other words other meanings

A guide to health care interpreting in international settings

Alexander Bischoff
Louis Loutan

HUG
Hôpitaux Universitaires de Genève

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A guide to health care interpreting in international settings

Alexander Bischoff
Louis Loutan

Translation: Myron Gubitz, Cynthia White
Drawings: Henri Schubert

Contents

• Preface

This handbook offers an approach for bilingual medical consultations. It was originally written in French, then translated into German and Italian, and was designed to help health professionals and patients who do not have a language in common. At the time, at least in Switzerland, there were no other teaching aids available to those who work with an interpreter.

The English version is intended to accompany health professionals working in hospitals or in primary care as well as in international settings (relief operations, humanitarian programmes, NGOs, etc). Although it was originally destined for health workers, we feel it can be useful in a wide variety of situations. During assignments many humanitarian workers will have to communicate via an interpreter. We have translated and – we hope – fine-tuned this short guide in order to help all concerned achieve optimum communication in the triangle formed by the patient, the interpreter and the health care worker (the "trialogue").

This guide is the result of combined experience and reflection on the part of interpreters, physicians, nurses, social workers, psychiatrists and teachers. It is meant to give its readers access, in a simple and practical form, to the outcome of what were often very lively discussions. It does not attempt to cover all aspects of communication between people of different origins, nor answer all questions raised by cultural mediation. It is simply a contribution to efforts being made by many people toward improved mutual communication between patients and health care workers.

Enjoy "Other words, other meanings", and the experience of working with an interpreter!

Alexander Bischoff and *Louis Loutan*

• Foreword to the first edition in French 1998

Dialogue is the foundation of all human relations. This is especially true of the relation between health professionals and their patients. But what are we to do when the other person does not speak our language ?

In such cases, many health professionals resort to nonverbal means of communication, especially in emergency rooms where pain is often the primary concern. They do not realize that being foreign means not only not speaking the same language, but that gestures often have a different significance as well. If he is aware of this, the health care provider will look for a translator close at hand, perhaps a friend or relative of the patient, or a hospital worker who speaks the patient's language. Such makeshift arrangements can help resolve problems of understanding and are useful in certain situations.

Frequently, however, a literal word-for-word translation is not sufficient, because, in another culture, the same word does not always have the same significance. Moreover, the role of the ad hoc interpreter is often complicated when the subject matter involves intimate aspects of the patient's life or political and social background. In a bilingual relation between patient and clinician, a simple translation is insufficient without an interpretation of the meaning of the words used and without an understanding of the cultural and political context of the patient.

A good translator must become an interpreter, a third person integrated into the relationship between health professional and patient when this becomes difficult. Interpreting does not mean simply translating a language, but also translating a culture, explaining its meaning ; thus becoming the interpreter for the "outsider."

By definition, the interpreter stands between the two parties. He has his own particular role, difficult but important, and the dialogue

becomes trianglar. This triangular bilingual consultation is challenging and must be learned by both health professionals and interpreters.

This handbook has a double objective:

to help the health professional conduct triangular conversations and understand that the third person, the interpreter, will deepen the health professional comprehension of the patient, and to help the translator become an interpreter with an integral role in the discussion.

The authors of this handbook have drawn on a broad range of experience, accumulated in a great many consultations with patients from other cultures. In a direct and clear style, they deal with a subject that has been neglected, but which is more and more important in a world where travel and migration are increasing.

Professor *Hans Stalder*, MD
Head of the Department of Community Medicine

• Introduction to the English edition

For the past 50 years or so, humanitarian interventions have originated in the north for stricken populations in the south. With rare exceptions, the humanitarian worker finds himself, sometimes on very short notice, having to function in a situation where the culture is alien, the language a mystery.

Whether the task is visiting prisons, setting up a refugee camp, caring for the sick and the wounded, negotiating with authorities or any of the numerous other activities a humanitarian worker undertakes, he will sooner or later need the assistance of a translator. In fact he will be very dependent on a translator's assistance even if he is not wholly aware of it.

What field worker hasn't experienced the situation in which a seemingly simple question turns into a lengthy discussion between the translator and his interlocutor? Or when a carefully prepared speech is transmitted in only two phrases and the lengthy reply is summed up in one word? One is left wondering.

Obviously the translator plays a key role in almost any undertaking far from home! So it is essential for the expatriate worker to feel trust and harmony when working with a translator, in whose hands he will inevitably find himself. The translator is the door to the new, possibly hostile world out there and it is of the utmost importance that he be an ally.

The staff of the department dealing with refugees and asylum seekers at the University Hospitals of Geneva deserve credit for having analysed the many facets of the triangular relationship created when the help of a translator is required, and for taking the trouble to create this guide.

The Geneva Foundation – who financed the English version – hopes that this manual will help all those who have to work through translators and will contribute to the establishing of relations of trust, and thus reinforce one of the most crucial links in the humanitarian chain.

Elisabeth Nyffenegger

1.
How to work with an interpreter:
key points of a bilingual consultation / interview

If one can not communicate with a patient in a common language, the help of a third person is indispensable. This three-way consultation (patient, interpreter, health care provider) can promote a climate of mutual confidence and empathy.

The interpreter enriches this relationship. He is a cultural mediator, not a mere translator of words. He gives the words full meaning and facilitates the understanding of their content. He can be a partner and an ally in providing quality care.

This chapter describes a three-way consultation and is primarily for the health care worker.

A. Before the consultation

Preparation. Work with the interpreter to prepare the consultation before seeing the patient. The success of the consultation will depend greatly on this preparation. This is an opportunity to explain to the interpreter what you expect of him and how you intend to conduct the consultation with the patient.

Content. Explain to the interpreter the objective of the consultation, what you would like to get out of it and the subjects to be

raised. By informing the interpreter about the reasons for the consultation, its context, and the questions you have, you will make his work easier. He will be able to pay more careful attention to certain remarks, indications or signals given by the patient which might be useful to you. This is particularly important when there are sensitive or painful subjects that must be dealt with tactfully (trauma, loss of loved ones, war).

Working relationship. Explain to the interpreter how you see your working relationship with him. Make him understand that you would like to create a relationship of trust with the patient and that this can only happen if similar trust also exists between the two of you. This requires mutual acknowledgement of your respective roles and areas of competence. Make it clear that you remain responsible for what happens during the consultation and that you wish to maintain control over the course it takes. Tell the interpreter that he may interrupt the conversation at any time in order to clarify — with you or with the patient — anything that is unclear, to clear up a misunderstanding, or to add an explanation when necessary. By spelling out in advance the sort of collaboration you expect and wish to make possible, you create the conditions for a successful interview.

