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Ethics for Health Care Interpreters

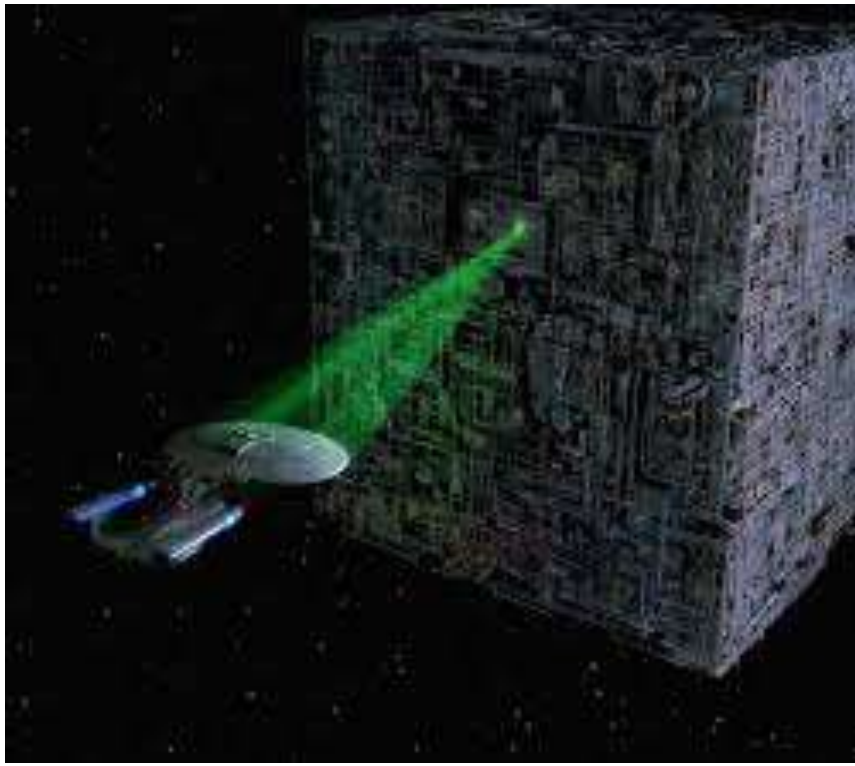
Saturday, March 7, 2015

Matthew U'Ren

Principles of Healthcare Interpreter Ethics Distilled

I. Confidentiality
II. Accuracy
III. Respectful Impartiality
IV. Advocacy
V. Education
VI. All of the Above, a.k.a.

"Resistance is futile, assimilation is imminent."



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Main Goals of this Module

- Introduce key concepts in ethics generally.
- Discuss healthcare interpreting ethics specifically.
- Examine other sources of professional obligations that interact with ethics.
- Explore how some ethical principles can be in conflict with each other.
- Discuss pragmatic solutions for ethical dilemmas.

Before We Start

- No “Death by PowerPoint.”
- Interrupt with questions & comments as come up.
- Issues of cultural diversity & cultural differences can be very politically delicate, but…
- We need to discuss them openly and honestly, without fear of offending others’ sensibilities, so…
- This is a Free Speech Zone.
- We’re dealing with reality here, Folks.

Before We Start, continued

- Generalizations v. stereotypes
- Prejudice & discrimination
- Ethnocentrism & cultural relativism
- Political correctness

See, e.g. *Caring for Patients From Different Cultures*; Galanti © 2008.

Documents Referred to in this presentation

1) A National Code of Ethics for Interpreters in Health Care. Hereinafter "Ethics."

http://www.ncihc.org/index.php?option=com_content&view=article&id=44

2) National Standards of Practice for Interpreters in Health Care; "National Standards."

http://www.ncihc.org/index.php?option=com_content&view=article&id=44

3) California Standards for Healthcare Interpreters; "CA Standards."

http://www.chiaonline.org/?page=CHIAStandards

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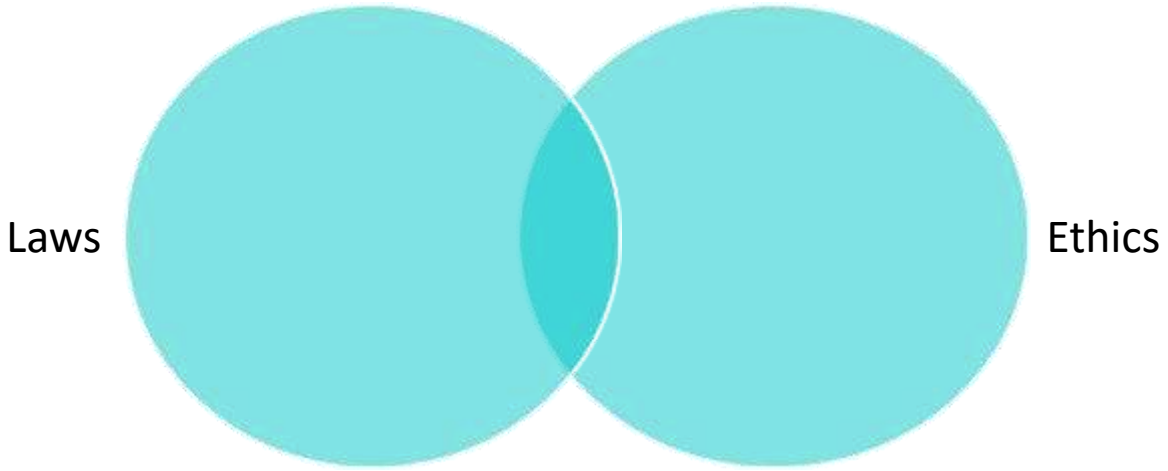
Ethics, or: “It’s all Greek to me.”

Ancient Greek: “ethos” (“custom”).
Compare with the Latin: “mores” as in “morals,” “morality.”

Generally, ethics is concerned with the “should.”
And is (usually) distinct from the “shall,” or “thou shall not” of the law.

When “should” and “shall” overlap.



And they often do.

And sometimes they don’t.

Murder, theft, rape, abuse.
What about homosexuality? Littering? White lies?

