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Easier Said Than Done:  
Ethical Issues in Medical Interpretation

**A**nxious to discuss recent tests and arrange a surgical consult, Dr. Cheron remembers that her patient, Mrs. Kim, speaks only Korean. Mrs. Kim's teenage niece, Hana, drove her to today's appointment. Dr. Cheron knows from Mrs. Kim's chart that Hana has interpreted in the past, but is hesitant to include her in a complex and possibly emotional conversation. A secretary in the ER is Korean, and Dr. Cheron wonders whether it would be better to ask her to assist. Immediate access to a professional medical interpreter would be ideal, but there is not one on staff. What should Dr. Cheron do?

**Discussion**

This predicament occurs daily throughout the country. Although use of family or untrained staff as medical interpreters is common practice, it raises serious ethical concerns.

Dr. Cheron's discomfort over using Hana to interpret is appropriate. Communicating patient information to family and friends without the patient's consent is a serious breach of confidentiality. But can Dr. Cheron obtain genuine permission under these circumstances? Mrs. Kim may be reluctant to express her real feelings about having Hana present, particularly since Hana would most likely translate that request. Hana herself may feel torn between a desire to help and feelings of inad-

equacy or embarrassment that are difficult to express. Dr. Cheron intends no coercion, but the situation itself places a chilling effect on Mrs. Kim's voluntary choice, and introduces a role for Hana that under other circumstances would be highly improper.

Family interpreters may not appreciate the importance of confidentiality regarding conversations to which they have been privy, and may convey to others what they learn. These difficulties would not be entirely avoided by asking the ER secretary to interpret. Since she is not directly involved in Mrs. Kim's care, she normally would not have legitimate access to Mrs. Kim's medical information without the patient's permission. While all employees in health care should understand the importance of confidentiality, those who do not work directly with patients or patient records on a daily basis may not fully understand its primacy in respecting and protecting patients.

Apart from these aspects of informed consent and confidentiality, there are other matters about which Dr. Cheron should be concerned. The fact that Hana is bilingual does not mean that she can interpret medical terminology. (The same would be true of many bilingual employees.) If Hana becomes stressed, the accuracy and completeness of her interpretation could suffer, and Mrs. Kim could be deprived of information

crucial to decisions about her care. Sometimes family interpreters omit or soft-pedal distressing information. They may also alter patient-to-physician communications because of their own preferences or opinions about what course the treatment plan should take, particularly if they have a position of decision-making authority in the family. The result could be omission of tests or procedures a patient really wants, or initiation of treatment the patient prefers to avoid. While these interpretive errors may reflect good intentions, they directly affect medical treatment and may undermine a patient's trust in the physician, the medical team, and the institution at which care is provided.

Professional interpreters are trained to balance the highly nuanced and seemingly contradictory roles of conduit and advisor. They must, on the one hand, translate *completely*, not deleting, adding, condensing or altering information. This task requires interpretive skill and a professional demeanor in which the interpreter acts as a neutral participant. At times, however, the interpreter must step out of that neutral conduit role and advise a physician like Dr. Cheron of cultural traditions or beliefs that bear on what is being said and heard. Professional interpreters know to indicate when they are moving from one role to another so that patient



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and physician will correctly attribute advisory communications to the translator and not to each other, but it would be rare for family or untrained staff acting as interpreters to understand this dynamic.

When staff members double as informal interpreters, an important organizational repercussion is often overlooked. Employees who interpret on an ad hoc basis have a sincere desire to help, and are understandably appreciated by colleagues like Dr. Cheron. Clearly, Mrs. Kim's care would be compromised if there were no interpreter. But the secretary's absence from the ER could also decrease the quality of patient care—particularly if the department is short staffed. Someone must cover her workload, perhaps for a considerable time, while she assists Dr. Cheron. While a one-time absence may not carry serious consequences, repeated requests for assistance draw an employee away from the job for which she is primarily responsible, and her absences may lower morale in her area.

Having thought through the drawbacks of asking Hana or the ER secretary to interpret, Dr. Cheron is still left with the question of what to do when professional interpretation services are unavailable. Perhaps there are options beyond those she has considered.

Most hospitals have policies on communication assistance, including information about in-house and community resources. Social services staff should be able to assist in arranging alternatives like telephone interpretation. Anticipating the need for translation, some hospitals make available key documents (pain scales, advance directives, etc.) that have been translated into languages frequently spoken in their communities. Increasingly aware that problems arise when family members or ad hoc staff volunteers interpret, some facilities have identified employees who are willing to serve formally as volunteer interpreters when needed. Giving them in-service training about the interpreter's role, confirming their language skills with standardized tests, and coordinating their efforts in order to respect their time, results in a better alternative than family or informal staff interpretation. Periodically circulating a list of these employees enables providers like Dr. Cheron to receive help when needed in a manner that is responsible and fair to patients and colleagues. Although Dr. Cheron was caught unprepared today, learning more about the services at her hospital may lessen her frustration in the future and help her provide the excellent, ethically sensitive care to which she is committed.

**e-Ethics** provides discussion of important ethical issues in clinical care and organizational life. In specific cases, fuller ethical analysis may be required. The discussions in *e-Ethics* should not be construed as legal advice and do not necessarily represent official positions of Advocate Health Care.

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