Translation. Explain to the interpreter what you expect of him in terms of translating. The interpreter should:

provide the most faithful rendering possible of what the patient says. This is difficult! It requires not only an accurate translation of the words spoken, but also one that makes the meaning of the words comprehensible. Ask that the patient's statements, including colourful expressions, proverbs and idioms, be transmitted as precisely as possible. For it is important to understand how the patient is formulating his questions and answers. The interpreter should also know that he is free to give an explanation to clarify the meaning of what is said.

translate what you say to the patient as precisely as possible. You want what you are saying to the patient transmitted accurately, and translated as you go along. If the interpreter notices that the patient does not understand something, he may add additional explanations.

convey confused or ambiguous statements as such. If the interpreter belongs to the same community as the patient, he may be tempted to smooth out the translation (as if he should defend his own). It is very important to be attentive to difficulties of comprehension and lack of precision in statements, and to point them out. If possible, try to understand the meaning hidden behind what the patient is saying. The health professional must not assume that the translation is to blame if the content seems confused. A hesitant, disjointed or incoherent narrative is as revealing as any other account.

indicate clearly things that can not be translated. Things that are untranslatable do not reflect badly on the competence of the interpreter. On the contrary, a good interpreter knows when one language cannot adequately reflect another, and will point this out.

convey aggressive remarks. Provocative expressions should not be watered down. If what the patient says is censored, therapeutic communication will be more difficult.

call attention to the emotional overtones of the choice of words used by the patient as well as the health worker. The meaning of words and expressions can vary from one culture to another. It is important for the interpreter to convey any connotations a word may have. For example, tuberculosis may have an emotional connotation either for the patient (a shameful disease: "We hide it if possible and we go to see the doctor without letting anyone know") or for the doctor (a social disease, associated with poverty, "an infection imported by foreigners").

Culture. Ask the interpreter to inform you of cultural issues to be respected during the consultation. An interpreter can be a valuable guide in exploring a patient's cultural background. He can

point out cultural particularities which should be respected during the consultation, and tell you about customs that should be taken into consideration, beliefs about health, and practices and attitudes typical of a particular cultural or religious group. For example, some illnesses may carry a stigma or be seen as incurable. The relationship between a physician and a patient of the opposite sex should be understood, particularly if a clinical examination is to be performed.

Confidentiality. Inform the interpreter that he is obliged to maintain professional confidentiality. Just like health professionals, the interpreter must respect the confidentiality required of all therapeutic relationships. The interpreter shares with the health worker the confidence of the patient and whatever the patient reveals during the consultation. Confidentiality is essential, but it is sometimes difficult to maintain, especially when the interpreter is a member of the same community as the patient. So it must be determined that there are no conflicts of interest if the interpreter is acquainted with the patient outside the context of the consultation.

Time. Allow enough time. A three-way consultation takes longer than one involving only two people. This must be taken into account when scheduling appointments. The interpreter should be informed about the expected length of the consultation. Since consultation time is limited, priorities need to be established.

Administration. Be clear about administrative matters. Make sure that these points have been settled and are understood (payment, hourly rates, etc.).

B. Beginning the consultation

Introductions. Introduce yourself and the interpreter to the patient. Explain the translator's role and state that he has the obligation to maintain confidentiality. The health worker should introduce himself and then the interpreter: "This is Mr. X, who is of Albanian origin. He speaks your language and will help me to understand you better. He will help us to talk to each other. It is important for you to know that our conversation will not be repeated to anyone and that Mr. X and myself are bound by the obligation of medical confidentiality." The first words spoken in a consultation set the tone. These introductions are not a waste of time. They clarify each person's role and are the first step in establishing mutual trust. They also demonstrate respect for the patient.

Patient agreement. Ask the patient if he agrees with the choice of the interpreter. Possible conflicts of interest can arise for various reasons: belonging to the same community, social or ethnic divisions within the same country or between neighbouring countries sharing the same language, or relations between a patient and clinician of different sexes. Therefore, it is essential to be sure that the patient agrees with the choice of interpreter. If the patient is not comfortable with the presence of the interpreter, the patient must be able to refuse the interpreter. Similarly, the interpreter must have the option of refusing to participate, whether it is for personal reasons or for any of the reasons given above.

Look at the patient, not the interpreter. One has a tendency to look at the interpreter rather than the patient, particularly if the patient has difficulty expressing himself. Try to look at the patient in order to facilitate a more direct contact between the patient and yourself.

Speak directly to the patient. The atmosphere of the interview will be more pleasant if you address the patient directly in the second person: “Are you in pain ?” rather than “Is he in pain ?” The interpreter should transmit the patient’s words in the first person: “I have nightmares almost every night,” rather than indirectly in the third person: “He says that he has nightmares.”

C. During the consultation

Patience. Be patient. The need for a precise translation will sometimes oblige the interpreter to use long explanations. The interpreter might have to ask additional questions in order to be sure to grasp and translate correctly what the patient is saying. This is not a sign of incompetence.

Keep it simple. Use simple language. You can make the interpreter’s task easier if you use your own language precisely. Using clear, easily understood language forces one to think clearly. Use uncomplicated words and short sentences.

Check. Check regularly to make sure that the patient has fully understood, and that you have as well! Don’t hesitate to reformulate the patient’s response and repeat it for the sake of clarification (“If I understand you correctly, then .....”) or to have the patient reformulate what he has understood. It can reassure the patient if you recognize that the situation is complicated or unclear. Clarify, reformulate, and have the patient summarize.

Guide the conversation. Keep control of the consultation. A conversation can easily start up between the patient and the interpreter

or between yourself and the interpreter. Avoid these situations which exclude one of the participants. One should allow free interaction between the patient and the interpreter, but the health worker must be able to follow the consultation for which he has primary responsibility.

Encourage. Encourage the patient to speak freely and to ask questions. In many societies, patients do not dare ask doctors questions. So make it clear to the patient that questions and requests for explanations are welcome.

Observe. Take advantage of the moments when you are not talking to observe the patient. Use the time when the patient and the interpreter are communicating. This is a valuable opportunity that does not occur in one-on-one consultations. It allows you to examine the patient, his face, expressions, gestures, the tone of his voice, his body language and all that is unspoken. Because you can not talk directly to the patient, you can gradually develop a sharper eye and a capacity to detect small signs that reveal feelings and emotions, anxiety or hopes.

D. After the consultation

Exchange. Allow time for an exchange with the interpreter after the consultation. Time spent in discussion with him before and after the consultation makes a big difference to the quality of the collaboration between interpreter and health professional. Time constraints often prevent this sort of exchange which is nonetheless enormously beneficial.