E.g: HIPPA Privacy Rule v. Interpreter Confidentiality

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Approaches to Ethical Decision-making

1) Principle based ethics:

Think **authority**, such as religious (e.g., biblical) sources.

1) Empathy based ethics:

"Do unto others what you want others to do unto you." Often called the ***"The Golden Rule,"*** (Confucius, 479 BC; Jesus, 0 BC?)

3) Consequence based ethics:

"***The greatest good for the greatest number***"(Utilitarianism)

But does the end justify the means? (often misattributed to Machiavelli)

NB: These approaches are <u>not</u> mutually exclusive.

One Process for Ethical Decision-making

1. Ask questions to determine whether there is a problem.
2. Identify and clearly state the problem, considering the ethical principles that may apply and ranking them in applicability.
3. Clarify personal values as they relate to the problem.
4. Consider alternative actions, including benefits and risks.
5. Decide to carry out the action chosen.
6. Evaluate the outcome and consider what might be done differently next time. (CA Standards, page 33).

Trolley-Car Ethics

Sam Harris and Richard Dawkins on Morality and Science video deleted.

Starting at minute 34:30, at:

www.youtube.com/watch?v=eeJrcVhtzYo

Why a code of ethics?

- It is not just an additional set of (bureaucratic, red-tape, unnecessary) obligations.
- Instead, it is a decision-making toolbox.
- Think:

  sword and

  shield.

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Matthew's Definition of Professional

A professional is a person with specialized skills and knowledge that are not available to the general public and for whom others must rely for those specialized skills or knowledge.

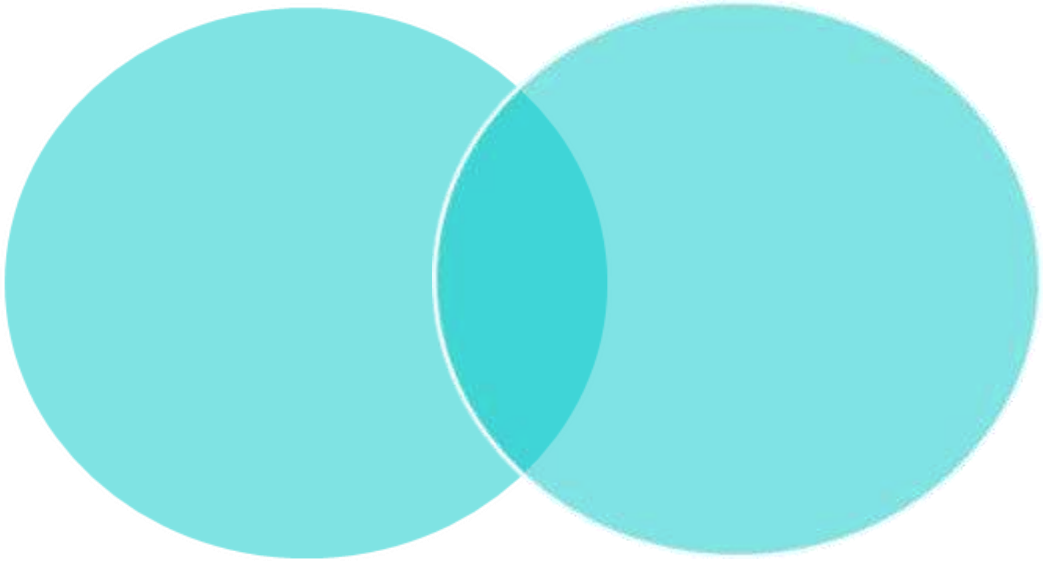
Specialized skills or knowledge are not easily substitutable nor subject to automation. (Think Henry Ford's Model T Factory).

A professional has to make executive decisions based on incomplete and/or imperfect information and has to live with the consequences.

Social Policy Model of Ethics

Total Selflessness

Total Selfishness



Fiduciary 1) n. from the Latin fiducia, meaning "trust," a person (or a business like a bank or stock brokerage) who has the power and obligation to act for another (often called the beneficiary) under circumstances which require total trust, good faith and honesty.

Characteristically, a fiduciary has greater knowledge and expertise about the matters being handled. A fiduciary is held to a standard of conduct and trust above that of a stranger or of a casual business person. He/she/it must avoid "self-dealing" or "conflicts of interests" in which the potential benefit to the fiduciary is in conflict with what is best for the person who trusts him or her.

Economic Model For Ethics, Especially Accreditation

1) Supply & Demand
2) Barriers to entry
3) State-sanctioned restrictions on entry…

Think "regulated professions"

"The result [of accreditation] *could* lead to increased state reimbursement for healthcare interpreter services. Ultimately, these standards of practice will contribute to the recognition and acceptance of the value of healthcare interpreting as a profession."

(CA Standards, page 21)

But I prefer to think the verbs "*should*" or "*will*" apply.

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I. Confidentiality

"The interpreter treats as confidential, within the treating team, all information learned in the performance of their professional duties, while observing relevant requirements regarding disclosure."

(Ethics, page 3)

(See also, CA Standards, pages 25-26)

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Why confidentiality?

- Cultural expectation of privacy that your body is your own, including information about your health.
- Societal policy (enacted in legislation) that need for accurate information more important than others' "right to know." Otherwise….
- American confidentiality weaker than most European countries….

Others with an obligation of confidentiality
Oregon Rules of Evidence, ORS 40.225 et seq.

40.225	Rule 503.	Lawyer-client privilege
40.230	Rule 504.	Psychotherapist-patient privilege
40.235	Rule 504-1.	Physician-patient privilege
40.240	Rule 504-2.	Nurse-patient privilege
40.245	Rule 504-3.	School employee-student privilege
40.250	Rule 504-4.	Regulated social worker-client privilege
40.255	Rule 505.	Husband-wife privilege
40.260	Rule 506.	Member of clergy-penitent privilege
40.262	Rule 507.	Counselor-client privilege
40.265	Rule 508a.	Stenographer-employer privilege
40.270	Rule 509.	Public officer privilege
40.272	Rule 509-1.	Sign language interpreter privilege
40.273	Rule 509-2.	Non-English-speaking person-interpreter privilege
40.275	Rule 510.	Identity of informer

Whose confidentiality is it anyways?

