

Language Issues

interpreters are an important resource in providing a voice for patients whose proficiency in English is poor or insufficient for the situation. Regular updates on the use of interpreters are necessary via in-service training.

To decide whether the patient needs an interpreter, assess whether their English language ability is adequate for the situation. In certain circumstances (see Using Professional Interpreters) it is crucial that the patient has full understanding and there are no misinterpretations by patient or staff.

As a general guide, a patient who has been in an English-speaking country for less than two years will need an interpreter.

However, as with native English speakers, English comprehension at social level does not necessarily mean that the person will be able to understand medical terminology. Staff sometimes overestimate a person's English skills. In stressful situations such as illness and hospitalisation, it is

usual for the person's command of English to decrease.

- ⊙ English skills can also be underestimated, and staff may assume a person does not speak English when they do. It is also important to be aware that comprehension and spoken language ability are often at different levels, and to be circumspect about what is said in front of the patient.
- ⊙ Time needs to be well managed when using the interpreter service. If possible all questions should be planned in advance before ringing.
- ⊙ It is important to face and speak in the first person directly to the patient, not the interpreter.

The interpreter's role

- ⊙ The interpreter is used solely for the purpose of conveying information provided, in a language that the patient can understand. The interpreter is not supposed to analyse the information, or decide what should or should not be conveyed. She or he is also



bound to maintain patient confidentiality.

- ⊙ When asking people if they need an interpreter, explain their right to an interpreter and the interpreter's role, if they are not already aware of this. Also explain the interpreter's professional obligation to preserve confidentiality.
- ⊙ Do not expect the interpreter to be a cultural expert, to counsel the patient, or to calm the person down. They are simply there to repeat what you and the patient say to each other in a language that you can both understand.

Organising appropriate interpreters

- ⊙ When a patient with poor or insufficient English skills makes an appointment, she (or he) should be asked if an interpreter is needed.
- ⊙ It is very important to find out which language and dialect is appropriate. For example, Taiwanese people sometimes get confused by the terms the interpreter uses if the interpreter is from China, Hong Kong or Malaysia.

- ⊙ The ethnicity of the interpreter is important. Some patients may not want to have interpreters from specific communities, for political reasons or because of confidentiality fears in small communities. For example, it may be inappropriate to provide a Serbian interpreter for a Bosnian Muslim. If necessary, discuss this with someone at the Translating and Interpreting Service.
- ⊙ For most people, it is important to engage an interpreter of the same gender as the patient. If this is not possible, ask the patient if they are willing to accept the opposite gender before engaging an interpreter.

Using professional interpreters

- ⊙ It is essential to use professional interpreters, especially in sensitive situations or if there is any possibility of misinterpretation, such as: on admission, at discharge, conveying medication instructions, obtaining informed consent, pre and



post operatively, conveying the results of diagnostic tests, at any time there is a need for important treatment decisions or discussions, the birth of a disabled child, mental health issues, terminal illness, diagnosis and treatment of sexually transmitted diseases, bereavement, domestic violence and sexual assault.

- ⊙ If there is the need for an interpreter, either because the situation is one of those mentioned above or a need is expressed by the patient, organise an interpreter if at all possible. You could be legally liable if you do not.
- ⊙ It is advisable to make a note in the chart if the patient refuses to have an interpreter although you think it is necessary. The telephone interpreter service should be offered if an onsite interpreter is refused.

Accuracy of interpretation

- ⊙ Some staff are concerned when the interpreter talks a lot after they have said something fairly brief. You need to be aware that sometimes the interpreter needs to take more words to

explain the concept in the person's language. Occasionally, if the issue is a sensitive one, the interpreter may feel the need to apologise for asking the question, and explain that they have to ask it. If in doubt, ask the interpreter what they have been saying.

- ⊙ Do not use jargon. Interpreters are usually generalists, not specifically trained in medical terminology. For example, in Spanish, "rheumatic", as in rheumatic fever, may be translated as "rheumatism", if the interpreter is not familiar with this word.

See the *Checklists for Cultural Assessment* for further points about effective use of interpreters.