Summing up. Go back over the consultation briefly with the interpreter and ask for his impressions. This is a good time to clarify

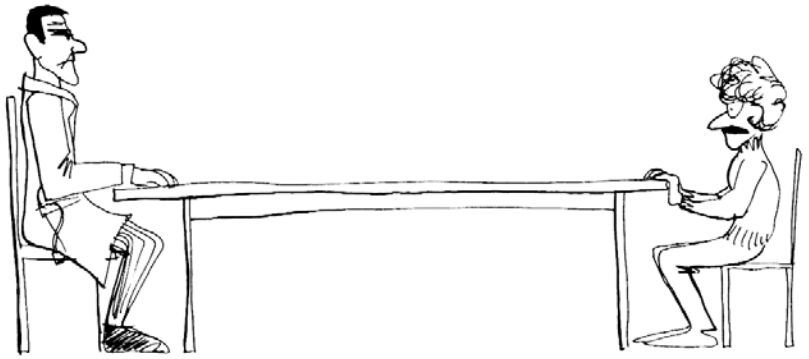
any areas of uncertainty, to discuss how the interview went and how to improve things, and to clear up possible misunderstandings between the patient and yourself or between you and the interpreter. Is there anything that the interpreter had wanted to say but hadn't been able to during the consultation ? Or is there something you yourself wish to say to the interpreter ? This may also be a good time to ask the interpreter about beliefs concerning health and illness, and customs and habits specific to the patient's culture. This is your chance to get better acquainted with someone who is a partner, an essential collaborator in caring for the patient, without whom you would not be able to communicate.

Support. If difficult or sensitive issues came up during the consultation, be careful about the effect they may have on the interpreter and suggest talking about it. The interpreter is at the heart of the exchange between patient and health professional, and is in an exposed position. If the subject discussed concerns a death, the traumatic experience of a refugee, receiving bad news or another painful matter, the interpreter may be deeply affected by the suffering described, especially because he may well have suffered a trauma himself or gone through a similar experience. So give him the opportunity to share and express his feelings after the consultation. Participation in a supervised group can also help the interpreter avoid emotional exhaustion or "burn out".

Keeping a record. Note in the patient's file that you are working with an interpreter. Record his name, address and telephone number. This will make it possible to contact the interpreter between consultations if necessary and to make sure that the same interpreter will be used for the following consultation.

To summarize

- **Prepare the consultation with the interpreter.**
- **Speak directly to the patient.**
- **Be patient.**
- **Use simple language.**
- **Allow for time with the interpreter after the consultation.**



2.
The three actors in the bilingual interview

A. The migrant

A child from Kosovo is brought into hospital with severe burns. Having examined the child, the doctors decide on surgery. The parents do not understand why the burns can only be treated with an operation; they are angry, and think that the physicians want to experiment on their child. The doctors have to meet repeatedly with the parents and to explain patiently why a surgical intervention is necessary.

An Albanian interpreter

A patient who does not speak the health professionals' language often arrives at a consultation in an extremely vulnerable state. Migration may have been painful or difficult. He may be suffering loss: of close friends or relatives who have died or stayed behind, of homeland, of his profession, his future and is feeling isolated. He suffers from lack of communication.

His own language, which is his means of breaking out of his isolation, is a foreign language in the host country, and constantly reminds him that he is an outsider. He realizes that he needs yet

another professional to help him. He finds himself in the lonely position of a "minority." He often feels uneasy, and sometimes inferior to those who have knowledge.

What are the expectations of a migrant patient? Deliberately or not, he will look for an alliance or even collusion with the interpreter who understands him, who speaks his language and who is perhaps from the same ethnic group. Does he really have precise expectations? Perhaps not. Perhaps he feels intimidated facing two "professionals." Does he expect too much of these representatives of the health care system? Or does he feel so dependent that he cannot even formulate his expectations?

What the migrant has to offer (this should be kept in mind by the health care worker) is the very fact of his migration, his movement, his experiences, the meeting of two cultures within him, his conception of cultures (expressed or not), the "fruitful friction" that takes place when two languages meet.

B. The interpreter

Interpreter: cultural adviser, cultural broker, cultural ombudsman.

The interpreter is like an actor who sometimes plays the role of the patient and sometimes that of the health provider, in order to represent one to the other.

The roles of the interpreter: spokesman, advocate, ambassador, mediator.

Interpreters' reflections on their work

The original, the primary role of the interpreter is "translation". He crosses and relates two worlds, bridging the migrant patient's world and that of the health worker. At the interface of cultures, he is the "decoder" of one to the other and facilitates their meeting.

He is the vector for two-way communication between two cultures, two ways of being and thinking.

North African interpreter

The interpreter serves as a bridge, a lifeline between two individuals.

African interpreter

The interpreter is the one who stands in the middle and tries to bring the two sides together.

An Urdu interpreter

The place of the third party. The interpreter is at the centre of the consultation; he is the only one who understands everything that is said. Nonetheless, he must find his position between the two other parties. His presence is a constant reminder that he has been called upon because he is the only one who understands the two others; without him the health worker and the patient are incapable of communicating. This can be held against him. On the other hand, his presence can be seen as an opportunity and an enrichment. The interpreter then becomes a person who helps to bridge the gap separating the health worker from the patient.

For us it is very difficult to translate when a patient has tuberculosis (or another contagious disease or cancer). Where I come from, we never tell a patient openly that he is seriously ill. Some patients will panic and be very upset, because in their country these illnesses lead to death. Furthermore illnesses like these often carry a social stigma in their society. As interpreters, we must take the time to explain that tuberculosis is an illness for which there is successful treatment here if you follow the doctor's instructions and take the prescribed medication.

An interpreter

The characteristics of interpreters working in a medical or social services setting can be summarized as follows:

The patient's language is generally the interpreter's mother tongue.

Sometimes the interpreter's experience is identical to that of the migrant patient whose words he is translating.

His integration in the host country is generally more advanced than that of the migrant patient ; because he has been there longer, he can better understand the new environment the patient is facing.

He has the motivation to be useful to his community as an interpreter.

The interpreter has his own emotions and expectations. The health worker should take these into account.

The interpreter should be regarded as the equal of the health worker, although each has a different responsibility.

The interpreter is often a migrant. Nonetheless, there are differences between the migrant patient and the interpreter: the immigrant status of the interpreter is clarified, while often that of the patient is not.

Even if the interpreter is often also a migrant with the same origins as the patient, there may be differences between social classes, ethnic groups or sexes that influence their relations.