The patient's.

Your right to confidentiality* as a patient is "alienable." It is yours to waive, not anyone else, not unless you "agree."

****Medical confidentiality is actually a myth, just don't tell anyone.***

40.273 Rule 509-2: Non-English-speaking person-interpreter privilege.

"(2) A non-English-speaking person has a privilege to refuse to disclose and to prevent an interpreter from disclosing any communications to which the non-English-speaking person was a party that were made while the interpreter was providing interpretation services for the non-English-speaking person. The privilege created by this section extends only to those communications between a non-English-speaking person and another, and translated by the interpreter, that would otherwise be privileged under ORS 40.225 to 40.295."

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When is disclosure appropriate?

1) When ordered by a court ("required by law").

2) To "defend" yourself.

3) When there's a …

ORS 40.252 Rule 504-5.

Communications revealing intent to commit certain crimes.

(1) In addition to any other limitations on privilege that may be imposed by law, there is no privilege under ORS 40.225, 40.230 or 40.250 for communications if:

(a) In the professional judgment of the person receiving the communications, the communications reveal that the declarant has a clear and serious intent at the time the communications are made to subsequently commit a crime involving physical injury, a threat to the physical safety of any person, sexual abuse or death or involving an act described in ORS 167.322;

(b) In the professional judgment of the person receiving the communications, the declarant poses a danger of committing the crime; and

(c) The person receiving the communications makes a report to another person based on the communications.

(2) The provisions of this section do not create a duty to report any communication to any person.

(3) A person who discloses a communication described in subsection (1) of this section, or fails to disclose a communication described in subsection (1) of this section, is not liable to any other person in a civil action for any damage or injury arising out of the disclosure or failure to disclose.

The “treating team”?

“The interpreter maintains confidentiality and does not disclose information outside the treating team, except with the patient's consent or if required by law.” (National Standards, page 6)

- Who is in it?
- Who is not?

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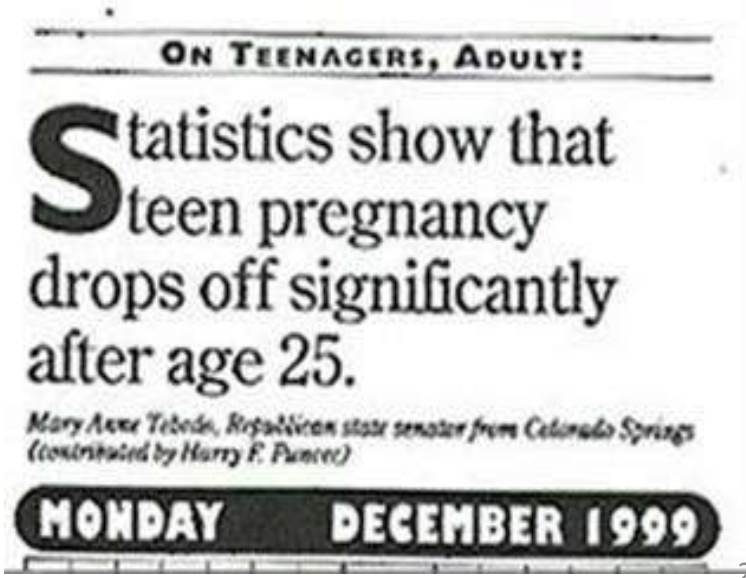
Information sharing with family members

- When appropriate to share?
- When appropriate to not share?
- What about within a small community?
- Or what if *"that's just the way we roll."*

(Ethics, page 11)

(National Standards, page 6)



ON TEENAGERS, ADULT:

Statistics show that teen pregnancy drops off significantly after age 25.

Mary Anne Tebedo, Republican state senator from Colorado Springs (contributed by Harry F. Pancer)

MONDAY DECEMBER 1999

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Who enforces confidentiality?

1) The OHA (See OAR 333-002-0220, *Discipline*)
2) HIPPA
3) Your employer….
4) Private litigation….
5) Other…

II Accuracy.

"The interpreter strives to render the message accurately, conveying the content and spirit of the original message, taking into consideration its cultural context." **(Ethics, page 3)**

In this section we will discuss problems with cultural assumptions about language & medicine, pain & disability, etc.

But first, the nuts & bolts of accuracy…

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Accuracy & Standards of Practice

1) The interpreter renders all messages accurately and completely, without adding, omitting, or substituting.
2) The interpreter replicates the register, style, and tone of the speaker.
3) The interpreter advises parties that everything said will be interpreted.
4) The interpreter manages the flow of communication.
5) The interpreter corrects errors in interpretation.
6) The interpreter maintains transparency.

(National Standards, page 5)

Common Interpreter Deficiencies

- Errors with numbers
- Language interference
- Literal Interpretation
- Paraphrasing
- Omissions

Errare humanum est.

Errors with numbers

Interpreters can misinterpret numbers in any of a variety of ways:

Inverting some numbers, such as changing 2345 to 2354.

Omitting some of the numbers in a date or address, such as getting the month and year but omitting the day.

Or just getting them wrong, such as interpreting 86 as 56. ***(I always spell out the month).***

Example, problems with French numbers

- Insert video from:
- https://www.youtube.com/results?search_query=french+and+English+numberphile

Language interference

When the interpreter "cannot keep the two languages separate from each other, allowing one language to affect how the interpreter interprets into the other language.

This often results in an interpretation that is awkward and confusing or even unintelligible to a native speaker of that language.

One primary example of this is the use of false cognates, words that sound the same and/or are spelled the same but have completely different meanings in the two languages."

(Over)Literal Interpretation

When the interpreter tends "to be bound too much by the source material, resulting in renditions that are too literal, stilted, or at times incomprehensible, and do not sound natural in the target language.

Oftentimes, the renderings are "word for word" or driven by the mistaken assumption that the interpretation should be "literal."

