ETHICS AND STANDARDS- PART TWO

We have now arrived at letter “R” of the mnemonic:

C-PARIS

The letter “R” is there to remind us of the ethical principle of RESPECT

When we talk about respect we are referring to a sense of VALUE for something or someone and

OUR WORDS AND ACTIONS ACKNOWLEDGE THAT VALUE

The way respect is shown varies from culture to culture. As interpreters we strive to act in a manner that shows respect in the context of a patient’s culture. Now let’s go over the STANDARDS

The ethical principle of Respect is upheld by:

1) USING APPROPRIATE TITLES

Make use the appropriate title when addressing all parties:

Dr
Nurse
Mr.
Ms.

An appropriate way to introduce yourself for example is: “Good morning doctor. My name is: …. I am Mr. Mercado’s interpreter”. It might sound old fashioned but using titles is really appreciated by all and makes you look very professional, respectful and polite! Even if you know a provider well and call them by their first name it is not ok to do that in front of patients. In front of a patient always use the appropriate title.
The ethical principle of **Respect** is also upheld by:

2) **PROMOTING DIRECT COMMUNICATION**: What we mean by direct communication is that the patient speaks to the provider **PATIENT → PROVIDER**

and the **PROVIDER → PATIENT**

provider speaks to the patient (as if the interpreter were not even there).

A way to promote this is to use

**FIRST PERSON = I**

the first person in your interpretation. This means that if the patient says: “my head hurts” you will not interpret : “the patient said his head hurts”. You will simply interpret “my head hurts”. During the pre-session **tell the parties to feel free to talk directly to each other** during the session. This will also help promote direct communication.

Sometimes the parties will prefer to speak in the third person

**THIRD PERSON = HE/SHE HIM/HER**

by saying : “tell him this…tell her that, etc”. If they don’t catch on to using the first person **that’s ok.** You don’t want to get hung up on that. You continue interpreting in the first person but be aware that sometimes using the first person may not work well. You will get some patients who get confused when you interpret in the first person because they’re not sure whether it is you, the interpreter, or the provider who is speaking to them. This usually happens with the older folks and especially when you are interpreting over the phone. **When you notice that they are getting confused just switch to third person. BUT always**

**PREFER 1st PERSON WHENEVER POSSIBLE**
3) NOT TAKING OVER

Let each party

**SPEAK FREELY**
**AND**
**ASK FREELY**

Do not take over the direction of the conversation. Don’t try to “get the information” for the provider. It is, after all, the provider’s job to ask the questions. Let the information be asked and answered as required by each party.

If you still think you can do a better job of asking questions than the provider, let me give you another reason why not to: I have been told by patients that “last time around an interpreter came in and asked me a lot of medical questions as if he was the doctor, that’s not right! He’s not the doctor!”.

Patients want to be questioned by the provider not someone else. It’s the provider who asks the questions, WE INTERPRET THEM!

**Neither are we historians.**

**INTERPRETER IS**
**NOT A HISTORIAN**

Historians are employees who are trained to take patient histories, they know what to ask and how to ask it. Of course we can sight interpret a form and help a patient to fill it out but we don’t do any summaries on our own.

**DO NOT**
**SUMMARIZE**

Also do not “shape” the patient’s or the provider’s answers to fit the response you think the other party wants to hear.

**DON’T EMBELLISH**

I have been told by some patients whose English was good enough to understand that “an interpreter told the doctor something different from what I was saying!” We definitely don’t want that.
The ethical principle of **Respect** is also upheld by:

4) **OBSERVING THE PRINCIPLE OF AUTONOMY**:

Let the patients:

**DO ALL THEY CAN ON THEIR OWN**

Patients are not morons. Don’t treat them that way. Just indicate the path to follow as needed. If you are at a provider’s office, for example, and the front desk staff is bilingual just direct the patient to them for any questions they may have. Do remain near while patient informs himself and **by all means step in to help if you see that he is not understanding or missing out on something important**.

Autonomy also means that patients have the **right to decide without being put under any pressure** to decide.

**MAKE THEIR OWN DECISIONS W/O PRESSURE**

The ethical principle of **Respect** is also upheld by:

5) **CORRECT POSITIONING** : when you are in a room interpreting, do position yourself in such a way that the patient has the necessary **privacy** during the physical exam. You can find more information on positioning in the section on protocols.

