Foreign language patients face formidable barriers in finding quality interpretation and healthcare. In particular, finding certified and quality interpretation services is difficult.

LEP patients who have access to certified healthcare interpreters in medical settings are shown to have far better outcomes than those who work with ad-hoc interpreters or no interpreter at all. Ad-hoc interpreters refer to family members, bilingual employees or anyone else who has some knowledge of a target language but no formal education or training as a certified interpreter. Too often, bilingual doctors or hospital employees interpret patient discussions, in many instances leading to a lower standard of care.

A large amount of research has pointed out disparities in care between LEP patients using ad-hoc vs. certified interpreters and has laid out recommendations for recruiting interpreters that will drive positive patient outcomes. Ultimately, strong medical interpreters should be well-versed in the languages they speak and fluent in medical terminology in order to be successful. Without certified interpretation services, LEP patients suffer.

**MODES OF MEDICAL INTERPRETATION**

Medical interpretation is done in a number of different healthcare settings, ranging from hospitals and clinics to nursing homes and home care environments. Most often,
healthcare interpretation is done on site, over the phone or through a video feed.

**On-site**

On-site interpretation is the act of having an interpreter in the same room as an LEP patient and a physician. In this scenario interpreters can either perform simultaneous or consecutive interpretation.

Simultaneous interpretation refers to an interpreter speaking shortly after, or at the same time, as a foreign speaker. During consecutive interpretation, an interpreter will let a foreign speaker express an idea before he or she interprets what was said.

On-site interpretation is recommended in medical settings as it allows both doctors and interpreters to read body language that may help to better decipher symptoms or observations that an LEP patient wouldn’t be able to articulate verbally.

**Over the Phone**

Over-The-Phone Interpretation (OPI) is done via telephone and usually entails an interpreter working from a call center. This method is not as effective as on-site interpretation due to the fact that there is no eye contact between speakers or visual body language, making it harder to understand what’s being conveyed. OPI can also be problematic if either party experiences connectivity issues.

One possible benefit to OPI is the ability to find interpreters at odd hours. Whereas on-site interpretation requires the interpreter be present, OPI allows for linguists to work from anywhere in the world if necessary. Also advantageous is the fact that LEPs might appreciate the confidentiality that comes along with this method.

**Video Remote**

Video Remote Interpretation (VRI) is a relatively new form of medical interpretation. Through VRI, patients and doctors can speak with an interpreter through a video connection, enabling all parties to see and hear one another.

VRI is favorable since an interpreter can see a patient’s body language and expressions. This approach is second only to in-person interpretation thanks to its visual component. Although, like OPI, VRI is vulnerable to connection issues.
LAWS PERTAINING TO INTERPRETATION SERVICES

There is no one certification body or law in regards to medical interpreting. However, standards are usually put in place by different countries that speak to whether or not healthcare systems will provide interpretation.

In the United States, language interpretation is required under Title VI of the 1964 Civil Rights Act, which doesn’t allow federally subsidized hospitals to discriminate against patients on the basis of the language they speak. Although this mandate is in place, inexperienced and/or unqualified interpreters are still employed in healthcare settings. Most often, these ad-hoc interpreters are bilingual doctors, nurses, other medical employees or patient family members. An ad-hoc interpreter could also be anyone who happens to be at the hospital, patient or otherwise, and volunteers to interpret for an LEP patient.

THE PROBLEM: UNQUALIFIED INTERPRETATION LEADS TO NEGATIVE PATIENT OUTCOMES

Numerous studies have shown that ad-hoc interpretation is not as effective as hiring a certified medical interpreter; in fact, research shows using amateur interpretation services leads to negative health outcomes for patients. For instance, LEP patients who don’t receive professional interpretation usually end up staying at the hospital for longer periods of time.

A 2012 study found that out of 3,071 patients who did not receive professional interpretation at either admission or both admission and discharge from the hospital saw their stay increase by .75 to 1.47 days compared to those who had an interpreter during admission and discharge. From a practical standpoint, that’s not only a disadvantage to LEP patients, but an added cost for healthcare facilities.

In a study examining the difference in patient outcomes between ad-hoc and professional interpreters at two Massachusetts emergency departments, the proportion of errors possibly leading to “clinical consequence” was only 12 percent for professional interpreters compared to 22 percent for ad-hoc interpreters. The study also found that professional interpreters with 100 hours or more of training were less likely to commit errors.

Why do hospitals sometimes use subpar interpretation services? There’s no solid answer, but some surveys show that 80 percent of physicians report some ability to speak at least one language other than English. While this seems extraordinary, there’s evidence that most doctors overestimate their bilingual abilities.