Bugs flying around with wings are flying bugs

By Wayne Hansen
Redwood Co. Extension Educator

"I've got these bugs that look like ants with wings flying around my house. What are they and how do I get rid of them?"

bugs.

Anthracnose continues to d
velop on many green ash, oak a
maple trees. Small spots a
blotches are the typical sympto
and are often accompanied
defoliation. NOTE: Do not co

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Paraphrasing

This is when an interpreter renders:

"[A]n approximate or condensed version of the original in his/her 'own words' instead of preserving all the elements of the original message."

Avoiding Paraphrasing

a. Position [yourself] to maximize and encourage direct communication between patient and provider.

b. Remind the patient and provider verbally or with gestures to address each other directly, as needed.

c. Use the first person ("I") as the standard form of interpreting, to enhance direct patient/provider communication, and to exercise discretion in switching to the "third person" when the first person form causes confusion or is culturally inappropriate for either or both parties. (*But see page 38, re some languages*) …

g. Indicate clearly when interpreters are speaking on their own behalf (instead of interpreting the words of either patient or provider) when intervening for any purpose.

(CA Standards, pages 35-36)

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Omissions

Accuracy = Technically Correct + Culturally Aware

The interpreter should "*convey everything that is said by either party in its entirety and in the manner in which the message is delivered, that is, without omitting from, adding to, or distorting the message.*

In addition, when possible, interpreters should convey the meaning of those gestures, body language, and tone of voice that add significantly to the content of the message, especially when these might not be noted or might be misunderstood by the other party." **(Ethics, p. 13)**

Who enforces accuracy?

Grammar Nazis video deleted.

At:

www.youtube.com/watch?v=c3y0CD2CoCs

Tone

"1: vocal or musical sound of a specific quality 'spoke in low tones' 'masculine tones'; especially: musical sound with respect to timbre and manner of expression. …

3: Accent or inflection expressive of a mood or emotion.

4: The pitch of a word often used to express differences of meaning." From: Merriam Webster.com

"Yeah, right."

And then there's hyperbole and satire as well….

Register = Style

Often defined as the level of formality:

Academic	(think stilted & “high-falutin”)
Clinical	(think medical terminology modules)
Technical	(think jargon)
Formal	(think fancy dress)
Familiar	(think family)
Common	(think man-on-the street, but with a tie.)
Vulgar	(think “Really, in mixed company?”)
Taboo	(Don’t even go there)
Etc.	

And then there's expressions

Metaphor, imagery, adages, idioms, etc.:

"You can't have your cake and eat it too."

"It takes two to tango."

"A bird in the hand is worth two in the bush."

"*That asshole just called the doctor a bitch."*

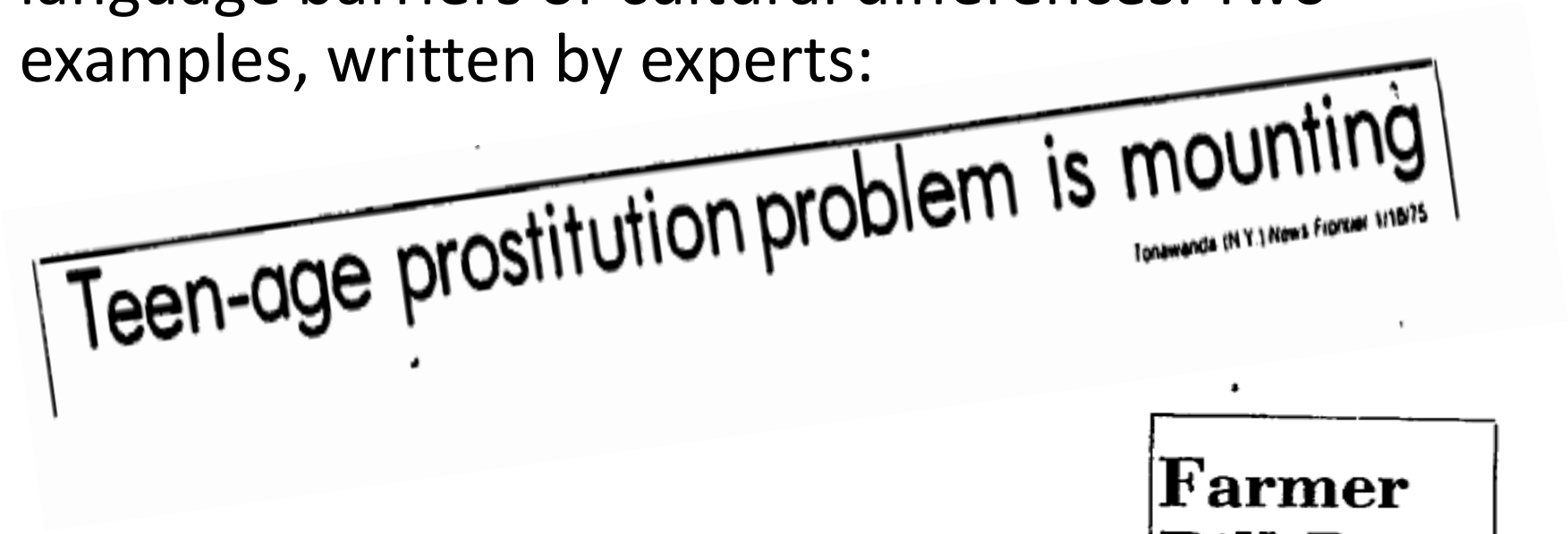
"Sour grapes"

"*I've had it up to here."*

Ad infinitum et ad nauseum.

What's the problem?

Language is often ambiguous, even without language barriers or cultural differences. Two examples, written by experts:



Now add language barriers to the mix…

What's the problem?, continued.

Too many people assume: Bicultural = Bilingual = Competent to Interpret.

And you will have to (continue to) teach them otherwise. You are the expert.

Define: Polyglot, trilingual, bilingual, monolingual.

"There is a misconception that bilingual individuals without training can provide adequate interpreting. Unfortunately, the parties most affected by the interpreting lack the skills to judge its quality. They assume the person providing the interpreting is doing an adequate job. This may create a misplaced sense of security that effective communication is taking place."

