

2019 Kinsman Bioethics Conference

Raising Voices:

The Ethics of Dialogue and Communication in Health Care

SESSION D4	
Theme	Insights from Philosophical, Spiritual, and Cultural Analyses
Title	“Don’t tell the Doctor this but...”: Ethical Challenges in Medical Interpretation
Speaker(s)	Daniel Towns, D.O.
Date	Friday, April 12, 2019
Time	11:00 – 12:10 PM
Location	Wilder

SESSION D4 OBJECTIVES
<ul style="list-style-type: none">• Review current literature on the benefits of interpreters in health care settings for those with limited English proficiency.
<ul style="list-style-type: none">• Discuss the different roles interpreters often assume in their work and the complications which may result for clients, family, and staff.
<ul style="list-style-type: none">• Describe the general method of interpretation used at our program and the rationale behind it.

SESSION D4 SPEAKER
<p>Daniel Towns, D.O.</p> <p>Dr. Towns is faculty psychiatrist at OHSU, where he works as the Medical Director at the Intercultural Psychiatric Program in the Department of Psychiatry. He received an undergraduate degree in History from Beloit College in Wisconsin, his medical degree from Des Moines University in Iowa, and completed his General Adult Psychiatry residency at OHSU in 2014. Since then, he has worked in a variety of settings, including in primary care / behavioral health integration, in Assertive Community Treatment teams, and in tele-psychiatry for the Oregon Department of Corrections. He now serves as a psychiatrist and the Medical Director at IPP, where he works with immigrants, refugees, and asylum-seekers from all over the world. He is also is the Director of the Torture Treatment Center of Oregon, which is embedded within IPP and is a federal grant program through the Office of Refugee Resettlement to support and provide holistic treatment to survivors of severe trauma and torture.</p>



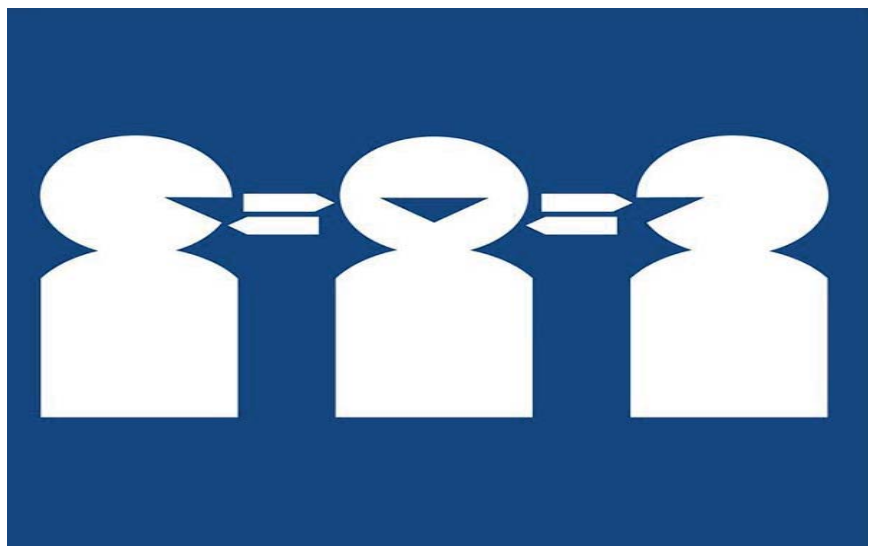
“Don’t tell the Doctor this but...”: Ethical Challenges in Medical Interpretation

Daniel Towns
Kinsman Bioethics Conference
April 12, 2019



Disclosures

- None.





