



**Why Bilingual Employees  
Don't Cut It: The  
Importance of Certified  
Medical Interpreters**

# In the field of medicine, clear and open communication is indispensable.

In the United States there are roughly 25 million Limited English Proficiency (LEP) residents<sup>1</sup>, and all over the globe there are countless numbers of individuals living in places where they do not speak the primary local language.

These foreign language speakers have a harder time than most navigating everyday tasks. Effectively communicating in social situations in any public setting can, in some cases, be nearly impossible without an interpreter. And when it comes to important tasks like visiting the doctor, things don't get any easier.

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

LEP patients who have access to professional healthcare interpreters in medical settings are shown to have far better outcomes than those who work with ad-hoc, unqualified interpreters or no interpreter at all. Ad-hoc and unqualified 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 professional interpreter. Too often, bilingual doctors or hospital employees interpret patient discussions, in many instances leading to a lower standard of care.

A great deal of research has pointed out disparities in care between LEP patients using ad-hoc vs. professional 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 professional 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 remote 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 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 universal 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<sup>3</sup>, 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 can Lead to Negative Outcomes

Numerous studies have shown that ad-hoc interpretation is not as effective as hiring a professional 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<sup>4</sup> 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<sup>5</sup>. While this seems extraordinary, there's evidence that most doctors overestimate their bilingual abilities.

Data collected<sup>6</sup> 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.

## Interpreter Boundaries and Ethics

Professional interpreters are taught at length and then held to a national set of interpreting standards specific to healthcare environments. The International Medical Interpreters Association (IMIA) created a Code of Ethics that has been accepted, upheld, and promoted across the globe. There are twelve tenets that encompass the roles, boundaries, relationships, impartiality, among other critical professional dynamics.

During a professional interpreter's training, they learn the tenets and go through extensive role play scenarios that help them develop professional skills and strategies to best navigate the relationships between patients and clinician as an impartial, medically trained, professional interpreter.

While a bilingual clinician has years of experience and training as a healthcare provider and may even be a native speaker of the patient's language, they lack the in-depth training as professional interpreter. This training equips interpreters not just for the linguistic needs of patients but also the cultural sensitivity and intercultural mediation.



## 4 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 Expertise

First and foremost, interpreters should be professionally trained and have amazing language skills. As mentioned earlier, it's been shown that interpreters with more training hours are more experienced in understanding nuance, idioms and phrases in English and the target language. 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

Professional medical interpreters have a strong grasp on healthcare terminology and jargon. Medical interpreters are intimately familiar with the healthcare system, body systems, anatomy, medical specialties, as well as cultural dynamics that may impact the patient and clinician relationship.

### Atmosphere

It's very important to create a rapport with patients so that are 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. It's also important to remember that the patient may have limited exposure to the healthcare system and may not know what questions to ask or what to expect; anticipating those needs and using a professional interpreter can help close that knowledge gap.

## Gender

As you request interpreting services, consider the nature of the healthcare visit and if a male or female interpreter may be more appropriate. A woman coming in for her annual OB-GYN appointment would probably prefer a female interpreter while a male coming in to discuss his prostate concerns may prefer a male. While an interpreter of the opposite gender in either of those situations are not ineffective, using an interpreter that will help the patient feel most at ease is important and appreciated by patients.

## The More Education, The Better

Hospitals and clinics need professional 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 professional 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.

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