

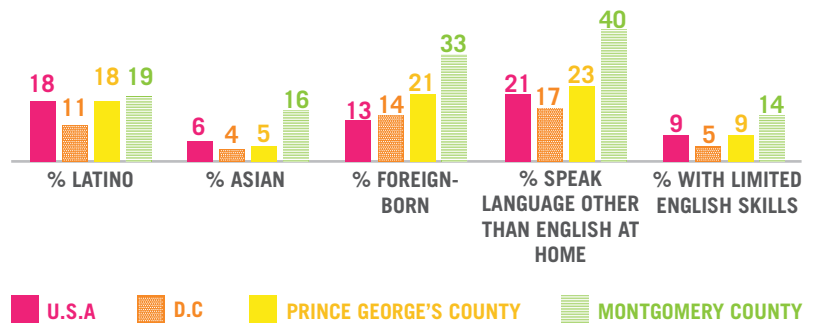
# Why Use a Trained Medical Interpreter?

## What the Research Says

Healthcare providers need interpretation capability because of increasing cultural and linguistic diversity, nationally and in Washington, DC and suburban Maryland. <sup>1</sup>

As the chart shows, Montgomery and Prince George's Counties in suburban Maryland have diverse populations, many foreign-born residents, and 9-14% of residents over age 5 have limited English skills. Many are either Latino or Asian. To provide these residents good health care and avoid medical mistakes, and to meet the requirements of Title VI of the Civil Rights Act of 1964, medical providers in the DC metro area need to ensure equal access to care for such patients through language services.<sup>2</sup>

Racial/Ethnic and Language Diversity in DC and Suburban MD



The research shows that “Limited English Proficient patients are safer with a professional medical interpreter.”<sup>3</sup> Studies – and practical experience – demonstrate that:

**1.** When limited English proficient (LEP) people do not receive healthcare in a language they understand well, bad things can happen. When skilled professional interpretation is available, health care access and outcomes improve.<sup>4</sup> Using professional interpreters in clinics, doctor's offices, and hospitals:

- Increases access to care and reduces missed appointments
- Prevents “medical mistakes” – especially serious errors in diagnosis and care
- Improves patient diagnosis
- Helps patients take their medications and follow their doctor's instructions
- Reduces healthcare costs, including hospital stays – which are otherwise longer than for English-speaking patients with the same chronic illness
- Increases efficiency and saves money since other staff need not interrupt their normal work to do interpretation
- Increases patient satisfaction with their care

“LEP patients in hospitals have been harmed by poor comprehension of their medical condition, treatment plan, discharge instructions, complications, and follow up; inaccurate and incomplete medical history; ineffective or improper use of medications or serious medication errors; improper preparation for tests and procedures; and poor or inadequate informed consent. In addition, hospitals have been held liable for the harms endured by LEP patients as a result of communication problems.”<sup>6</sup>

**2.** Use of staff, even clinicians, with some language fluency but no training in interpretation can be risky. It can lead to medical errors and poor medical outcomes, for many reasons.<sup>7</sup> For example, such staff may:

- Have language skills that are too basic for accurate interpretation
- Miss important information because they lack professional training that emphasizes memory, interpretation of manageable “chunks” of information, interpretation of everything the clinician and patient say, and serving as a neutral participant in the conversation
- Lack knowledge of cultural beliefs and traditions in ways that can negatively influence interactions between patient and clinician, and increase the risk of medical errors
- Lack training in confidentiality

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Competent language assistance has been shown to lower barriers by increasing access to and quality of care. Language services provided by professional medical interpreters or bilingual staff/providers have been associated with various positive outcomes for limited English proficient patients, including increased preventive screening rates, greater likelihood of receiving lifestyle counseling, greater satisfaction with care, increased treatment compliance, and reduced emergency department return rates.<sup>5</sup>

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In one example, office staff misinterpreted the word “intoxicado” as intoxicated instead of the intended meaning of inadvertent toxicity [poisoning]. A fruitless evaluation for drug abuse was conducted while an intracerebral hemorrhage was missed, resulting in a \$71 million malpractice award.<sup>8</sup> The patient became a quadriplegic.<sup>9</sup>

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### 3. Federal guidelines discourage use of family members because it can negatively affect diagnosis, and care.<sup>10</sup> Documented problems include:

- Inaccurate interpretation of symptoms
- Misunderstanding of the doctor's use of medical terminology
- Unwillingness of the patient to provide full health information with a family member present, especially if the interpreter is their child

The federal CLAS (Culturally and Linguistically Appropriate Services) Standards, designed to promote health equality and improve health and health care in the U.S., call for health and health care organizations to provide communications and language assistance, and to: "Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided." (CLAS Standard #7).<sup>12</sup>

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A study of Spanish-speaking Latino patients at a public hospital clinic found that “the odds of a clinically significant error” – such as an incorrect drug dosage or inaccurate description of the patient's symptoms – “were about 75 percent lower in visits with trained in-person interpreters compared to ad hoc interpreters,” usually family members.<sup>11</sup>

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### 4. There is no simple rule for how many hours of training bilingual staff with other roles require in order to be successful interpreters, but broad agreement that formal training and assessment are needed.

The International Medical Interpreters Association (IMIA) specifies that “Health care organizations should verify the completion of, or arrange for, formal training in the techniques, ethics, and cross-cultural issues related to medical interpreting,” and that “Interpreters must be assessed for their ability to convey information accurately in both languages before they are allowed to interpret in a health care setting.”<sup>13</sup> The National Council on Interpreting in Health Care (NCIHC) National Standards for Healthcare Interpreter Training Programs call for content including both knowledge (e.g., relevant laws, standards, and regulations; modes of interpretation; cultural elements of language) and skills (e.g., message conversion, interpreting protocols, decision making).<sup>14</sup> La Clínica del Pueblo provides a 40-hour training course for “dual-role” bilingual staff that includes knowledge and skill development and both oral and written testing.

## Trained medical interpreters from La Clínica Del Pueblo's Language Services Program can prevent medical errors, improve care quality and outcomes, and reduce costs.

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