

Editorial

The importance of interpreters to insure quality of care for migrants

Insecurity, war, poverty, the absence of professional opportunities are among the many factors pushing people to leave their homes and families and migrate to industrialised countries in search of a better life. They contribute to the increasing global mobility of individuals and populations worldwide. As this century ends, there has been a significant change in migration patterns, increasing in number and the diversity of origins of people on the move. As a result, a large proportion of migrants from various cultural and linguistic backgrounds face difficulties of communication in the host country. Health professionals not only have to adapt in order to understand different health beliefs and cultural representations of health and disease, but often are hindered by language barriers due to the impossibility of speaking a common language. In countries with a long tradition of receiving immigrants and refugees, trained interpreters are often available to medical services. In European countries, with the exception of some Nordic countries, the access to interpreters remains very limited. Even in Switzerland, a country with four national languages, very little adjustment has been made to respond to the new demand to assure adequate communication with patients¹. In the majority of cases, untrained interpreters (relatives, friends, hospital staff) are being used. This however means that confidentiality is not respected and the patients' real demands are often not conveyed, leading to the dissatisfaction of both patients and health professionals². This is particularly the case for refugees who have been exposed to trauma and violence. It is hardly possible to talk about sensitive issues and express suffering and grief when doctors are using the patients' children or some unknown person as interpreters³. If adequate communication is not available, the inefficiency of care and the costs can be important. These may include prolonged and unnecessary suffering and pain for the patient, delayed adequate diagnosis, unnecessary tests or referrals to specialist or, conversely, tests may not be ordered when physicians are unsure of the true nature of the complaint⁴.

In this issue of the Journal, several articles address various aspects of language barriers and working with interpreters, in particular the conceptual framework of triadic interviewing⁵. More than 50% of patients consulting Swiss public medical services are of foreign origin, a substantial proportion of which are refugees and asylum seekers who have serious difficulties speaking a common language with local physicians⁶. In view of the magnitude of this new phenomenon, access to interpreters must be seen as a necessity in order to provide an effective quality of care to patients in need⁷. Interpreters have to be selected and trained adequately. A good interpreter must be compassionate and have a personality dedicated to understanding patient suffering. For more than translating words, it is necessary to convey their true meaning, to help physicians understand patients' needs beyond cultural differences. Medical interpreters are also cultural mediators, bridges between cultures, and can play a key role in the care of patients⁸. This goes both ways, from the patient to the physician, but also explaining the clinicians' terms and rationale to the patient. Using interpreters also requires a minimum of training and practice on the part of health professionals. They need to

know how to organize their consultation, leaving time to prepare and conclude it with the interpreter, defining their respective responsibilities and how literal the interpretation should be, in order to build a real collaborative relationship. The interpreter should develop an alliance with both the patient and the clinician⁹ and avoid exclusion of one party (the patient or the doctor). Medical interpreters can easily face conflicts of interest within their community and be caught up in patient-doctor tensions. Strict confidentiality, impartiality and respect for patients and providers, with a commitment to patient self-determination are key elements of the interpreter code of ethics. Last but not least, because interpreters are central to communication between the patient and the physician, they are very much exposed to the emotional dimension of the interview. This is particularly the case when treating refugees who have exposed to torture and violence¹⁰. Interpreters are then faced with their own feelings and emotional reactions. The health care provider should be sensitive to this dimension of the interview and provide support to the interpreter¹¹.

These various issues point to the varied skills needed by interpreters. Training and experience are required to provide adequate expertise. As our society is rapidly becoming multicultural, individual physicians and health services are therefore increasingly exposed to language barriers. Interpreters can play a key role in helping to provide a good quality of care. This implies adequate training of both interpreters and providers¹², but also recognition of the skills needed by the interpreters, and financial mechanisms permitting for their regular use¹³. In Switzerland, there are currently several organisations providing interpreting services¹⁴. Initial training following a standard recognized curriculum, regular supervision, and the updating of skills and knowledge should all be required in order to obtain accreditation for trained interpreters. Documents and training guides should be made available to both interpreters and health care providers¹⁵. University hospitals should be leaders in the development of such services and training schemes. This would increase the quality of care, and be part of regular quality assurance evaluations. Reimbursement of interpretation fees currently come from funds made available in hospitals. Mechanisms should be found to include reimbursement in the normal health care financing system, i. e., in Switzerland, through insurance schemes, to allow private practitioners also to benefit from medical interpreters. The Association for the promotion of interpreting, such as the one recently created in Switzerland, should help promote the use of interpreters¹⁶.

There are currently 6500 languages spoken in the world. Up to half are already endangered or on the brink of extinction¹⁷. At the turn of a new century, we face a challenging dilemma. How can linguistic and cultural diversity be preserved, while promoting mutual understanding and communication? Breaking down language barriers is essential to allow people to express themselves and share their ideas, concerns and hopes. In the limited field of health care, interpreters and cultural mediators can play a key role both in allowing the patient to express his needs and the physician to discover the patients' demands and beliefs, opening up a new understanding of health and helping to provide quality of care.

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