The dilemma of the interpreter. He is faced with two potential pitfalls. These could be called the "sponge" and the "box." The interpreter-sponge absorbs everything that he hears, but is not able to transmit messages ; he keeps them to himself, either by not translating them correctly, or by retaining the burden of suffering of the patient's experience without being able to rid himself of it. He allows himself to be overwhelmed by the patient's story. The interpreter-box isolates himself. Although neutral interpretation detached from all personal involvement is desirable in a political setting, it is not appropriate in a context of medical or social assistance. A word-for-word translation will not be sufficient. The presence of the interpreter as a person is indispensable.

C. The health professional

Intercultural misunderstandings are costly: health professionals waste time, patients waste time, patients suffer more than necessary, and misdiagnoses and misguided treatments result in avoidable additional costs.

Report of the Council of Europe on Multicultural Relations

One of my Moroccan patients has very obese children. She did not want to tell me how she feeds her children, but she did tell the interpreter. So now I know, and this is important for me, that the obesity is not due to a metabolic problem, but is simply the consequence of over-eating...and that for the mother this is a sign of good health !

A home visiting nurse

In interpreter-mediated consultations, the health professional is no longer alone. A third party, the interpreter, intervenes in the relationship. The health professional loses direct contact with the patient, and must collaborate with another person. The health worker may feel hampered by this additional presence, which slows down the course of the consultation. But he can also take advantage of the opportunity to collaborate with a partner who can help him give better support to the patient by the very fact that there are two people who want to understand and communicate with him.

A health worker who uses an interpreter facilitates the exchange of precise and detailed information. This sort of exchange about the health of the migrant patient is essential for the professional work needed to ensure quality health care. Moreover, the presence of the interpreter will allow the patient to tell his story more freely, and help him express his needs and answer the health worker's questions.

Health professionals : don't forget that the interpreter

- **is doing his job as a professional, just as you are ;**
- **is often torn between you and the patient ;**
- **probably feels more comfortable with the foreign patient than with you ;**
- **has his own feelings and expectations ;**
- **needs time to establish a relationship with you and to develop cooperation between the two of you ;**
- **is not responsible for the behaviour or the complaints of the migrant patient ;**
- **does not have the responsibility to direct the consultation or keep it under control.**

3. The benefits of a three-way consultation : from dialogue to trialogue

The third person in the consultation adds a beneficial and enriching presence to the consultation that should be taken advantage of. While the initial goal of the encounter between clinician and patient is verbal communication, the next step is to deepen the relationship. This is where the interpreter plays a key role. The health professional can reinforce the value of the interpreter's role by sharing observations and impressions and seeking collaboration in clarifying the stages that lead to a better grasp of the patient's needs.

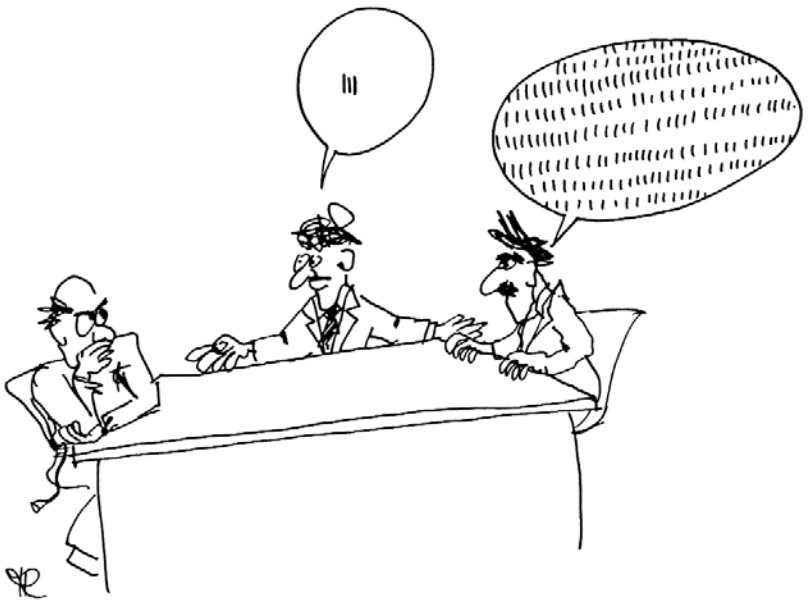
In contrast to the "black box model," in which the interpreter is merely an obligatory relay between the statements of the patient and those of the health professional, we would encourage triangular communication so that the dialogue becomes a "trialogue" promoting a genuine partnership.

When three people work together the interview has to be shared. This perhaps means losing the monopoly on the discussion, but it also means taking part in a conversation. The interview is enriched, exchange is increased. One speaks less, listens more and trusts more.

When this kind of interpreter - care giver collaboration has been established, the type of interpreting done can be adapted to the needs of the patient and the health professional. There are several options:

word-for-word translation that relays exactly what the patient says; **cultural mediation** which puts what is said into the cultural context of the patient; the **role of patient's advocate** taken by the interpreter to reinforce what the patient is asking for; or a **therapeutic co-responsibility** taken on by the interpreter. It is up to the health professional and the interpreter to choose what type of interpreting should be used. This range of possibilities means that the interpreting can be adapted to each situation and permits very different sorts of communication between health professional and patient according to what is needed.

Nonetheless, juggling between these different types of interpreting requires experience in the art of bilingual medical interviews. This is why it is important to have practical training in this kind of interviewing.



4.
The advantages of working with an interpreter

- Working with an interpreter:
  avoids waste by reducing poorly explained, poorly understood and badly followed treatments, unnecessarily repeated consultations, pointless examinations and diagnostic errors
- improves compliance
- expands a dialogue into a "trialogue"
- diminishes feelings of exclusion
- creates a three-way intercultural experience
- gives access to other sources of information
- reduces costs
- improves the quality of health care
- increases the health worker's professional and personal satisfaction
- gives the migrant patient the satisfaction of being understood
- improves migrants' access to health care

How to work with a health professional : a check-list for interpreters

Be patient. Have patience with the health care provider ; he may not know what immigrant patients experience in their daily lives. He is also unfamiliar with the patient's culture, background, experiences and difficulties.

Do not worry if the health worker uses a term that you are not familiar with ; either the word does not exist in your language, or he did not have time to look for a word that is equivalent but simpler.

Ask the health professional to explain if you do not understand his question.

Take your time in order to translate adequately, even if you need more words or sentences than the health worker used.

Don't be surprised if the health care provider fails to notice signs of uneasiness or even distress in the patient. Point out your impressions to him.

Don't let yourself be monopolized either by the health professional or by the patient. Protect yourself from the stress of conflicts of loyalty, that is, from the feeling that you must take the side either of the patient or the health care provider. If you find yourself being pushed into taking sides by one or the other, try to maintain the necessary distance.

Let the health worker know if a consultation has been emotionally difficult for you. Point out the limits of what you can bear.

Tell the care giver if he makes a "cultural mistake", a blunder to be avoided in the patient's culture.