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**NOW IT’S TIME FOR REVIEW**

The ethical principle of **RESPECT** is upheld by:

1) **USING APPROPRIATE TITLES**
2) **PROMOTING DIRECT COMMUNICATION**
3) **NOT TAKING OVER**
4) **OBSERVING THE PRINCIPLE OF AUTONOMY**
5) **CORRECT POSITIONING (during the session)**
We’re now at the I in our mnemonic:

**C-PARIS**

The “I” stands for:

**IMPARTIALITY**

I knew a Pediatrician whose child developed fever and was not eating. This pediatrician took her own sick child to get checked…by another pediatrician. But why? She’s a doctor! Couldn’t she just have treated the child herself?

The problem here is a conflict between two roles: the role of doctor and the role of mother

**DOC VS. MOM**

Why the conflict?? It’s because the patient is her own child. Would any mother want her child to have to undergo surgery or a rigorous treatment? Would a mother ask for a child’s leg to be amputated? OBVIOUSLY NOT. Yet there are times when a child may need this type of treatment to save their life. SO…Although she was a pediatrician she was, above all, a MOTHER! And this subjectivity (motherhood) was creating a bias.

**SUBJECTIVITY ➔ BIAS**

A bias which might interfere with her child getting adequate treatment, reason why the pediatrician desisted from treating her own child.

In our case, as interpreters, we also need to eliminate any subjectivity, in other words we must:

**BE OBJECTIVE.**

We must look to identify ideas, opinions or beliefs we may have that might be influencing the quality of our interpreting so that we can either correct this or, as a last option, withdraw.

**ELIMINATE THE EFFECT OF BIAS OR WITHDRAW**
Now let’s go over the **STANDARDS**

The ethical principle of **Impartiality** is upheld by:

1) **I.D. $\rightarrow$ BIASES $\rightarrow$ CONFLICTS OF INTEREST**

Which means:

- **DON’T INTERPRET FOR FAMILY/FRIENDS** unless it is an emergency situation and no one else is available to interpret. If you must interpret inform the provider of your personal ties to the patient.

- Make a conscious effort to keep any bias you may have **OUT OF THE SESSION**. Keep in mind that you will be interpreting for many different people who are all different from you. So…put aside your personal feelings and just focus on your interpreting.

**ELIMINATE EFFECT OF BIAS**

- If you have a **bad personal relationship with a provider or a patient** it may be best you **not** interpret for them because you will naturally be biased against them.

  **STAY NEUTRAL**
  **OR**
  **STAY AWAY**

Refrain from interpreting when you know you can’t remain neutral.

The ethical principle of **Impartiality** is also upheld by:

2) **NOT GIVING ADVICE** : just don’t do it!

The ethical principle of **Impartiality** is also upheld by:

3) **NOT TAKING SIDES** Don’t take sides even if you disagree with what is being said. Please remember, people have a right to their own opinion and **you, the interpreter should not try to tip the scale in favor of or against any party.**
The ethical principle of **Impartiality** is also upheld by:

4) **CONTROLLING BODY LANGUAGE**: avoid any body language indicating approval or disapproval of what is being said: like eye rolling, shrugging shoulders or nodding your head. This is a hard thing to do! It will require a conscious effort on your part to control body language or to at least keep it down to a minimum.

We’ve prepared a few case studies to share with you:

**CASE STUDIES**

Our first case study is called:

**CASE 1 : WHAT WOULD YOU DO?** You finish interpreting for a patient. The provider exits the room and the patient says: “I’m sure you’ve seen a lot of cases like mine. Do you think I should get that treatment the doctor recommended? If you were in my place: what would you do?**

**PLEASE DON’T GIVE ADVICE!**

In our next case

**CASE 2 : IT’S NOT RIGHT!** An interpreter is summoned to interpret for a patient who was raped and wants to get an abortion. **The interpreter strongly feels that abortion IS NOT RIGHT**. The interpreter feels that by interpreting for this patient she is facilitating a procedure that, although legal, she believes to be morally incorrect. Could the interpreter interpret in this setting without getting drawn into the moral issue that is at stake? Would interpreting in these circumstances cause undue suffering and feeling of guilt for the interpreter? Could the interpreter remain impartial?? If you can’t remain impartial or will feel guilty about interpreting in the context of an issue like this one, you should consider declining to interpret. But tell the parties why.

**IF BIASED → DECLINE**

**CASE 3 : MAY I OFFER YOU MY SERVICES?** You interpret for a patient who is a baby-sitter. She says: “I really need to work, do you need a baby-sitter”? Should you hire her to take care of your kids?? After all she needs to work, you know her and she seems like a good person.
You should not hire her to take care of your children because it would create a relationship outside of the session and a bias that would influence you when you are interpreting for her.

