

*Principle: (1) **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.*

Important points:

1. Confidentiality is an ethical principle that is shared with other health professionals.
2. Who is on the treatment team is not necessarily clear cut, especially when interpreters follow the same patient across appointments and different providers.
3. Rely on the core value of beneficence to determine who should know.
4. The norms of the US medical system value and protect the “right to know” of the patient unless the patient has explicitly or implicitly indicated otherwise.
5. Interpreters should be very clear, especially with patients, that their role is to interpret everything that is said while in the presence of the provider.
6. The first obligation of the interpreter is to encourage patients to disclose the information themselves.
7. Sharing of information should be done in a responsible and respectful manner, and only after every effort had been made to persuade the person to share the information themselves.

Special considerations:

- Information sharing with family members – dementia, caretakers, intoxicated clients
- Treatment team – sensitive issues (“release of records”)
- Mandatory reporters
- Sharing of information without personal details for professional development or self-care
- Notes
- Conflicts of interest

Core value(s): **Beneficence** Fidelity Respect for importance of culture

ROLE PLAY/SCENARIO(S)

- Interpreter meets family member of patient in community.
- Interpreter meets patient in the community.

*Principle: (2) **ACCURACY** – The interpreter strives to render the message accurately, conveying the content and spirit of the original message, taking into consideration its cultural context.*

Important points:

1. Intent is to ensure that the communication between parties is as close as possible as to how it would be if they spoke the same language and shared a similar cultural reference.
2. Convert messages from one language to another without omitting from, adding to, or distorting the original message.
3. Don't judge what is relevant, important, or acceptable.
4. Convey the meaning of gestures and tone of voice when add significantly to the content of the message.
5. In no instance should interpreters decide to omit or distort messages because these are personally offensive to them or because they are uncomfortable with the language or content of the message.
6. The language clients use is a key source of data that providers use to arrive at accurate diagnosis and treatment.
7. Through language a relationship is established that can dramatically affect the outcomes of the encounter.
8. Language is an expression of culture and the way in which a culture organizes reality.
9. Interpreters have to know that is that culture affects meaning and if meaning is not shared miscommunication and misunderstanding occur.
10. An interpreter has an ethical obligation to admit errors and correct them.

Special considerations:

- “Untranslatable words”
- Discriminatory, prejudicial, or derogatory remarks vs. comments that could inadvertently be perceived as offensive by the other party.
- Interpreter errors (misunderstandings)

Core value(s): **Beneficence Fidelity Respect for importance of culture**

ROLE PLAY/SCENARIO(S)

- Cursing
- Lying

*Principle: (3) **IMPARTIALITY** – The interpreter strives to maintain impartiality and refrains from counseling, advising or projecting personal biases or beliefs.*

Important points:

1. Impartiality applies primarily to the content of the messages.
2. It is not within the role of the interpreter to advice or counsel either party with respect to the goals of the encounter.
3. Principle is misunderstood to mean that interpreters should be disinterested in or uncaring with regard to the patient.
4. Interpreters fully recognize and accept the humanity and the human needs of the parties in the encounter.

Special considerations:

- Strong biases
- Misinformation
- Lack of access to information

Core value(s): Beneficence **Fidelity** Respect for importance of culture

ROLE PLAY/SCENARIO(S)

- The patient asks the interpreter for his/her opinion regarding a treatment option.
- The interpreter has a strong opinion as to a particular treatment option.

*Principle: (4) **BOUNDARIES** – The interpreter maintains the boundaries of the professional role, refraining from personal involvement.*

Important points:

1. The interpreter should not assume any duties outside the roles of an interpreter while engaged as an interpreter.
2. Interpreters should not exploit the vulnerability of clients.
3. The development of rapport with clients is part of the interpreter's professional role and does not necessarily represent personal involvement.
4. Good rapport between the interpreter and client can contribute to the development of a therapeutic relationship between the parties.
5. Interpreter's ethical obligation is to make appropriate decisions in order to maintain the privacy of the patient.

Special considerations:

- Dual-role positions
- Personal relationships
- Small communities

Core value(s): **Beneficence** Fidelity Respect for importance of culture

ROLE PLAY/SCENARIO(S)

- Bilingual service provider in the role of interpreter.
- Patient asks interpreter for something (ride home, help to make a phone call, etc.)

