ETHICS AND STANDARDS- PART ONE

Welcome to InterpreterPrep.com. We’ve divided this video in 2 parts. In this first part we’ll do a brief introduction and then go over the first 3 ethical principles. In the second part we will cover the last 3 ethical principles. In each part we’ll be discussing

- ETHICAL PRINCIPLES that apply to medical interpreting and the
- STANDARDS OF PRACTICE

As you know, an interpreter is providing language services for two parties who don’t understand what the interpreter is saying and therefore have no choice but to
1) TRUST
that the interpreter is really interpreting what they say. Obviously the same applies to other professions like medicine where the patient begins a therapeutic relationship with their doctor on the basis of
2) TRUST
Since the patient does not have the necessary knowledge to judge if what the doctor says is in his best interest or not, the patient
3) TRUST that the doctor will do what is best for him. The same applies here. Both parties
4) TRUST that the interpreter will faithfully interpret what they are saying to each other. But can they be sure? No. That is why it is SO IMPORTANT that the interpreter act in a way so as to gain their
5) TRUST.
I don’t know if I have stressed this enough but when you are working in the field of healthcare the keyword is…

TRUST

And knowing the code of ethics and the standards of practice will help you gain that trust. Trust me!

There are a series of

ETHICAL PRINCIPLES

applied to the field of interpreting. They are the things an interpreter

SHOULD DO or BE.

The basic ethical principles that apply to interpreting are:
BASIC ETHICAL PRINCIPLES:

CULTURAL COMPETENCY
PROFESSIONALISM
ACCURACY (and COMPLETENESS)
RESPECT
IMPARTIALITY
CONFIDENTIALITY

To help you remember these ETHICAL PRINCIPLES I will give you the following mnemonic:

C-PARIS

Where:
C = CULTURAL COMPETENCY
P = PROFESSIONALISM
A = ACCURACY (and completeness)
R = RESPECT
I = IMPARTIALITY
S = SECRECY

(Note: for the mnemonic to work we changed confidentiality for secrecy which is similar but please remember that the S in C-PARIS really stands for confidentiality.)

Now, an interpreter acts according to these ethical principles before, during and after the interpreting session and these modes of conduct based on ethical principles are known as the “STANDARDS”.

MODES OF CONDUCT = STANDARDS
ETHICAL PRINCIPLES

We can further say that

- ETHICS ⇒ THE SHOULD’S

ETHICS : deals with THE SHOULD’S; with what an interpreter should do or be. They are a
ETHICS⇒ SET OF VALUES
TO ACT BY

set of values to act by and lead to an acceptable conduct in a given scenario.
STANDARDS: deal with THE HOW’S.

STANDARDS ➔ THE HOW’S.

The standards are a set of guidelines based on ethical principles that describe what is considered “best practice”

STANDARDS ➔ BEST PRACTICE GUIDELINES

for interpreters and lead to a consistency in the quality of performance.

Ethics and Standards go hand in hand…sort of like love and marriage…

And to illustrate the importance of ethics and standards in interpreting I like to compare the interpreting session and the interpreting standards to a plane and a control tower. The plane which symbolizes the interpreting session is guided by the control tower which symbolizes the standards. If the tower does its job well then the plane will land smoothly (this would be the case of an interpreter who works according
to standards resulting in a seamless session). However if the control tower gives out the wrong information a bunch of problems can occur and the plane can be damaged or lost. (this would be the case of an interpreter who violates or ignores the standards resulting in loss of trust, misinformation or even harm to the patient’s health)

IGNORE STANDARDS ➔ LOST TRUST ➔ MISINFORMATION ➔ POTENTIAL HARM

REMEMBER:

THE FUNDAMENTAL GOAL OF A MEDICAL INTERPRETER IS TO SUPPORT A PATIENT’S HEALTH AND WELL BEING

Now let’s go over each of the ethical principles and the standards that apply.
We’ll be covering the ethical principles in the order they appear in the mnemonic:

**C-PARIS**

So then let’s start with the letter is “C” which stands for:

**CULTURAL COMPETENCY:**

Cultural competency means becoming knowledgeable about the core values and beliefs of the cultures you are interpreting for.

Why is that important?

The importance of being culturally competent is that it will enable you to detect cultural misunderstandings spot misunderstandings occurring between the provider and patient due to cultural differences. These misunderstandings are not based on the words being said but on unseen (and unspoken) cultural values deeply embedded in the individual’s background.