Data collected from English-speaking and LEP patients from a handful of hospitals over the course of seven months in 2005 showed that “adverse” patient outcomes were worse for foreign-speaking patients. The results showed almost 50
percent of LEP patient “adverse” effects involved some physical harm, compared to only 29.5 percent of “adverse” events for English speakers. In addition, it was found that of those LEP patients, 46.8 percent experienced levels of harm ranging from moderate, temporary harm to death, while only 24 percent of English speaking patients had outcomes that severe.

In a 2013 article in the International Journal of Evidence-Based Healthcare, the authors describe an instance of a study attempted in the 1990s that needed to be cancelled due to aggression between Bosnian refugees and an interpreter with Serbian origins.

The dispute was based on the conflict between Bosnia and Serbia as part of the dissolution of Yugoslavia. Using interpreters who can’t dismiss personal prejudices can lead to volatile situations.

A similar problem is documented in a 2014 study which conducted six interviews with Somalian women about their experience with healthcare interpretation.

The country operates on a clan system that denotes differences among residents in class and culture. These clans are close-knit groups and sometimes engage in violent disputes with one another. The author of the study talked to one Somalian woman who said her interpreter was from a different clan and was verbally abusive because of a conflict between the two groups.

“He swore at me. He told me he was not going to do a favor for a woman whose clan was killing his. I tried to explain to him the conflict back home had nothing to do with me, but he would not listen…” the woman said.

Gender can affect the quality of an interpretation, as well. In some cases, male interpreters have been shown to have less...
respect for female LEP patients. Additionally, women might not be comfortable talking about sensitive health issues with men and vice versa.

5 STEPS TO ENSURE POSITIVE AND EFFECTIVE INTERPRETATION EXPERIENCES

There are ways to improve the chances a medical interpretation will be beneficial for everyone involved. Taking into consideration the following factors will help ensure better patient outcomes:

**Interpreter Linguist Expertise** First and foremost, interpreters should be certified and have amazing language skills. As mentioned earlier, it’s been shown that interpreters with more training hours are less likely to make mistakes. Understanding nuance, idioms and phrases in a target language is essential. The incorrect interpretation of a word or phrase could be fatal.

It’s important, too, to select interpreters who speak exactly the same language as patients who aren’t native speakers. If you recruit a Chinese interpreter, for example, make sure that person not only speaks Chinese, but the same dialect as the patient being treated.

**Interpreter Medical Experience** Certified medical interpreters have a strong grasp on healthcare terminology and jargon. But if they don’t, it’s necessary to hire a different interpreter. Without the knowledge of a medical professional, an interpreter is unable to interpret and articulate issues of medication administration, anatomy or medical devices to properly convey patient information.

**Atmosphere** It’s very important to create an environment in which a foreign language speaker is comfortable enough to express his or her questions and concerns during an appointment.

Visits to the doctor can be anxiety-inducing enough on their own, and both interpreters and doctors can try to mitigate some stress an LEP patient might have.

Qualified Interpreters make direct eye contact with the patient and make it clear they are listening to what’s being said by nodding their head and asking follow-up questions for clarification. It is crucial that interpreters and doctors distance themselves from each other to ensure a patient doesn’t feel like they’re an outsider, as well. If a certain mode of interpretation makes a patient more comfortable, and is a feasible way of communicating given the circumstances, doctors and interpreters should accept those requests.

**Cultural Prejudice** Make sure interpreters and patients will not be able to communicate effectively due to national or ethnic conflict. Conflicts arising from war, caste or class differences, or other possible points of contention can all affect the mindset and working relationship for both the patient and
the interpreter. Take into consideration differing gender roles as well. In many cases, it will be best to hire an interpreter of the same gender as a patient to prevent any discrimination.

**Appearance and Gender** Seemingly benign factors such as dress and appearance can have a significant impact on the outcome of a medical interpretation session.

Interpreters should dress “neutrally” when dealing with LEP patients as to not distract them from the matter at hand. In this same vein, excessive jewelry or accessories may also disturb the attention of patients. When discussing sensitive issues exclusive to males or females (reproductive abilities, pregnancy), an interpreter of the same gender as the patient should be present. This will likely make the situation more comfortable for patients.

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**THE MORE EDUCATION, THE BETTER**

Hospitals and clinics need certified interpretation services to avoid risking negative outcomes for patients and in order to reduce costs and extended stays. The more education there is available for doctors and other practitioners, the better off everyone involved in a medical interpretation setting will be.

Doctor visits can be stressful enough without a language barrier; foreign language speaking patients shouldn’t have to experience subpar or dangerous treatment due to cultural differences and a lack of proper interpretation services.

Providing strong language interpretation starts with hiring certified interpreters who are knowledgeable in the medical field instead of relying on bilingual physicians or employees to do interpreting work. Medical interpreters must also have the emotional intelligence and compassion necessary to do the job. Taking into consideration a patient’s needs, an interpreter’s skills and other factors like gender, cultural background and atmosphere will lead to improved healthcare outcomes for foreign language speaking patients.
REFERENCES