**AVOID ANY SITUATION OR RELATION OUTSIDE YOUR ROLE AS AN INTERPRETER.**

We’ve named our next case study:

**CASE 4 : ASAP !** : You interpret at a facility where there is a high demand for your language. One of the patients, who comes in regularly for a chronic condition, says that he wants you to always be there when he requires interpreting because you are his favorite interpreter and that he will personally commend your good work to the facility director. Unfortunately you can’t always be there because you also have to interpret for other patients. To go along and favor this patient may cause errors in the quality of your interpreting as you rush to finish another session in order to be “available” to interpret for him, so just tell the patient: “I’ll be with you every time I can” At other times it may be a provider who’s putting the pressure on you to come to interpret and in that case please just say: I’ll be with you ASAP

Now our last case:

**CASE 5 : BUT DIDN’T WE??!!!** … A patient in a walker with a fractured heel, great difficulty walking, comes in for his visit and is asked by the provider if he has brought in his medical records from another facility. Patient says “no”. The provider irritated answers “BUT DIDN’T WE give you a release form to take to the ER to bring us your CT scan and other records??”. Patient says: “they gave me 2 slips of paper and said to hold on to them”… You can sense the provider’s frustration and you can feel the patient’s confusion. Pressure builds in the room as the provider explains that he can’t move forward without those studies and the patient gets defensive.

**KEEP COOL!**

**DON’T TAKE SIDES**

Don’t take sides with injured patient or the frustrated provider.

**DON’T JUDGE**

The patient may have had many reasons why he could not obtain his records…

Before we finish, let’s go over a few terms:
GLOSSARY

CONFLICT OF INTEREST: What does this mean exactly?? It means that someone is involved in several interests at the same time and one of those interests may corrupt the motivation for an act in another interest. Notice that it doesn’t mean there has been any wrongdoing. Conflicts of interest can be detected and defused before any wrongdoing occurs.

Let me give you another example:

There was an interesting medical case where a doctor incurred in a “conflict of interest” when he failed to disclose that at the time when he was publishing a study where he suggested a link between the MMR vaccine and Autism, that he held a patent for an alternative vaccine. One that might become used more frequently if the MMR vaccine fell into disfavor. Bottom line: it was seen as if the motivation for his publication was not to fight autism but to discredit the MMR vaccine in order to favor his own vaccine. If you’d like more information please Google: Dr. Andrew Wakefield

BIAS: We define “bias” as a partiality that prevents objective consideration of an issue. This was the case of the pediatrician who took her sick child to another pediatrician which we mentioned at the beginning.

IMPARTIAL: means fair, without prejudice, neutral

NOW IT’S TIME FOR REVIEW

The principle of IMPARTIALITY is upheld by:

1) IDENTIFYING BIASES AND POTENTIAL CONFLICTS OF INTEREST.
2) NOT GIVING ADVICE
3) NOT TAKING SIDES
4) CONTROLLING YOUR BODY LANGUAGE OR FACIAL EXPRESSIONS
We’ve arrived at our last ethical principle...

The letter “S” in the mnemonic:

**C-PARIS**

stands for **SECRECY** but remember as we explained at the beginning, the correct name of this last ethical principle is **confidentiality**. If you remember the word “secrecy” than you can easily associate it with:

**CONFIDENTIALITY:**

The ethical principle of confidentiality stems from the **HIPPOCRATIC OATH**. Please know that communications between patient and provider are highly privileged, very private matters and all the information learned by the interpreter in the course of performing his duties must not be disclosed.

Now let’s go over the **STANDARDS**

The ethical principle of **Confidentiality** is upheld by:

1) **KEEPING YOUR LIPS SEALED** : What you will always do (the standard) will be to not to discuss any of the information you learned about a patient with anyone. Please know that there are exceptions and limitations on this principle and we’ll talk a little more about that later.

The ethical principle of **Confidentiality** is also upheld by:

2) **NOT DISCUSSING A PATIENT’S INFORMATION WITH THE FAMILY**. You may run into the family in the waiting room. They may ask you questions about the patient’s diagnosis, prognosis, etc. You can say something like: “I’m sorry, I know you are concerned, but I’m not authorized to give out that information”. Then redirect them to the appropriate staff or the provider.