*Principle: (5) **CULTURAL HUMILITY** – The interpreter continually strives to develop awareness of her/his own and other (including biomedical) cultures encountered in the performance of their professional duties.*

Important points:

1. Culture is integral to the creation of meaning.
2. How we see the world influences what we understand and what we remember.
3. There are many cultures that interpreters may encounter in the course of performing their duties.
4. No single interpreter is expected to know the particular cultural beliefs and values that may apply in any given situation.
5. The ethical obligation of interpreters is to understand enough of cultural practices and beliefs to be able to minimize and/or avoid potential misunderstandings and miscommunications.
6. “Cultural competency” is a responsibility shared by all members of the medical team, AND...
7. Interpreters will usually be the member of the team most likely to understand that cultural factors influence communication and the creation of meaning, and to have the knowledge to recognize when they interfere with communication.

Special considerations:

- Cultural of Western medicine, specific clinics (county clinics, private clinics, etc.)
- Formal/informal language options
- Health literacy
- Greetings

Core value(s): Beneficence Fidelity **Respect for importance of culture**

ROLE PLAY/SCENARIO(S)

- Female patient is not comfortable talking about health issues with a male interpreter or provider.
- A patient gets insulted because a provider asks about drug use or sexual activity.

*Principle: (7) **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 be undertaken only after careful and thoughtful analysis of the situation and if other less intrusive actions have not resolved the problem.*

Important points:

1. Interpreters are witnesses to the good, bad, right and wrong that occurs in interpretation sessions.
2. Advocacy has been and continues to be controversial. Much of the controversy comes from lack of understanding as to what advocacy means and what are the implications in practice.
3. An interpreter should decide to act as an advocate when the interpreter has observed that something is not right, and action needs to be taken to correct the wrong, and when the other parties have not taken action to do so.
4. When acting as an advocate, an interpreter is concerned with the “quality of communication + the “quality of care.”
5. Acting as an advocate should never be taken lightly; an interpreter should take on this role only after careful and thoughtful analysis of the situation.

Special considerations:

- Personal boundaries/comfort (What would you do as a human being?)

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ROLE PLAY/SCENARIO(S)

- A patient tells the interpreter after an appointment that she/he doesn’t understand the recommended treatment.
- A doctor told the patient to take one dosage of a medication during the appointment. When the interpreter is reading the prescription out loud to the patient, a different dosage is indicated, and the patient doesn’t ask for clarification on the amount.

*Principle: (8) **PROFESSIONAL DEVELOPMENT or SELF EVALUATION** –
The interpreter strives to continually further his/her knowledge and skills.*

Important points:

1. The ability to interpret accurately and completely depends on how much background knowledge the interpreter has of the content and the context of the communication. Medical context: basic body parts/functions; common symptoms. Socio-cultural context: beliefs about wellness and illness; treatments; assimilation and acculturation.
2. Interpreters are responsible for improving their language skills in all languages for which they interpret, and for improving their interpretation skills.
3. Professions change (new knowledge is created, different methodologies are discovered, and new technologies created).

Special considerations:

- Interpreting outside the medical context (schools, social services)
- Lack of formal opportunities for professional development
- Languages are “alive.”

Core value(s): Beneficence **Fidelity** **Respect for importance of culture**

ROLE PLAY/SCENARIO(S)

- During the course of a routine check-up, a patient is diagnosed with an illness with which the interpreter is not familiar.

*Principle: (9) **PROFESSIONALISM** – The interpreter must at all times act in a professional and ethical manner.*

Important points:

1. Interpreters should perform their duties competently; monitor their own performance and behavior, including knowing when to withdraw and when to admit and correct an error; conduct themselves with dignity; respect other professionals; and should not discriminate.
2. Interpreters should not use information about individuals for their personal advantage.
3. In deciding whether to accept an offered gift, interpreters should try to determine if in giving the gift the person is attempting to influence the interpreter or receive special treatment.
4. Whether or not an interpreter accepts or declines the gift, the interpreter should make it clear that their responsibility is to provide competent service without any gift.

Special considerations:

- Response when another professional acts unprofessionally.
- Rude clients

Core value(s): **Beneficence** Fidelity **Respect for importance of culture**

ROLE PLAY/SCENARIO(S)

- A provider acts in a condescending way towards the interpreter and/or patient.

*Principle: (6) **RESPECT** – The interpreter treats all parties with respect.*

Important points:

1. Interpreter – duty to convey all messages faithfully and completely.
2. Patient makes decisions about treatment and what is best for him/her.
3. Provider has a duty to present accurate information so patient can make ***informed decisions***.
4. **Autonomy**: The right and authority to make one's own decisions.
(**Communicative Autonomy**: The capacity of each party in an encounter to be responsible for and in control of his or her own communication.)
5. By doing their job well, interpreter helps to build mutual respect (***trust***).

Special considerations:

- Arrogance/condescendence
- Discrimination
- Incomplete/Inaccurate information

Core value(s): Beneficence **Fidelity** Respect for importance of culture

ROLE PLAY/SCENARIO(S)

- One person in the interpreting session treats another person rudely.