(CA Standards, page 18)

Some examples to consider….

This history is my best effort at compiling conflicting information given by the patient to the safety manager via interpreter; to our receptionist, who is a native Spanish speaker; and to me via different interpreter along with past claims data graciously provided by the company's work comp claims manager. The patient has a great deal of difficulty producing consistent history. She also has a great deal of difficulty in other language skills. As far as I can tell, the translation efforts during my exam were adequate. However, she had difficulty understanding and carrying out instructions. It took 3 tries to have her report if tapping on her arm hurt, she would always describe where the pain has been.

CHIEF COMPLAINTS: Neck pain, bilateral shoulder pain, bilateral upper arm and forearm pain, bilateral wrist pain, and insomnia from all the pain.

HISTORY OF PRESENT ILLNESS: As best as I can tell, she had a fall in 2007. A work comp claim was filed for a fall then. I do not have any access to those medical records, although they should be forthcoming. The patient reports that the fall happened in 2010, so it is possible that there was another fall, but it seems that the 2007 fall was the only real fall. She has been reporting right shoulder and arm pain off and on since then. She can be relatively pain-free for a month or so at a time, but the pain comes back. If she uses her right arm less, the left arm starts to hurt more. She tries to compensate by moving differently but as of a week ago, she has had a lot of pain and has not been able to find any way to make the pain less. Any movements of her arm with a mop or other tools cause her pain in the neck. It is burning. It goes down into the shoulders, front and back. Sometimes, it is in the forearms and wrists as well. The pain go from the shoulders, also will go into the upper arms. She also reports some low back pain which is more intermittent, but has been more constant in the last week. The fall in 2007 was when she was mopping a bathroom she fell onto her right shoulder. She has had no trauma since then, but frequently, she has to do mopping and then recently the machine that someone else operates has been broken, and so she has had to mop some large areas.

Dear Workers' Compensation Board:

Please accept this as Claimant's Reply Brief. …

1) Dr Z's linguistic competence or lack thereof.

Except for "some Spanish," Dr Z has no linguistic qualifications in Russian or Romanian (Claimant's native language), or in interpreting or translation, yet is certain she obtained a 100% accurate medical history from Claimant through his Russian mechanic co-worker. (Ex 31, page 17). This is the same assumption as made by the person in the cartoon below.

In light of the linguistic barriers, the most Dr Z could have reasonably asserted in her deposition was that Claimant appeared to have understood her and vice versa. But that was not what she asserted. Compare this to Dr Versoza's history as contained in Ex 4D, page 1.

What's wrong with this picture?

OAR 436-010-0225 Choosing a Person to Provide Interpreter Services

…. "***The worker may choose a family member, a friend, an employee of the medical provider, or someone who provides interpreter services as a profession. The medical provider may disapprove of the worker's choice at any time the medical provider feels the interpreter services are not improving communication with the worker, or feels the interpretation is not complete or accurate.***"


Columnist gets urologist in trouble with his peers

Lewiston (Idaho) Morning Tribune 3/17/75

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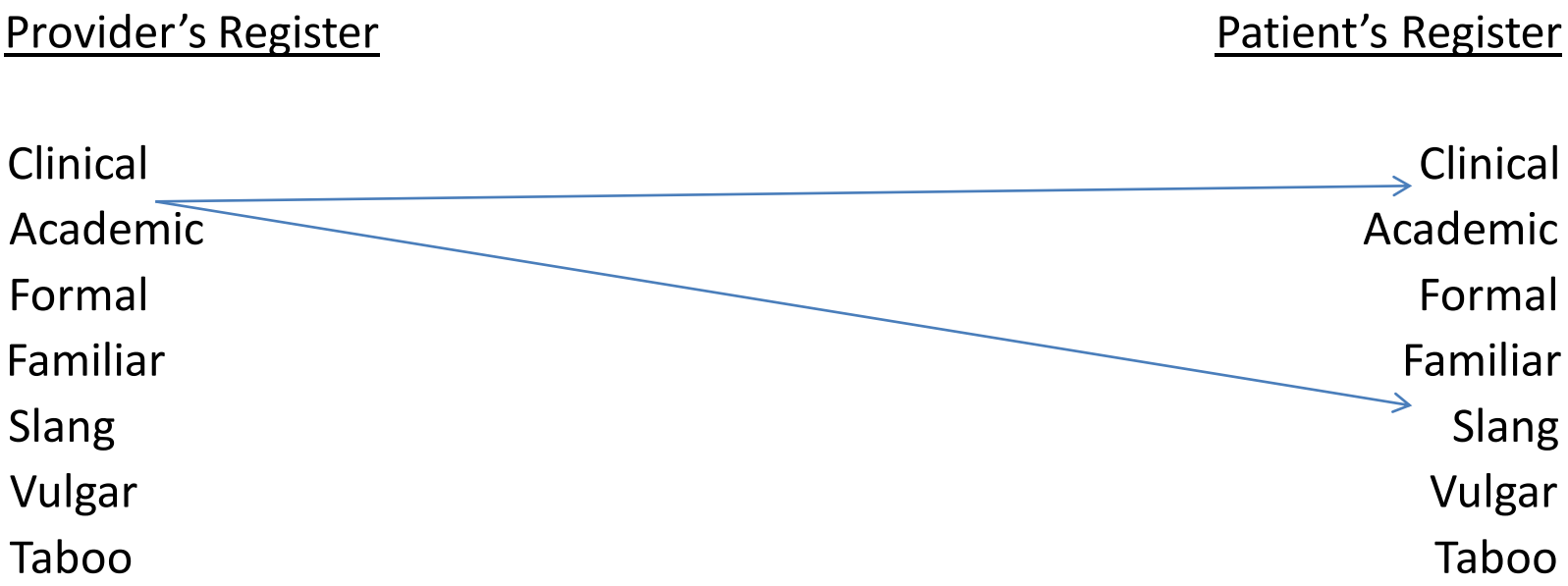
Faithfulness of the message within its cultural context

"Cultural experiences infuse words with meaning. The interpreter, therefore has to understand not only the words that are being used but also the underlying, culturally-based propositions that give them meaning in the context in which they are spoken."