Objectives

- Review current literature on the benefits of interpreters in health care settings for those with limited English proficiency.
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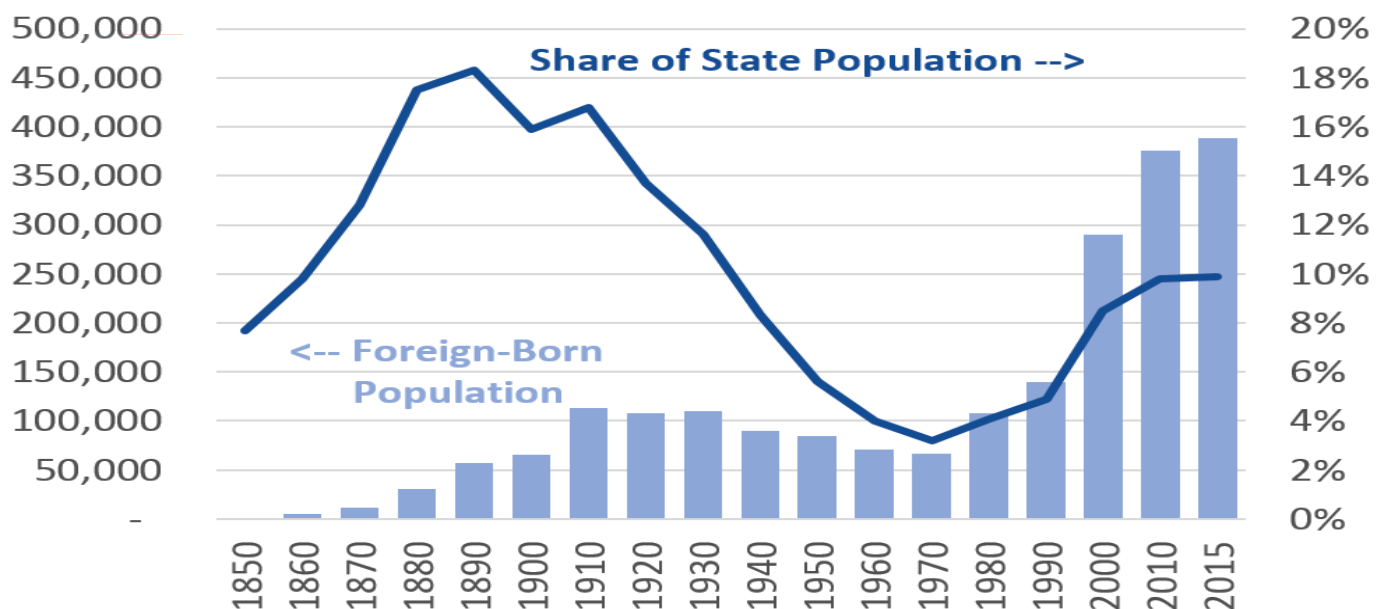
Background

- 62 million people in the US indicate they speak a language other than English at home.
 - 25 million people say they speak English “less than very well.”
 - 4 million people are hearing impaired and require American Sign Language.
- Unclear as to how many interpreters are in the US.
 - US Bureau of Labor in 2016 indicated there were 68,000.
 - Other agencies have indicated that there are perhaps less than 2,000 interpreters certified for medical setting.

Background in Oregon

- In Oregon, roughly 10 % of Oregon residents are foreign-born.
 - Almost three-quarters (73.2 %) of immigrants reported speaking English “well” or “very well.”
 - Top countries of origin for immigrants were Mexico (37 percent of immigrants), China (6 percent), Vietnam (5.2 percent), India (4.1 percent), and Canada (3.6 percent).
- More than one-third of immigrants in Oregon are naturalized US citizens, while another third are undocumented immigrants.
- Nearly 90,000 US citizens in Oregon live with at least one family member who is undocumented.
- More than 10,000 Deferred Action for Childhood Arrivals (DACA) recipients live in Oregon.