Point out to the health professional if, for various reasons, it is not possible to ask certain questions (taboos, impropriety).

Leave it up to the health professional to discern the importance of information provided by the patient.

Let the health worker know if you have the impression that the interview is going wrong.

Don't forget that

- **the health worker is doing his job as well as he can.**
- **the health professional has final responsibility for the consultation.**
- **health professionals also need time to establish a relationship.**
- **health professionals do not have remedies or solutions to all problems.**

5.
Acquiring competence

When difficulties arise (patient's difficulty in expressing himself, lack of comprehension of the meaning of his complaint, lack of experience on the part of the health worker), very quickly the competence of the interpreter can be called into question. It is thus essential for any difficulties encountered to be discussed as soon as possible.

In order for an interpreter-mediated interview to succeed, the three participants – patient, interpreter and health professional – must be willing to work together and to observe the rules of the game. For this to happen, not only the interpreter but also the health professional must be educated in the art of the interpreter-mediated interview.

This requires an on-going learning process, in which all three parties can contribute to a better quality of communication :

the interpreter

- by continuing to improve his knowledge of the language used during consultation and the techniques of interpreting ;
- by learning specialized vocabulary in both languages, and making an effort to serve as a bridge between the two distinct worlds of the patient and the health professional ;

the health professional

- by acquiring at least a basic knowledge of the patient's native culture and current life situation, and by learning to work in the presence of a third party (i.e., the interpreter) ;
- by accepting that one can not remain totally in control of the exchange and relinquishing some power to the interpreter, but without neglecting responsibility for the patient ;

the foreign-language patient

- by becoming familiar with the culture and the system of health care delivery in the host country ;
- by speaking openly about his concerns and expectations, and not expecting the health professional to solve all his problems.

6.
Confidentiality

Often a woman wants to keep her illness secret, either from her husband or family. She is more concerned about what her husband will think about her illness than about the illness itself. So when the doctor sets up an appointment in the presence of her husband, the woman hesitates and asks me to minimize her illness as much as possible. This makes my job very difficult because, on the one hand I know that I should translate word-for-word, and on the other I feel badly and am very uncomfortable about not being able to do what the patient asks of me.

An interpreter

Health professionals and their collaborators, including interpreters, cannot reveal anything they hear, see or learn in connection with their work, even after their responsibilities have come to an end. It is prohibited to communicate privileged information to anyone. Confidentiality applies to all persons having direct or indirect contact with patients. In addition to medical personnel, this includes cleaning and maintenance staff working in a hospital or doctor's office, who are sometimes drafted into the role of interpreters. All personnel involved must be taught about this code of professional silence. They are bound by the obligation of confidentiality.

Medical confidentiality aims at protecting patients' privacy as well as their health. By respecting confidentiality the health worker and interpreter create a climate of trust indispensable to the quality of the relationship between patient and health care provider. This contributes to the overall benefits of treatment.

7.
Limits of working with proxy interpreters

The Uzic family came to Switzerland a year ago. Twelve-year-old Dinko quickly adjusted to school and easily learned French. His mother, on the other hand, stays home and still cannot speak French. Suddenly she falls ill and pays an emergency visit to a doctor. Knowing that she cannot make herself understood, she brings her son with her; he is to "translate" for her. The physician carefully takes the patient's history and suspects that the symptoms are due to the effect of old traumatic experiences in a prison camp. But will this woman speak of her traumatic experience — a rape — in the presence of her 12-year-old son?

Relatives of a patient should not be used as interpreters if this can be avoided.

All too frequently, in the course of a medical consultation it is necessary to ask delicate questions which can not be discussed in the presence of a child, parents, other relatives or friends. This is particularly the case in psychiatry. Even when a patient speaks only a foreign language, family members are no substitute for trained, independent interpreters.

There are times, however, when the presence of a family member as interpreter during a consultation cannot be avoided. In some cultures, it is inconceivable for patients to visit a doctor on their

own ; they will always be accompanied by a member of the family. This is often the case for women, whose husbands insist on being present during a consultation and translating themselves. It is important to be aware of the limitations and potential problems of this situation, and once basic trust has been established, to arrange a future consultation with a trained interpreter.

Furthermore, when a relative translates, there is a risk that the way he and the patient habitually communicate in front of outsiders will be reproduced during the consultation (the classic example is that of the husband who translates what his wife thinks and feels without even asking her).

In an emergency situation involving a foreign-speaking patient, it is always best to work with an interpreter. However, if an interpreter is not available, or if there is no time to contact one, a substitute translator will have to be used. This person could be someone close to the patient (child, spouse, other relative, friend) or an employee of the institution, either a health professional or a member of the personnel (such as a cook, secretary or cleaner). In these situations the health worker can not expect the ad hoc interpreter to have the same competence as a trained interpreter. Furthermore, confidentiality and impartiality are almost impossible.

Some suggestions :

- **Obtain the clear approval of the patient and the ad hoc interpreter.**
- **If someone close to the patient is asked to interpret, determine what his relation to the patient is before beginning the consultation.**
- **If the interpreter is a staff member of the institution, remind him that he is obliged to maintain confidentiality.**
- **Be more directive. Actively guide the interview.**
- **Insist on a literal translation.**
- **Use clear and unambiguous language.**
- **Ask the interpreter to distinguish clearly between his own remarks and those of the patient.**
- **Avoid bringing up subjects that would make the patient or the interpreter uncomfortable.**
- **Some questions can be asked twice, once of the patient and once of the interpreter/relative. For example, “Are there remedies that your family uses to treat this illness ?”**
- **You may also want to ask questions which take into account the relationship between patient and interpreter, such as: “Your son is worried about you. He thinks you have a heart problem. What do you think about this ?”**
- **Use empathy and humour to avoid an intimidating atmosphere.**
- **Arrange a follow-up appointment to continue the interview using a trained interpreter.**

Emotions : recognizing and accepting them

All significant encounters, including those between health professionals and their patients, are affected by the emotions of the people involved. A discussion with three people is fertile terrain for emotional exchanges. A two-way complicity often develops. While sometimes beneficial, this can cause problems if an alliance forms between two of the participants at the expense of the third. When this occurs it usually happens unintentionally.

The experience of migration and exile is filled with emotion: hope and aspiration, for example, but also sadness, mourning, insecurity, homesickness, the intrusion of memories that can overwhelm a patient during a consultation, nostalgia, anger, shame, guilt. These emotions are often present during bilingual conversations among health professional, migrant patient and interpreter. They may be the result of things experienced before, during or after migration, such as :

- separation from, or the loss of, family and loved ones,
- persecution, abuse or brutality in prison, rape, racial hatred, forced expulsion, flight, irregularity in immigration status, clandestinity,
- the loss of one's homeland, roots, way of life.