**NEVER ASSUME THAT A PATIENT WANTS HIS MEDICAL INFORMATION PASSED ON TO HIS FAMILY**! Remember: It is not your duty to provide that information. It’s the provider or a staff’s responsibility to obtain prior consent from the patient and then provide that information. Your job, in any case, is to interpret it to the family.
The ethical principle of **Confidentiality** is also upheld by:

3) **ONLY SHARING PATIENT INFORMATION WITH MEMBERS OF THE HEALTH CARE TEAM WHO ARE DIRECTLY INVOLVED IN PATIENT’S CARE**

since they are also bound by the same principle. But please, whenever possible **CHOOSE A PRIVATE PLACE** to discuss any concerns you may have about a patient, **NEVER IN A PUBLIC PLACE**-like a hallway- as someone may be out of sight but close enough to hear and always share the minimum amount of information that is necessary to get the job done.

**SHARE MINIMUM INFO. NECESSARY**

The ethical principle of **Confidentiality** is also upheld by:

4) **SPEAKING SOFTLY IN PUBLIC PLACES.** At times you will be helping the patient to complete a form by sight interpreting questions for example in a place like a **WAITING ROOM**. Most of the times you will not have the luxury of a private room or area to complete forms so speak softly and try to sit away from others whenever possible so that others cannot hear you.

The ethical principle of **Confidentiality** is also upheld by:

5) **DESTROYING NOTES:** if you decide to take notes while interpreting, **destroy them in the patient’s presence.** Rip the notes up and then hand them over to the patient and ask the patient to dispose of them. Explain that the reason you took notes was only to make sure you weren’t forgetting anything. This lets the patient know **why you did it (TRANSPARENCY) and that you are not keeping any of their information (MAINTAINS TRUST).** If you work as an over-the-phone interpreter, **shred your notes** at the end of your shift.

The ethical principle of **Confidentiality** is also upheld by:

6) **EXPLAINING CONFIDENTIALITY IN THE PRE-SESSION** : Use the pre-session to inform the patient that what you interpret during the session **you will keep to yourself.** So say “All that I interpret I will keep private”. Also explain that you must interpret everything that is said so if there is anything that the patient wants to keep private to not say it during the
session. Once in session, if either party says to you: “don’t tell the patient or don’t tell the provider that I said that”, do give one (1) warning by saying: “I must interpret everything said so please don’t say anything that you don’t want interpreted”. Once you’ve warned them, you will not warn again and just proceed to interpret everything said.

The ethical principle of **Confidentiality** is also upheld by:

7) **REFRAINING FROM GIVING ANY PROVIDER’S PERSONAL INFORMATION TO A PATIENT**

   **PERSONAL INFO.**  
   **OFF LIMITS!**

   A patient might say “The nurse is so pretty! Do you know if she’s married?” Respond to that by saying something like: **“I am sorry I am not able to comment on that”**

The ethical principle of **Confidentiality** is also upheld by:

8) **NOT TAKING WORK HOME**: in other words do not discuss your sessions with your family members or friends.

The ethical principle of **Confidentiality** is also upheld by:

9) **GUARDING PROTECTED HEALTH INFORMATION (PHI)**: We can define PHI as any part of a patient’s medical record or payment history which contains information through which the patient may be identified. Don’t leave any protected health information in sight. For example, if you are given a list of patients, please put the list FACE DOWN on your worktable.

Now, we said that there are **EXCEPTIONS TO CONFIDENTIALITY**

First, let me share a case with you which served to put certain limits on the ethical principle of confidentiality:

**SAFETY FIRST!: THE TARASOFF CASE**: This happened in real life: a patient told his psychologist of his intention to harm another person and eventually proceeded to kill that person. A quote from this case is:
"THE PROTECTIVE PRIVILEDGE ENDS WHERE THE PUBLIC PERIL BEGINS."

A patient’s intention to harm another person can be disclosed to law enforcement as well as the potential victim.

**OTHER EXCEPTIONS to confidentiality are:**

- **PARTNER NOTIFICATIONS** in cases of patients diagnosed with Sexually transmitted diseases like HIV and Syphilis.
- **SUICIDAL PATIENTS**
- **CHILD AND ELDER ABUSE**
- **INFECTIONOUS DISEASES**: like Polio and Rubeola
- **SEIZURES**: a patient who has had recent seizures must be reported to the DMV and be seizure free for at 3 to 6 months, depending on the state, before they can drive

These examples follow the **“lesser evil” principle**. In other words, overriding confidentiality is ethically wrong but the harm that may occur by not doing so would be WORSE.

Although the law obliges the physician to report these things it **may not oblige an interpreter to**. Please check your facility’s policy and/or your state’s laws regarding your obligations in these matters.