Now let’s go over the **STANDARDS**

The ethical principle of **Cultural Competency** is upheld by:

1. **LEARNING ABOUT CULTURES:** learn specific information about each culture and ask yourself: “What do these cultures have in common? How are they different? Always keep in mind that each individual is unique. In other words

   generalize ➔ OK
   stereotype ➔ NO GO

   It’s ok to generalize but please don’t stereotype!

The ethical principle of **Cultural Competency** is also upheld by:
2. **ALERTING FOR CULTURAL MISUNDERSTANDINGS**: let all parties know when a misunderstanding based on a cultural difference may be leading to potential miscommunication. When an interpreter steps in to prevent a cultural misunderstanding he is acting as a:

   **CULTURAL BROKER**  
   **AKA**  
   **CULTURAL INTERFACE**

The ethical principle of Cultural Competency is also upheld by:

3. **INTROSPECTION**: introspection implies taking a look inside oneself and asking yourself **WHAT DO I BELIEVE?**

   What are your core values and personal biases? Know where you stand on certain issues and how that may affect your work within and across cultures. Make a conscious effort to keep any personal biases you may have outside of the interpreting session or, as a last option, refrain from interpreting if you hold strong opinions on a particular subject.

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

   An example of a situation where an interpreter might have to decline to interpret could be that of a patient coming in for counseling at an abortion clinic that is provided an interpreter who is against abortion for religious reasons.

**CULTURAL COMPETENCY (CASE STUDIES)**

Now we’re going to go over 2 case studies to illustrate cultural misunderstandings:

**CASE 1: THE PING PONG SYNDROME**: you may find yourself interpreting in this situation:

A patient and his provider are discussing treatment options and the PROVIDER says: “You have a tear in your shoulder. We can do injections, surgery or live with it…”  

PATIENT responds: “Well, you’re the doctor so you should know what’s best for me?!!” and the ball is again back in the provider’s court.  

PROVIDER adds: “Yes, but it is your body so it’s your decision”  

A silence fills the room and a perplexed PATIENT finally answers: “I will have to think about this, discuss it with my family”.

   **Can you see the cultural misunderstanding here?** …The ball represents a decision to be made and it just gets tossed back and forth from the provider to the patient. The
problem derives from the fact that this patient’s experiences with healthcare providers outside the US have taught him to view providers as authoritative figures. The patient is used to having the provider TELL HIM what has to be done, not ASK HIM what he wants to do. On the other hand, the provider has been taught to inform the patient and then have HIM decide and consent to a procedure. It is important to spot this cultural misunderstanding and explain it to both parties. It involves the interpreter being knowledgeable on the patient’s culture and the provider’s medical culture.

CULTURALLY COMPETENT INTERPRETER NEEDED!

If the interpreter does not step in, the provider may get the wrong impression that the patient is toying around or just being “difficult” and the patient may get the wrong impression that the doctor is not sure what needs to be done. That is why it is so important to detect this and

⇒ DETECT
⇒ ALERT
⇒ EXPLAIN

Alert both parties and explain cultural misunderstandings

CASE 2: THE PILL VS. HERBAL REMEDIES

PROVIDER says: “You have some muscle spasm in your lumbar spine. I am going to prescribe some medicines for that. Take the medicines as indicated on the bottle and I’ll see you again in a couple weeks”.

The patient goes to a pharmacy to pick up his medicines where he talks to a bilingual pharmacy technician who explains that his prescription includes a muscle relaxant and a pain medication. The patient fills his prescription and goes home.

The patient returns for his follow-up visit 2 weeks later and the provider asks:

PROVIDER : Have does your back feel? Did the medicines help?  
PATIENT answers: Oh no Doctor, I didn’t need to take any of that. I am using this. It is very good for back aches!

Can you see the cultural misunderstanding here?... In this patient’s culture, illnesses are not necessarily treated by taking pills from a bottle. It is also possible that the patient or someone he knows, took medicine from a bottle, like these, and experienced some side effects leading them to believe that bottled medicines are actually toxic or harmful for them. The patient’s culture is not that of biomedical culture. If no one alerts the provider about this he may dismiss the patient as “non-compliant” when in fact what the patient needs is some orientation on Biomedical Culture.
So please

BE ALERT FOR
CULTURAL
MISUNDERSTANDINGS!

be alert for and explain cultural misunderstandings

NOW IT’S TIME FOR REVIEW

The ethical principle of CULTURAL COMPETENCY is upheld by:

1) LEARNING ABOUT CULTURES
2) ALERTING FOR CULTURAL MISUNDERSTANDINGS
3) INTROSPECTION

Now let’s go back to our mnemonic:

C-PARIS

Let’s see…we covered “C” so next up is the letter “P”. “P” stands for:

PROFESSIONALISM

So let’s talk about the ethical principle of Professionalism.