(Ethics, p 14).

Technically Accurate v. Culturally Faithful



Bridging the communication gap also requires interpreting such that both parties "understand" each other, taking into consideration what they are capable of understanding.

Which arrow(s) should you follow?

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Accuracy and Completeness

"Interpreters transmit the content, spirit and cultural context of the original message into the target language, making it possible for patient and provider to communicate effectively.

a. Convey verbal and non-verbal messages and speaker's tone of voice without changing the meaning of the message.

b. Clarify the meaning of non-verbal expressions and gestures that have a specific or unique meaning within the cultural context of the speaker. …

f. Maintain the same level of formal/informal language (register) used by the speaker, or to request permission to adjust this level in order to facilitate understanding when necessary to prevent potential communication breakdown. (CA Standards, page 30).

Our (cultural) Attitudes towards (American) medicine.

US:	vs. Them:
Scientific & Objective	Subjective & irrational beliefs
The “best” in the world	“Quaint” customs
Technological	Hands-on, folk remedies/ traditions
Specialized	Primitive
Aggressive, invasive	“Holistic,” insufficiently “proactive”
Impartial, professional	Overly familiar, loose


Scientists are at loss due to brain-eating amoeba

The Arizona Republic 10/5/78

American Attitudes About Pain and Disability

- Calvinistic, Protestant self-restraint, (à la Max Weber)
- “No pain, no gain.”
- “Suck it up.”
- “Stiff upper lip.”
- “He’s *fighting* cancer.”
- Sickness and disease as manifestation of moral character

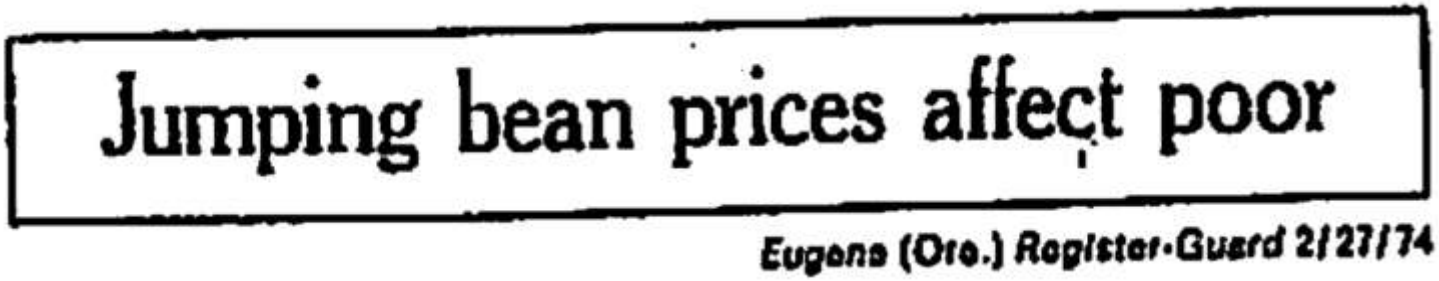
How much grimacing and groaning constitutes “pain behavior”? How much pain is a 5?

How much pain is a 5 out of 10?

Even Waddell Worries

“In the past two decades, [the Waddell test] have become widely used and appeared under a variety of names such as Waddell signs, inappropriate signs, medically incongruent signs, and behavioral signs….”

“Despite clear caveats about the interpretation of the signs, they have been misinterpreted and misused both in clinical contexts and in medicolegal assessment.”


Jumping bean prices affect poor

Eugene (Ore.) Register-Guard 2/27/74

Even Waddell Worries

"Regression analysis of multiple nonorganic signs and of a surgeon's decisions showed that overreaction was the single most important nonorganic sign.

Unfortunately, this is also the sign most influenced by the subjective impressions of the observer."


Hospitals resort to hiring doctors

PHYSICIAN SHORTAGE PROMPTING MOVE, ADMINISTRATORS SAY

Other cultural attitudes towards pain & disability

1) Apparent paradox that Hispanics work harder than Anglos when healthy, but once injured express more pain and may believe themselves to more disabled.

2) Pain as something that should be openly expressed and the desire to ensure the medical provider "understands."

3) Misinterpreted as "functional overlay," or even "malingering."

4) How would a Spanish-speaking doctor in Mexico interpret this type of clinical presentation?

Dr Nye once told me: "I hate it when the patient feels that he needs to convince me that he has problem. It only makes finding the right diagnosis harder."

Perceived Inconsistency, Vague Expressions, Lack of Detail

1) Grammatical / stylistic factors:
Use of passive vs. active voice: *"lo olvidé" vs. "se me olvidó."* (I forgot).
"Me dijeron que…" (I was told, or they told me)

2) Inherent ambiguity:
"No es cierto" = "That's uncertain" or "That's untrue"?
"Me resbalé" = "I slipped" or "I slipped and fell (and thus hit the ground)?

3) False cognates ("Faux amis" for the Francophiles):
Notario publico,
apelación,
abogado,
fiscal,
pisar,
Estoy constipado,
Etc.

Perceived inconsistency, continued.

4) Spanglish: Troque, fiel, boss, etc.

5) Educational level and generic terms (basic literacy):

"Tubo" for tube, pipe, culvert, etc.

"Mano" for hand or entire arm -- "Pie" for foot or the entire leg.

Chair vs. armchair, lazy-boy, rocking chair, ottoman, stool, barstool, etc.

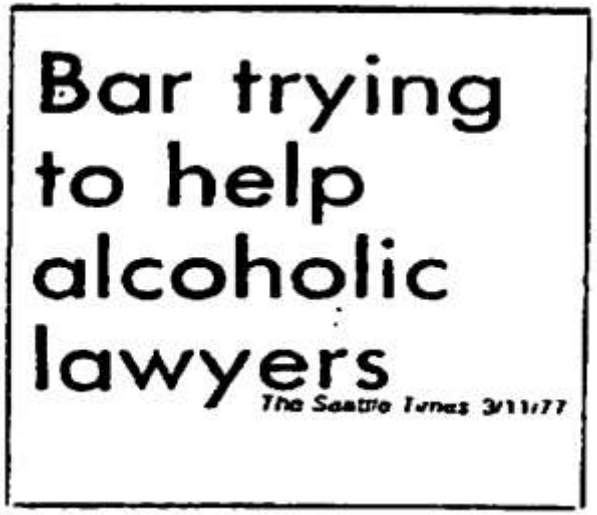
6) Time orientation:

Clock, day, season, event, "now" vs. "mañana."