Now directly related to the principle of confidentiality is a federal law known as:

**HIPAA**: This Federal Law known by its acronym: HIPAA which stands for:

**H EALTH I NSURANCE P ORTABILITY and A CCOUNTABILITY A CT**

It defines what is considered protected health information (PHI) and guides us as to what can be disclosed and when to disclose. You will find more information on HIPAA and its 3 most common exceptions in a PDF guide included in this module.

Please know that there are also **INSTITUTIONAL POLICIES** that govern the use of medical information. You should be aware of how the institution where you work at handles protected health information. **When in doubt, ask to talk to the facility supervisor.**
Now we have some case studies prepared for you!

CASE STUDIES

We named our first case:

**CASE 1: “NICE TO SEE YOU…OR NOT??**
You walk into a retail store and just happen to run into an LEP whom you’ve interpreted for who there with a family member. Should you make contact with the LEP?

**Answer:** only greet the LEP if they greet you first.

Our second case is:

**CASE 2: GUESS WHO I JUST SAW” ?**
In the course of your duties you see someone at your clinic, who you and your spouse know, signing in to see one of the doctors. Should you tell your spouse that you saw that person at work?

**Answer:** an interpreter does not comment on anything he has learned in the course of his duties that has to do with any patient’s health.

**CASE 3: “DID I HEAR RIGHT” ?**
The surgeon asks the patient what medications she is taking and the patient says “none” when just a few minutes ago she told you she was taking blood thinners. What should you do?

This is an **ETHICAL DILEMMA**: It is suggested that you remind the patient that if she does not provide complete information she may not get the best care available. In this particular case, blood thinners are dangerous medicines since they can interact with others causing bleeding or may even put her life at risk during a surgery. I would make sure the surgeon is informed.

We’ve named our 4th case :

**CASE 4: “THE WAR OF THE ROSES” :**
This case refers to the movie of the same name in which there is a nasty fight going on while a couple is divorcing. You encounter a patient’s spouse in the waiting room. The spouse asks you “how’s my wife, what’s wrong with her”? You feel it is appropriate to give the spouse information. After all they are married right? But you decide to abide by the principle of confidentiality and refrain from giving him any information. You later see the patient and say “ your spouse was here asking about you”. The patient looks startled and asks : “ And what did you tell him?” . You say “ nothing”. The patient smiles and says : “good! He would have tried to use my disease against me in court”!

**CONCLUSION : “ WHAT HAPPENS IN VEGAS STAYS IN VEGAS.”**
NOW IT’S TIME FOR REVIEW

The ethical principle of **CONFIDENTIALITY** is upheld by:

1) **KEEPING YOUR LIPS SEALED**
2) **NOT DISCUSSING A PATIENT’S INFORMATION WITH THE FAMILY.**
3) **ONLY SHARING INFORMATION WITH MEMBERS OF THE HEALTH CARE TEAM WHO ARE DIRECTLY INVOLVED IN THE PATIENT’S CARE**
4) **SPEAKING SOFTLY IN PUBLIC PLACES.**
5) **DESTROYING NOTES**
6) **EXPLAINING CONFIDENTIALITY IN THE PRE-SESSION**
7) **REFRAINING FROM GIVING ANY PROVIDER’S PERSONAL INFORMATION TO A PATIENT**
8) **NOT TAKING WORK EXPERIENCES HOME**
9) **TAKING STEPS TO GUARD PHI**

This concludes our video on Ethics and Standards.

We have gone over the **6 basic ethical principles** applied to medical interpreting. It is good to mention that there is **certain overlap between the standards** so at times the actions of the interpreter draw on more than one ethical principle.

For example:

An interpreter refrains from **GIVING ADVICE** because if he did he would **VIOLATE BOTH**: -the **ethical principle of PROFESSIONALISM** (by not respecting the boundaries of the professional role) AND -the **ethical principle of IMPARTIALITY** because advice is never neutral but based on the interpreter’s judgment.

Also

An interpreter should **INTERPRET FOUL LANGUAGE** because he must:

1) **Be COMPLETE AND ACCURATE** in his renditions and
2) Because he must be **IMPARTIAL** (i.e. not feel embarrassed about interpreting bad words).

In both of the examples we see that the interpreter bases his actions on more than one ethical principle.
This Presentation on Ethics and Standards in Medical Interpreting was based on:
1) THE CHIA STANDARDS
2) NCIHC NATIONAL CODE OF ETHICS
3) THE AUTHOR’S PROFESSIONAL EXPERIENCES

I hope you have enjoyed this video and come away with a better understanding of the ETHICAL PRINCIPLES AND STANDARDS OF PRACTICE that apply to the profession of medical interpreting.

Thank you for choosing InterpreterPrep.com