Professionals abide by a

CODE OF CONDUCT

code of conduct that characterizes them. For example, you expect a doctor to have an office or work at a hospital. You expect an attorney to be knowledgeable in law and go to court dressed in a suit and tie. Could a doctor see patients in his garage? Could an attorney go to court in jeans? They could but that’s not very “professional”. It is very important to follow a code of conduct

CODE OF CONDUCT → PROFESSIONALISM
if you want to be seen as “professional”. By following a code of conduct, certified interpreters seek to establish interpreting as a reputable and noble profession

CERTIFIED INTERPRETER = PROFESSIONAL

Now let’s go over the STANDARDS

The ethical principle of Professionalism is upheld by:

1) GETTING CERTIFIED! Have a certificate to legally back you up and remove all doubts about your qualifications.

The ethical principle of Professionalism is also upheld by:

2) HONEST BUSINESS PRACTICES: for example:

• DON’T MISREPRESENT YOUR CREDENTIALS
  An interpreter who holds a medical certification should not interpret in legal settings like the courts or in legal proceedings like depositions. To interpret in those settings you need to have a court certification or an administrative hearings certification.

  MEDICAL ≠ LEGAL.

  Don’t misrepresent yourself.

Also

• UNABLE TO APPEAR?: if you are working as a freelance interpreter and can’t appear for an assignment”.

  OFFER A REPLACEMENT AND AN APOLOGY.

  You can say something like: “Unfortunately I will not be available to interpret on this date, however I do have a fellow certified interpreter who is willing to appear in my place if that is alright with you. I apologize for any inconvenience.

The ethical principle of Professionalism is also upheld by:

3) ALWAYS BEING PREPARED: inquire on the type of assignment you will be interpreting for, ask the doctor’s specialty and review pertinent terminology when needed. You may be asked to interpret for a specialty you may not be familiar with (genetics, nephrology, etc).

The ethical principle of Professionalism is also upheld by:
4) **DISCLOSING LIMITATIONS** : If you don’t know a term

**DON’T KNOW A TERM? ➔ ASK**

ask the provider for clarification and if you realize that you can’t accurately interpret ( because you have to constantly be asking for repetitions or clarification )

**DON’T KNOW MANY TERMS? ➔ STEP DOWN**

decide by saying : “**As the interpreter, the topic being discussed exceeds my ability to accurately and completely interpret it, unfortunately I must withdraw**”. If there is a senior interpreter working with you, ask them to replace you or if freelancing, notify the agency so that they can find a replacement. Please **don’t jeopardize a patient’s safety by not stepping down** when you know you are not able to do a good job!

**Withdrawing** from an interpreting session is always a **last option**. This underlines the importance of continuing education for interpreters so that they grow in their knowledge of medical terminology and medical interpreting so they will be well prepared for any assignment .

Also… **notify** the provider if you

**CAN’T UNDERSTAND**

**what a patient is saying** ( you’ll get patients with neurologic problems like a stroke or very old patients who will

**MUMBLE**

Patient’s who mumble will put your patience and your listening skills to the limit. It is always good to have someone from the family there who can help interpret the mumbling. Also inform parties when you are getting tired.

**FATIGUE ➔ ERRORS**

is associated with an increase in errors. So if you are tiring **request a break**.

**KNOW YOUR LIMITS!**

The ethical principle of **Professionalism** is also upheld by :
5) BEING ACCOUNTABLE: If you make a mistake, as soon as you realize it notify of the error and then correct it. For example: “I, the interpreter, interpreted the word

“TOO” AS THE NUMBER “2”
when the patient said: ‘I take codeine too”. Don’t blame others for your mistakes.

The ethical principle of Professionalism is also upheld by:

6) BEING RESPECTFUL OF PROFESSIONALS AND OTHERS WHO WORK WITH YOU:

RESPPECT CO-WORKERS

Avoid gossip, spreading rumors or discrediting others.

The ethical principle of Professionalism is also upheld by:

7) BEING EARLY AND BEING NEAT IN YOUR APPEARANCE:

- DON’T BE LATE: if you freelance always appear 15 MINUTES EARLY to any assignment you take. If you are late SMILE and APOLOGIZE (Sorry I’m late) but don’t explain. Just begin interpreting ASAP.