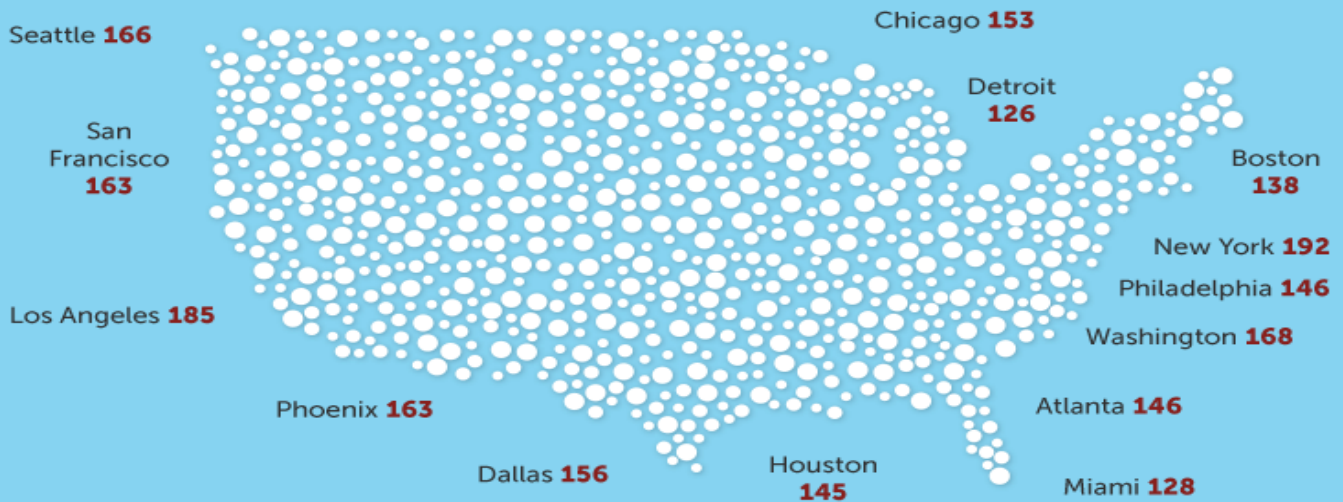
Foreign-Born Oregon Residents



Source: U.S. Census Bureau, Portland State Population Research Center, Oregon Office of Economic Analysis

Number of languages spoken in US homes: **350+**

Number of Languages by Metro Area



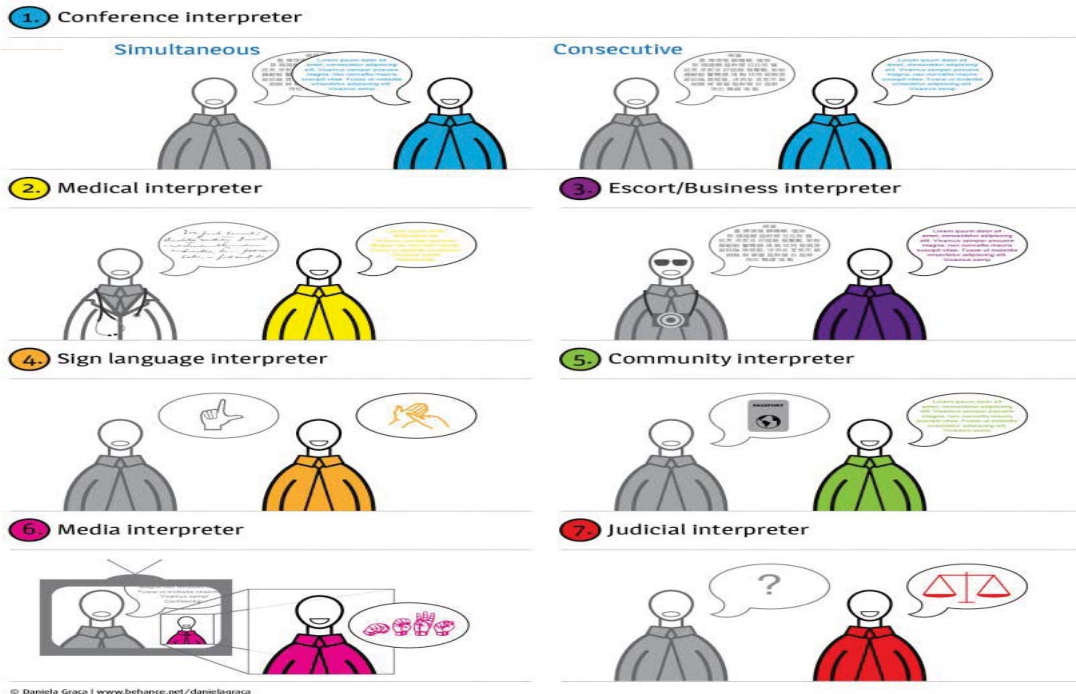
Source: U.S. Census

Languages spoken in Portland Metro Area

- <https://multco.us/global/demographics>
- In the Portland Metro Area, 19.6% of the population speaks a primary language other than English at home.
 - Around 120 languages spoken in total.
 - Spanish-speakers account for around 6% of total Portland area population.
 - Next most common are Russian, Vietnamese, Chinese, and Romanian.



7 kinds of interpreters



Legislation around Interpretation

- Title VI of the Civil Rights Act of 1964 requires interpreter services for all patients with limited English proficiency in health care programs who are receiving federal financial assistance.
 - Language assistance access is a legal right.
 - Failure to provide interpretation when required is considered discriminatory.
- Office for Civil Rights of the DHS upholds the law.
- Particular state laws regarding language access vary greatly from state to state and are seemingly haphazard and inconsistent.
 - State laws are often focused on one situation or disease, rather than more general.



Funding of Interpretation

- The requirement to provide interpretation is essentially an unfunded mandate in much of the country.
 - States are not required to reimburse providers for the cost of language services. States may consider the cost of language services to be included in the regular rate of reimbursement for the underlying direct service.
 - 13 states and Washington DC provide some reimbursement for interpreter services. Oregon does not.
 - Many private (commercial) health insurances do not reimbursement providers for interpretation that is provided.
 - This is especially challenging for clinics/hospitals who serve high numbers of patients with Limited English Proficiency.



