health care professionals' perceptions of T&I services

A recent report by the British Broadcasting Company confirmed that healthcare professionals are unwilling to use T&I services.¹⁸ Most doctors interviewed believed that patients should book professional interpreters and bear the costs of their services themselves. They also consider that migrants should make an effort to speak English and providing them with T&I services will not encourage them to learn English. Lastly, they think that public funding should concentrate on financing medical staff, materials and medicines rather than on T&I services. Overall, these findings show doctors' misunderstanding of how important qualified interpreters and translators are.

Ethical and legal consequences

Codes of professional conduct in all countries insist that medical practitioners should respect and be sensitive to cultural, social, ethnic, and other differences or disabilities when communicating with patients. Despite this, some healthcare practitioners recognise that patients with limited English proficiency are treated differently than other patients.^{1, 19} For example,

patients may not be provided with translated documents such as informed consent or discharge forms. This violates article³ of the Convention on Human Rights and Biomedicine, which is the ethical and international right to equal treatment and access to care, as well as the patient's informed consent. A lack of translated materials such as information brochures can also affect preventive measures, putting people at risk. Furthermore, confidentiality may be compromised by using ad hoc interpreters instead of professional interpreters: qualified interpreters are independent, impartial, understand medical terminology, and are bound to respect patients' confidential information, whereas untrained interpreters are more likely to misuse the information they learn for their own advantage, for example related to insurance policies, legal proceedings, or wills. Untrained or ad hoc interpreters may also change the message, add to it, or omit information delivered by the medical practitioner for personal or cultural reasons.¹ For example, HIV infection, infertility, child or sexual abuse, domestic violence, or abortion are viewed differently in some ethnic minorities or religions, which can lead to improper changes in messages. Meanwhile, family members may be uncomfortable and distressed by translating sensitive topics, for example to children, so messages may not be transmitted accurately.² Untrained

interpreters and translators may also not be able to correctly transmit medical terminology and equivalences, which can lead to medical errors, some potentially fatal. For example, an ad hoc interpreter might be unable to explain a rectal bleeding diagnosis and treatment, might mix up words in the same language such as "humoral" and "humeral", might confuse words from two different languages, or might not understand that the same word might have different meanings in different medical specialties.

In the US legislation, language services are described in Title VI of the Civil Rights Act (Hill-Burton Act).²⁰ Although the UK does not have a broad legislation on language services, medical professionals can be held responsible for negligence or malpractice if they fail to provide T&I services when needed. Healthcare practitioners can be considered negligent for failing to obtain patient's informed consent while knowing that the patient needed a professional interpreter or translator to do so. It is also their responsibility to ensure that patients understand the information provided via a professional interpreter or a translated document. In one case, a doctor was found responsible for sterilising a low-English proficiency patient without her consent,²¹ and in another case, the doctor was found liable for providing an illiterate patient with a translated consent form that she was unable to read, even in

her native language.²² In a third case, a healthcare professional was considered liable and had to pay damages for delaying the diagnosis of a child with Kawasaki's disease because the family, who had low-English proficiency, were not provided with a professional interpreter.¹⁵

Although there is no legislation on language services in the UK, the Equality Act 2010 forbids discrimination based on race, age, gender, religion, and disability. Such legislation can be used against any medical professional who treats patients with disability differently. In fact, under this legislation, deaf individuals have successfully sued medical facilities for failing to provide them with professional sign language services.^{23, 24}

Recommendations and conclusions

Many solutions have been proposed to bridge the gap between the availability and needs for T&I services:

- Provide hospitals with more workshops on ethics and how to use T&I services.²
- Ensure accurate translation of important documents such as informed consents, discharge forms, or psychometric tests.²⁵ If the patient is illiterate or does not understand a document, a professional interpreter should be appointed to help them.¹⁵
- Ensure that the language used in translations is culturally sensitive, accessible, and written in plain language.
- Supplement translation with other approaches, such as combining pictures with short dialogues (writing and sign language) in information brochures or combining voice over, subtitles, sign language, and pictures for preventive health campaigns.
- Simplify booking of interpreters, especially for emergencies. Bilingual staff or family members should be the last resort if a translator is not available for the specific language.
- Invest in technologies and have fully equipped rooms in medical facilities, such as operating rooms, to facilitate communication with interpreters.²
- Consider employing on-site interpreters in hospitals for the most foreign languages encountered.

T&I services increase patients' satisfaction, ensure compliance with medication and medical appointments, and reduce unnecessary laboratory tests and misdiagnoses. More importantly, T&I services can avoid litigation related to language issues. T&I services should not be considered a burden but rather as an effective way of both improving patient care and avoiding litigation costs.

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