NB: The accents in Spanish are **not** optional.

"Mi hijo tiene 3 años" very different from

"Mi hijo tiene 3 anos" (El pobrecito…)



If you think English is more direct & less ambiguous – Try translating the verb "to get"

"I got it." – You understood it? You received it (the package, your drift)? You caught it (that bug going around)?

"I'll get it." -- The phone? Your meaning?

"I'll get around to it." -- When?

"Get over it." – Emotionally or physically?

"We'd better get going." "Now, that the going's got good"

"He gets around" – You mean he circumvents or he travels a lot?

Or ….

The list goes on…
Just think of all the prepos
on, off, in, out, over, under,
through, around, at, to, etc.
can be added to "get".
Got it?

Faithfulness of the converted message and offensive content

The interpreter renders all messages accurately and completely, without adding, omitting, or substituting.

For example, an interpreter repeats all that is said, even if it seems redundant, irrelevant, or rude. **(Standards, p. 5)**

"[E]verything that is said is a potential source of data. Offensive language use by a patient may sometimes be part of their condition. If the interpreter omits such language*, the provider is losing a valuable piece of data that could lead to the appropriate diagnosis." **(Ethics, p 14)**

** And not just for Tourette's syndrome.*

Interpreters demonstrate accuracy and completeness by …

"c. Maintain the tone and the message of the speaker even when it includes rudeness and obscenities.

Note: different cultural understandings and levels of acceptance exist for the usage of obscene expressions and profanities, and we understand the resistance most interpreters have towards uttering such expressions, although interpreters need to honor the ethical principle of "Accuracy and Completeness" by striving to render equivalent expressions."

(CA Standards, page 30)

The Language of Swearing

Stephen Pinker video deleted.

Part 1, at:
www.youtube.com/watch?v=1BcdY_wSklo

Part 2, at:
www.youtube.com/watch?v=yyNmGHpL11Q.

Faithfulness to the message and interpreter errors

"[I]nterpreters have the ethical obligation to monitor their own interpreting performance. …

[A]n interpreter is in the unique position, … of being the only person in the encounter who understands both languages.

[They]have a heightened responsibility to keep watch over their own performance and to catch any inadvertent errors they may make. …

[I]t is then their ethical obligation to admit their error and correct it…"

(Ethics, page 15)

(See also, CA Standards, page 30)

Beware Fatigue.

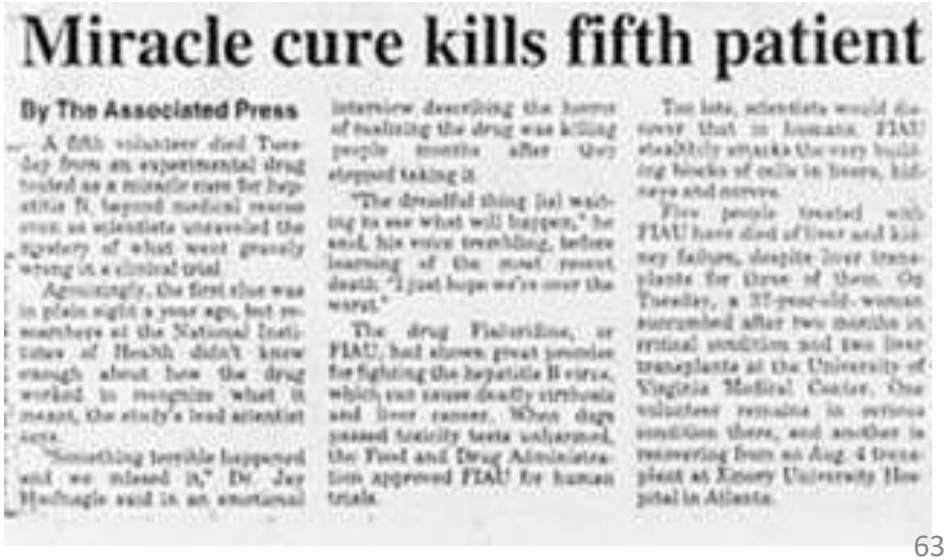
"The interpreter advocates for working conditions that support quality interpreting.

For example, an interpreter on a lengthy assignment indicates when fatigue might compromise interpreting accuracy."

(National Standards, page 9)

New Study on Fatigue Confirms Need for Working in Teams, Vidal, 1997

"Looking at the total number of errors we can see that the frequency increases from three minutes to 30 minutes." The category of most serious errors, i.e., errors in meaning, rose consistently with increased time on task. At 60 minutes, all subjects combined committed a total of 32.5 meaning errors."



Miracle cure kills fifth patient

By The Associated Press

A fifth volunteer died Tuesday from an experimental drug touted as a miracle cure for hepatitis B, beyond medical rescue even as scientists unraveled the mystery of what went grossly wrong in a clinical trial.

Agonizingly, the first clue was in plain sight a year ago, but researchers at the National Institutes of Health didn't know enough about how the drug worked to recognize what it meant, the study's lead scientist says.

"Something terrible happened and we missed it," Dr. Jay Hoofnagle said in an emotional interview describing the horror of realizing the drug was killing people months after they stopped taking it.

"The dreadful thing [is] waiting to see what will happen," he said, his voice trembling, before learning of the most recent death: "I just hope we're over the worst."

The drug Fialuridine, or FIAU, had shown great promise for fighting the hepatitis B virus, which can cause deadly cirrhosis and liver cancer. When dogs passed toxicity tests unharmed, the Food and Drug Administration approved FIAU for human trials.