Reality regarding Interpretation

- Language barriers are a major contributor to health inequities and health care inequalities.
 - Language difficulties are often cited by people with LEP as a main reason for the problems with their health and with navigating the healthcare system.
- Still, many clinics and hospitals do not use interpreters when it is needed.
 - Family or bilingual staff are often used instead.
 - Cost and time involved with interpreters are often cited for main reasons for this.



Importance of Medical Interpreters

- Improved understanding of diagnosis/treatment and had fewer communication errors.
- Improved clinical outcomes.
- Improved patient satisfaction with health care provided.
- Equalize health care utilization.
- Reduced costs (ED room usage, hospital readmission rates, shorter hospital stays).
- Respect, acknowledgment, empowerment.



Varying roles of interpreters

- Cross Cultural Health Care Program proposes four roles for medical interpreters:
 - Conduit
 - Clarifier
 - Cultural broker
 - Advocate
- The conduit role is most commonly recommended by interpreting agencies and among health care providers - this is how interpreters are most often trained to work.
 - “Machine-like,” serving as a tool - communicating word for word, without discrimination or filtering.
 - Passive
 - Invisible
 - Simply as a voice - speaking in the first person.



The Interpreter's Challenge in Mental Health Settings

- It is natural for clients to expect more from the interpreter than simply a communication conduit.
- Most interpreters adopt different roles in different circumstances, depending on the setting, client, provider, their own background, comfort level and confidence, etc.
- Burnout, lack of support and opportunity for processing.
- Difficulty finding the right words.
- Matching emotions vs neutral stance.
- Being placed in uncomfortable situations (discussion of sensitive topics, being asked to interpret things they don't want to, etc).



The Interpreter's Challenge in Mental Health Settings

- In working with refugees and torture survivors in particular:
 - Vicarious trauma (or reactivation of traumatic experiences)
 - Survivor's guilt
 - Identification with client and their narrative
 - Feeling helpless/powerless
 - Feeling overwhelmed
 - Therapeutic distance - use of the first person.
 - When interpreter is of different tribe or ethnic group than client (and one that perpetrated the trauma/torture) - or vice versa.




General Ethical Challenges in Interpretation




IPP's model

- Started in late 1970s following end of Vietnam War and conflict in Cambodia produced refugees.
- Working with refugees, immigrants, and those seeking asylum from many countries.
- More than 1,000 active patients currently.
 - About 250 of whom are torture survivors.
- Model of clinical team with psychiatrist and culturally and linguistically matched counselor.
 - 7 mostly part-time psychiatrists
 - 14 counselors
 - 3 administrative staff
- Part of the OHSU Department of Psychiatry.



IPP's model

- The counselor serves both as the mental health therapist and, during client appointments with the doctor, as a case manager and interpreter.
- It is this counselor who accepts new referrals, processes registration paperwork, and performs the initial Mental Health Assessment.
 - The client's first experience of the counselor is not as an interpreter.
- Interpreting process evolves over time after gaining experience, trust with working with the doctor and eventually is typically much more as manager and cultural broker.
 - Often, significant filtering occurs.
 - Counselor is more active in sessions, makes their own therapeutic interventions as appropriate.
 - Everything the doctor says should be interpreted still.
- Supportive team approach.



Advice around working with Interpreters

- Do not use children, family members and untrained bilingual hospital employees as interpreters.
- Meet with the interpreter before an appointment and give the interpreter a brief background before the encounter.
- Allow for extra appointment time.
- Look and speak directly to the patient and family – not the interpreter.
- Use first person statements.
- Speak clearly and use short sentences.
- Avoid jargon, idioms and jokes.
- Refrain from saying anything that you don't wish to be interpreted during the encounter.



Perspective Taking Exercise

- Take the perspective of the patient, the interpreter, and the doctor in each of these situations - what are you thinking, how do you feel, etc?
 - “Don’t tell the doctor this but...” - during the appointment, the patient wishes to share something with only the interpreter.
 - Patient asks the interpreter for help with completing their citizenship application.
 - The doctor says something that if interpreted directly would be considered rude, offensive, inappropriate, etc.
 - While in the waiting room, the patient and interpreter are talking in their native language for ten minutes before the doctor comes to get them. What should be shared from their conversation with the doctor?
 - The doctor asks a question that the patient knows the interpreter already knows the answer to.
 - The interpreter knows that the patient is lying about a certain topic.
 - Non-English speaking patient shows up to the PCP appointment and is told “there is no interpreter available.”



Questions / Comments



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