Identifying these emotions can reduce their destructive power.

Help in dealing with emotions

Acknowledge the importance of feelings. Emotions are positive and useful aspects of life. They have meaning and can become valuable tools if you understand them. Being touched by someone's story means we can identify with him. This can help us understand him better.

Anticipate consultations likely to cause emotional reactions, for example talking about a traumatic experience, a request for an abortion, a nervous breakdown, the shock of a painful diagnosis (disability, cancer, HIV positive), structural changes (for example arriving from a registration centre for asylum seekers or other life-changing events), distress after the refusal of asylum or anxiety over possible repatriation.

Put feelings into words. The interpreter should know that he is going to be asked to translate things like: "I have the impression that you're angry..." or "I see that this is very painful for you." Even if such observations seem obvious, it is useful to verbalize them. It is then easier for the patient to talk about what he feels if he wishes to.

Identify negative feelings. They carry meaning. Contempt, hatred, disdain, inexplicable dislike, powerlessness coping with a situation, sudden fatigue, unspoken accusations: recognizing feelings like these helps to reduce some of their destructive power. If a patient who has been a victim of violence is aggressive during the consultation, do not forget what the patient has been through and the pain in his past that he has had to overcome.

Respect the boundaries of the consultation. Boundaries are protective. It is reassuring to have clearly delineated limits to the interview. Within the consultation, the health professional is responsible for what happens. But beyond the framework of the interview, neither the health professional nor the interpreter is responsible for the patient. The interpreter should never feel obliged to get involved in a relationship that would tie him to the patient.

8.
Pain and suffering

Very often pain is the primary reason for a consultation and is at the centre of what the patient is seeking from the health care provider.

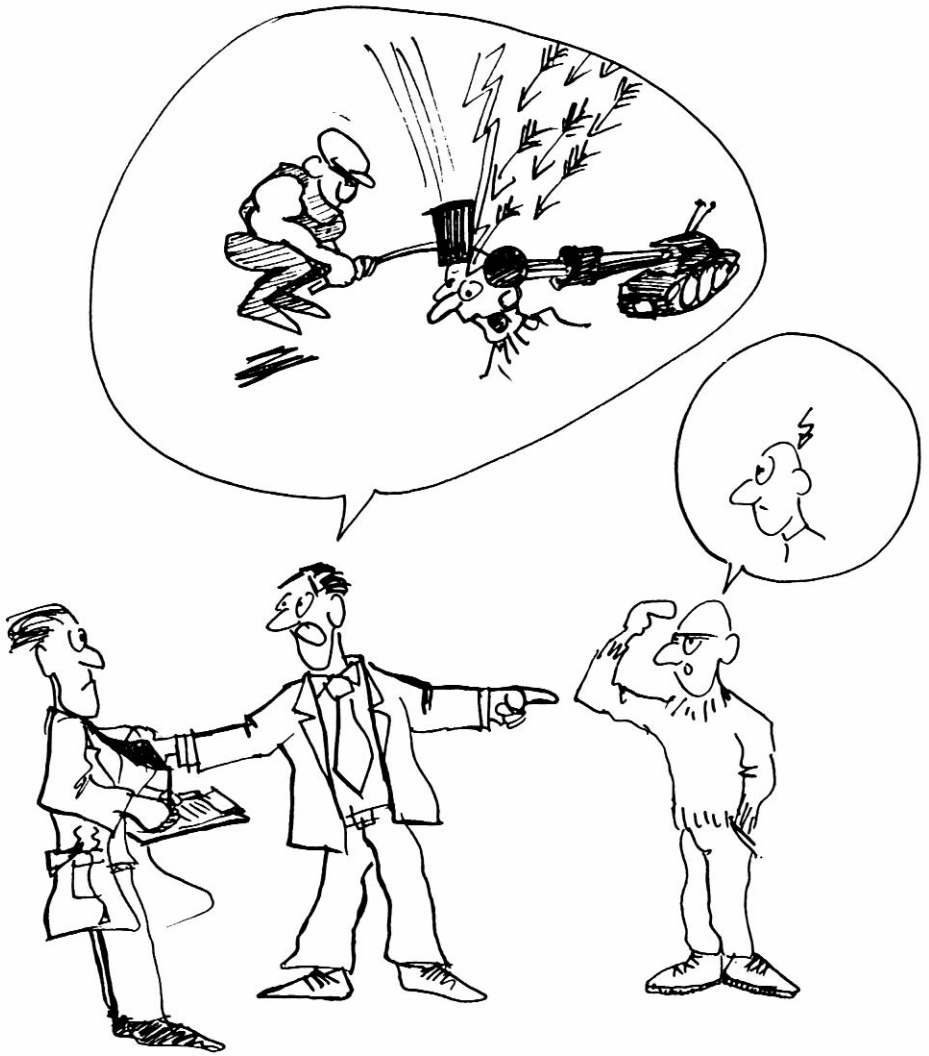
Social and cultural factors affect the way one perceives and reacts to pain, and how one talks about it with others. A patient's behaviour may correspond to the norms and habits of the society he is part of or, on the contrary, his attitude might set him apart from others and cause rejection. Some people express their pain easily and quickly while others suffer in silence.

The role of language is capital. For it is through his own language that a patient evokes his pain and, in a bilingual consultation, it is through the language of the interpreter that the information reaches the health worker. Many migrant patients have a painful life history ; they must be able to talk about it before they can feel better.

It is difficult to face others' pain. Pain is contagious, and, to protect oneself, one can easily react by denial, refusal, rejection, trivialization, or incomprehension. These mechanisms operate in bilingual consultations as elsewhere. The health worker as well as the interpreter can, each in his own way, avoid the impact of the pain of the patient.

What to do?

To be received and endured, pain and suffering must first be talked about. This verbalization is already in itself a translation from one language to another, but above all, from oneself toward those who are willing to listen. It is perhaps even better for the patient in the consultation to have two persons rather than only one helping him express his pain.



9. The difficulty of remaining neutral

Interpreter X has a drink with Y, someone from his home country. He realizes that his compatriot is drinking a lot of alcohol on a regular basis. He suspects that Y is alcoholic. A few days later, he finds himself serving as an interpreter for the same migrant in a consultation. The doctor asks the patient if he drinks alcohol. The patient denies this categorically.

How should the interpreter react? Should he tell the physician that he has seen the patient drinking? In this case, he is doing something more than translating. He is trying to help the migrant patient move forward therapeutically. The patient could take this very badly; the relationship of trust could well be shattered. The interpreter could also decide to say nothing on his own initiative and simply translate the patient's statement correctly: "No, I never drink." Yet another possibility would be to address the patient in this way: "I think that you have an alcohol problem. Wouldn't you like to talk about it with the doctor?" If the patient does not wish to, his decision must be respected.