Too late, scientists would discover that in humans, FIAU stealthily attacks the very building blocks of cells in livers, kidneys and nerves.

Five people treated with FIAU have died of liver and kidney failure, despite liver transplants for three of them. On Tuesday, a 37-year-old woman succumbed after two months in critical condition and two liver transplants at the University of Virginia Medical Center. One volunteer remains in serious condition there, and another is recovering from an Aug. 4 transplant at Emory University Hospital in Atlanta.

III. Impartiality & Respect

- The interpreter strives to maintain impartiality and refrains from counseling, advising or projecting personal biases or beliefs.
- The interpreter maintains the boundaries of the professional role, refraining from personal involvement.
- The interpreter treats all parties with respect.

(Ethics, page 3)

Impartiality

"Interpreters maintain impartiality by attempting to:

a. Demonstrate no preferential behavior or bias towards or against either party involved in the interpreting.

b. Allow the parties to speak for themselves and to refrain from giving advice or counsel, or taking sides.

c. Respect the right of the parties in a conversation to disagree with each other, and to continue interpreting without becoming drawn into the disagreement.

d. Refrain from interjecting personal opinions, beliefs or biases into the patient/provider exchange even when interpreters disagree with the message, or perceive it as wrong, untruthful, or immoral.

e. Avoid exhibiting non-verbal body language or facial expressions (e.g., eye-rolling, shoulder-shrugging, or any display of shock or disgust) that convey bias and lack of impartiality."

(CA Standards, page 26)

Professionalism and Integrity

Interpreters demonstrate professionalism and integrity by acting to:

a. Respect the boundaries of the professional role and to avoid becoming personally involved to the extent of compromising the provider-patient therapeutic relationship.

b. Protect the interpreter's own privacy and safety.

c. Avoid personal, political or potentially controversial topics with all parties at all times.

d. Refrain from soliciting or engaging in other business while functioning as the interpreter.

e. Resist creating expectations by either party that the interpreter role cannot fulfill, including functions related to the work of other health professionals, such as taking patient histories, physically moving patients, or assisting the provider in examining the patient, or acting as the patient's counselor. (CA Standards, pages 28-29)

NO GOOD DEED GOES UNPUNISHED

OHCIA
OREGON HEALTH CARE INTERPRETERS ASSOCIATION

When is there a Conflict of Interest?

Anytime an interpreter's own interests, personal or professional, are in conflict with those of the providers and (especially) those of the patient, such that the interpreter's role is, or may be, compromised.

1) Think "informal" ("soft" or "personal") conflicts of interest. Examples: Interpreting for family members, religious beliefs, etc.
2) Think "formal" conflicts of interest. Example: role as interpreter in conflict with role as patient advocate or "social worker," or other "business" interests.

(Remember the previous slide?)

IV. Advocacy

"When the patient's health, well-being, or dignity is at risk, the interpreter may be justified in acting as an advocate.

Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes.

Advocacy must only be undertaken after careful and thoughtful analysis of the situation and if other less intrusive actions have not resolved the problem." **(Ethics, page 3)**

Not All Advocacy is Equal
(or equally problematic)

Compare:

1) Advocating for better professional standards and/or better working conditions generally.
2) Advocating for a specific patient.

(Think going beyond role as interpreter & helping patient providers, setting appointments, etc.)

1) Advocating against discrimination, for a specific patient or more generally.

(Think "whistleblower," but remember that no good deed goes unpunished).

V. Continuing Education

"The interpreter continuously strives to develop awareness of his/her own and other (including biomedical) cultures* encountered in the performance of their professional duties."

(Ethics, page 3)

***Not this …**

Why people believe weird things

Michael Shermer video deleted.

Starting at minute 8:58, at:
www.youtube.com/watch?v=8T_jwq9ph8k

Some tips on working with (through) interpreters

- Use short sentences. Single sentences with multiple predicate clauses are never going to make your point, especially on cross-examination.
- Break questions and answers into bite-sized interpreter "assimilatable" chunks.
- Avoid highly technical terms, or at least explain them -- slowly.
- Make sure the interpreter has some familiarity with specialized terminology that may be used.
- Make sure the interpreter actually knows the language (along with the witness's dialect and register of language).
- Make sure the interpreter is actually interpreting the appropriate register.
- Remember there's no such thing as "simultaneous" interpreting – it's just really fast sequential interpreting.
- There's no such thing as a "literal" or "verbatim" interpreting -- it's either verbatim and nonsensical, or it's non-verbatim and has meaning.

Translation software, bad idea or really bad idea?

Examples the WCD's Spanish language brochures back into English:

1) Aseguradora. Una compañía de seguros, un empleador asegurado por sí mismo, o un grupo de empleadores asegurados por sí mismos que proveen cobertura de compensación para empleadores y beneficios a trabajadores lesionados.

Aseguradora. A companionship of insurance, a employer insured for by yes same, o a clump of employers insured for by yes same that provide couverture of compensate to employers in benefits at workpeople lesionados.

2) División de Compensación para Trabajadores (WCD). Es la división del Departamento de Servicios para Consumidores y Negocios del estado que administra las leyes de compensación para trabajadores.

Divi of Compensate to Workpeople (WCD). Is cleavage of Department of Service to Consumers in Business of sate that administra them laws of compensate to workpeople.

NB: These are a worst case examples. Google's translation is much more accurate.

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4) *Culture and Somatization: Clinical, Epidemiological, and Ethnographic Perspectives*; Laurence Kirkmayer, Allen Young, Phd.; Psychosomatic Medicine 60:420-430, 1998.

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6) *Behavioral Responses to Examination: A Reappraisal of the Interpretation of "Nonorganic Signs."* Chris J. Main, PhD; Gordon Waddell, DSc, MD. SPINE 1998; 23:2367-2371

7) *Caring for Patients from Different Cultures*; Geri-Ann Galanti; University of Pennsylvania Press, 2008.

8) *Culture, Health and Illnes*s, 5th Edition; Cecil Helman; Hodder Arnold; 2007.

9) IMIA Code of Ethics. Website: http://www.imiaweb.org/code/default.asp