There is a risk of over-identification with the patient. If the interpreter knows the migrant patient's background, language, political situation, or perhaps even the family and the village he comes from, it is easy to identify with the person for whom he is a spokesman.

The situation is even more complicated if the interpreter and the patient also meet outside the consultation. Naturally as members of the same community, they will help each other, which is not harmful; quite the contrary. However the quality of the interview may suffer if the limits between the two persons are blurred and the interpreter starts to confuse his own experiences with those of the patient.

There is a real risk of identifying too much with one person or the other. It can be tempting to take sides. It is important to keep a certain distance to avoid the emotional exhaustion that comes from feeling constantly caught in the middle of personal conflicts and dilemmas. This is the danger of taking on a role of advocate or adviser.

10.
Reducing stress

Suggestions for reducing stress in an interview laden with emotion.

- Prepare the consultation: the interpreter in his area of expertise, and the health professional by familiarizing himself with the case history, patient's files and by defining objectives.
- Optimize the work conditions: arrange an appropriate time and place for the consultation. Divide the work between health worker and interpreter as much as possible; move forward together.
- Protect yourself: do not let yourself be overwhelmed by the patient's suffering or drawn into a symbiotic relationship with him, try not to over-identify. See yourself instead as a partner who is helping to unravel a personal history.
- Keep a healthy distance: do not "rob" the patient of his individual story by saying such things as: "Don't worry, I've also experienced ..."
- Take care of yourself: listening to a patient describe a traumatic experience may provoke a flashback for the interpreter or for the health worker, evoking a memory of something traumatic in one's personal life.
- Improvise moments of relaxation: offer a glass of water, open the window, arrange some breaks in the conversation.

Recognize stressful situations

The migrant patient's crisis, which is at the centre of the interview, triggers emotions and stress. Stress is not necessarily a bad thing in itself; in some situations it helps focus energy and attitude. However, repeated stress leads to exhaustion, followed by a decline in performance, extreme fatigue, sleeping problems, discouragement, despondency, guilt, remorse, difficulty concentrating, or by psychosomatic manifestations such as headaches, backaches, gastro-intestinal problems.

What if the stress gets to be too much?

- Don't downplay it.
- Don't be afraid to talk about it, either with your partner in the bilingual interview, or with other interpreters or health care providers, or ask for the support of a qualified person (therapist).
- Try to understand where the "wound" comes from, look for the trauma and identify needs. Don't forget the three Rs: rest, recreation, relationships.
- Use the debriefing technique, a method which helps those who have been through a stressful event to give a detailed account of what happened, the emotions experienced and the reactions that followed.

11.
Nonverbal communication

Be aware of nonverbal communication. Quite often this is the key to a person's emotional state. When words cannot be shared directly, observation of the other becomes more important. Tone of voice, facial expression, movements are all expressions that should be watched.

Take advantage of the moments of exchange between the interpreter and the patient to be attentive to the emotions, gestures and postures of the patient. This is a way for the health provider to grasp signals that can help complete the image that he is forming of the patient. Nonverbal communication is conditioned by the culture and the context in which the patient has lived. The interpreter, as a cultural mediator, can help decipher this language. Do not forget that the patient also grasps a lot of body language and also interprets the behaviour of the health care provider.

Be careful of sitting with your back to the light, and make sure that each of the three participants can see the faces of the others.

Arrange the chairs in a triangle. Triangular seating helps clarify relations: the health professional and the patient can look directly at each other and the interpreter is in a neutral position, while still being integrated into the dialogue. In practice, the doctor's desk often creates a problem for this sort of interview. The seating arrangement has some symbolic value. If the interpreter sits next to the health professional, he isolates the patient and vice versa if he is next to the patient. A triangular seating arrangement puts the interpreter in a position of equality and favours direct interaction between patient and health professional.

12.
Avoid jargon : be clear and simple

It is best to avoid:

- professional jargon
- ambiguous remarks
- abstractions
- idiomatic expressions
- conditional forms such as "if," "perhaps," "maybe," "could"...

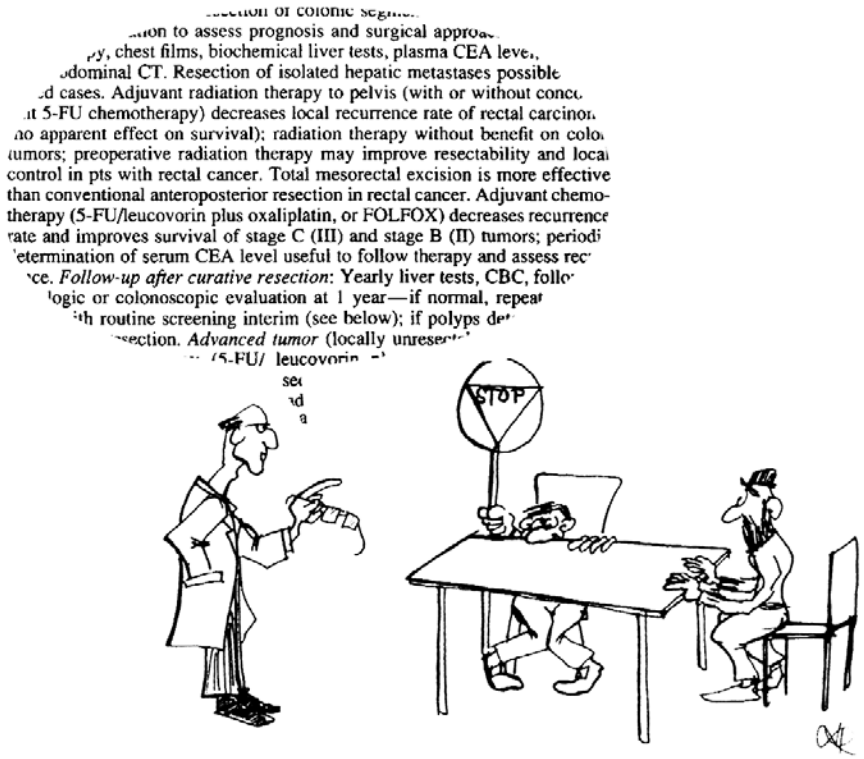
Here are some suggestions:

- ask questions that are short, and keep your commentary brief ;
- pause frequently ; break statements down into short sections if long explanations are necessary ;
- keep in mind that certain expressions may not exist in a given language.

Make sure that the interpreter knows the medical terms used during the consultation. You may explain them prior to the consultation, or do so as each new term comes up. You may also use paraphrasing if you find that the interpreter is having difficulty translating a term into the patient's language. If you have to explain something to the translator, he should tell the patient the reason for the interruption.

Make a list of technical terms that come up often in consultations. These can be terms used in areas as diverse as anatomy, physiology, pathology, behaviour, violence (political, asylum rights, PTSD – post-traumatic stress disorder –, prison slang, etc.), cultural information.

Make use of documents with illustrations (anatomical plates, etc.).



13.
Simple ways to show respect

With the interpreter's help, learn to pronounce the patient's name properly.

Knowing a few words of the patient's language will help establish contact and empathy. Often a few expressions like "hello" or "how are you ?" will break the ice at the beginning of a consultation. A word of farewell in the patient's language is a good way to end the interview. Gestures like these are appreciated. They show respect and that the person is taken seriously.

- This effort may involve such forms of courtesy as:
- shaking hands with someone (or not, as the case may be) ;
- looking the other person in the eye (or perhaps not) ;
- touching the other person (or perhaps not).

As a rule, interpreters know the correct behaviour according to the patient's cultural background. They can tell you what is appropriate and respectful in an interview. Be sure to ask your interpreter.

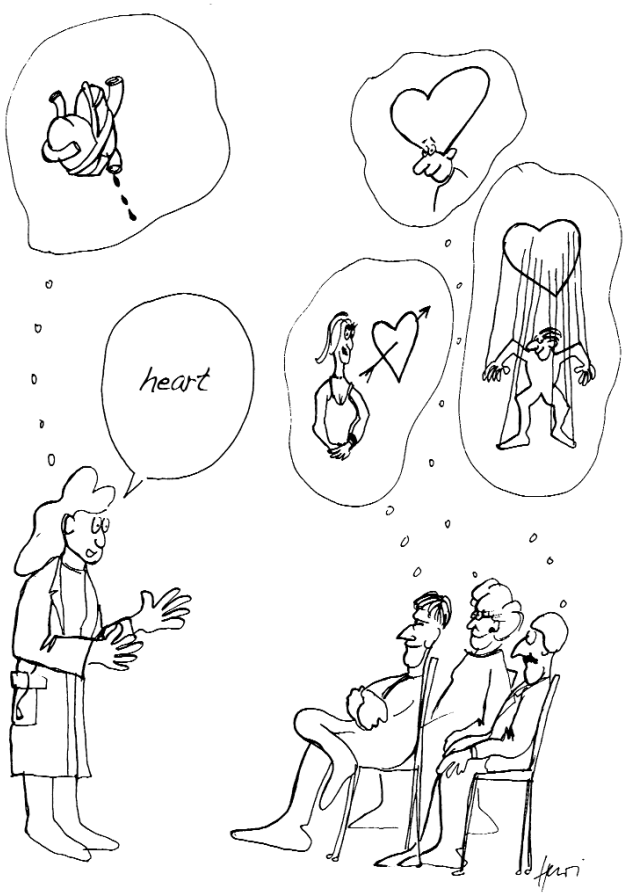
14.
Legal implications

What rights do foreign patients have to an interpreter? While this right is often appealed to, at least in the literature on community interpreting, it is not certain that all countries have laws allowing people to claim the right to language access. Bowen, in her review of language barriers to health care in Canada, concludes that there is little provision to support the enforcement of language access. In the US, however, there is a trend towards enforcing the legal rights of individuals who speak limited English to services provided by public institutions (including, therefore, hospitals). A new federal law in the US also requires health care organizations to provide appropriate interpreting services.

In the UK, the Race Relations Act (1976) includes interpreting services as part of efforts to combat racial discrimination. Under this act "it is illegal knowingly to provide an inferior quality of care to a particular racial minority group." The authors comment that "the failure to provide interpreters for a minority group many of whose members are known to speak little English could be construed as unlawful."

In Sweden, a law in force since 1975 stipulates that people who do not understand or speak Swedish well enough have the right to an interpreter during court trials and in other encounters with public institutions. The law states that an interpreter should be called upon if needed. In this case, responsibility for providing an interpreter clearly lies with the institutions. This law provides the basis on which government-funded interpreters are available to everyone who does not speak Swedish.

In conclusion, it should be clearly stated that allophone minority patients (those who do not speak the language used by the majority) have a right to be understood by the health professionals caring for them, and to be informed in a language they understand. The implications of this are important: health providers must furnish professional interpreting. In addition, providers (and not patients) should incur the costs of interpreters, since it is their duty to give information to patients in a form that patients can understand.



15. Languages worldwide

Understanding the patient is the basis of all medical consultations; understanding the patient in his language, his first means of expression. When two participants in a conversation do not speak the same language, meaning must be negotiated, by mediation and, if necessary, with the help of an interpreter.

The phenomenon of the diversity of languages is nothing new. What is new is the rapid change in the languages that may be spoken in a given place at a given time. This necessitates a considerable degree of adaptability.

People on this globe speak no fewer than 6,500 languages, many of which are threatened with extinction. Africa and Asia have by far the greatest linguistic diversity. The most widely spoken languages in the world today are:

1. Chinese (726 million people)
2. English (427 million)
3. Spanish (266 million)
4. Hindi (182 million)
5. Arabic (181 million)
6. Portuguese (165 million)
7. Bengali (162 million)
8. Russian (158 million)
9. Japanese (124 million)
10. German (121 million)

We have a tendency to consider a nationality or a country as a homogeneous entity. Quite often each state contains great ethnic, and therefore linguistic, diversity. There are at least 660 languages in Indonesia, 470 in Nigeria, 407 in India, 289 in Mexico. One should therefore be aware that the official national language is not spoken fluently by everyone in a particular country.

16.
Reflections

- *Translation is only the underside of the tapestry.*
  Cervantes

- *To translate is to serve two masters ; so no one can do it.*
  Franz Rosenzweig

- *To translate is to transfer meaning from one culture to another.*
  Terry Sullivan

- *Translating: a bicultural adventure.*
  From Caren Ginsberg

- *Essentially, all speech is translation. Someone who hears translates the words reverberating in his ears into the ideas of his conceptual world – in concrete terms, into his own tongue.*
  Pinchas Lapide

- *"Only words": these do not exist ; words go with gestures and interventions.*
  Gregory Bateson

- *Translation: the legitimate and obstinate quest reaching to the horizons of the untranslatable.*
  Goethe

- *I well know what art, what care, what discernment, what good sense are necessary in order to translate well.*
  Martin Luther

- *To speak a language is to carry the load of a culture.*
  Maurice Merleau-Ponty

- *One gives birth in his language, and one also gives birth within the thought that is conveyed by one's language.*
  Tobie Nathan

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