- DRESS WELL: Use nice shoes and dress nicely. Guys: USE A TIE. NEVER WEAR JEANS TO WORK. You may be a great interpreter but if you look sloppy, no one will take you seriously. I’ve seen some interpreters come to work in jeans and looking like they just finished doing their grocery shopping at the supermarket. Set yourself apart from this unprofessional image. Once you become certified, you will receive a badge. Get into the habit of putting your interpreter badge in a plastic badge-holder and pinning it to your clothing in a visible place. Displaying your badge will let everyone know that you are certified and-at the same-time puts those who are not in evidence. We want to clearly set ourselves apart from non-certified interpreters.

The ethical principle of Professionalism is also upheld by:

8) SETTING BOUNDARIES: You want to help the patient but at the same time you must keep from becoming personally involved. Ways of setting these professional boundaries are:

• MAINTAIN A PROFESSIONAL DISTANCE: Don’t stay in the room “chatting” and “making friends” with the patient when there is no provider there and no interpreting being done.
Just say “**excuse me, I'll be right back to interpret for you when the provider returns**”. Step out and come back in the room when the provider returns.

If you must stay in the room with the patient waiting for the provider because -you just don’t have another place to go-it may occur that, just out of sheer boredom, the patient tries to start a conversation with you. I want to be clear: I’m not saying you ignore the patient but **KEEP YOUR COMMENTS AT A NON-PERSONAL LEVEL**

**AVOID PERSONAL COMMENTS**

If the patient insists on asking you personal information just kindly say “**I’m sorry, I can’t talk about that when I’m working**”.

You will get all sorts of comments from patients that go from: “**Nice weather today?**” to “**Can I have your phone number**” and “**Do you know why Christ died on the Cross**”? **My advice: refrain from talking about: politics, religion and your private life with patients**. I’m not saying you be an ice-cube but keep it light!

**NO POLITICS**
**NO RELIGION**
**NO PERSONAL INFO.**

- **DON’T GIVE RIDES!** : More than once you will get a patient who wants to get a ride with you. NO-NO-NO! What happens if the patient turns out to be a sexual predator, a maniac or you just happen to get into a bad accident and the patient is injured or killed!!?? Do you get my point? Just say: “**I’m sorry, I am not allowed to transport patients, how else can I help you? Do you need me to call someone for you**”? If all else fails direct the patient to the front desk at the facility for help.

- **DON’T DO THINGS OUTSIDE YOUR JOB DESCRIPTION:**

  **STICK TO INTERPRETING**

Do not touch or move or even help move patients. Some unknowing provider may say: “hold the patient a moment until I get back”. Any time you have to use physical force THAT’S NOT INTERPRETING. Just say: **I’m sorry, I am not allowed to touch patients but I can go get someone to help you if you like**. A medical assistant is not an interpreter right?
INTERPRETER NOT = M.A.

So an interpreter is not a medical assistant either.

- **NOT YOUR CALL**: you may get a provider who asks you for an opinion on something like for example: you are called to interpret for a Psychiatrist who after a while of questioning a patient and not getting any straight answers to his questions asks you “Do you think this patient is in touch with reality?” Just say “I’m sorry, I’m not really qualified to say that”.

- **NEVER GIVE ADVICE!**: when you hear someone say to you: “Do you think I should”…that’s a red flag for you! Just say: “I’m sorry, I am not qualified to give any advice. I’ll be more than happy to interpret your questions to the provider if you wish”. In other words, AVOID THE “ADVICE TRAP” because you don’t want that to come back to haunt you later when that same loving patient later tells his lawyer or doctor that **YOU** recommended he do that!

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

9) **TAKING TIME TO ATTEND PROFESSIONAL SEMINARS AND WORKSHOPS.** You can find info on these events by going to the websites of professional interpreter organizations like: IMIA, NCIHC and CHIA. to name a few, just google them! I encourage you to become a member!

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

10) **DECLINING FAVORS**: some patients like to show their gratitude by bringing a gift. Please courteously decline gifts unless it is something like a cake which can be shared with the rest of the staff. That’s ok!

NOW IT’S TIME FOR REVIEW
The ethical principle of **PROFESSIONALISM** is upheld by:

1) **GETTING CERTIFIED**
2) **GOOD BUSINESS PRACTICES**
3) **ALWAYS BEING PREPARED**
4) **DISCLOSING LIMITATIONS**
5) **BEING ACCOUNTABLE**
6) **BEING RESPECTFUL**
7) **BEING EARLY AND WELL DRESSED**
8) **SETTING BOUNDARIES**: remember: no rides, maintain a professional distance, never give advice, don’t touch patients or do things outside of your job description.
9) **CONTINUING EDUCATION**
10) **DECLINING FAVORS**

________________________________________________________________________

We had said we would be covering the ethical principles in the order they appear in the mnemonic:

**C-PARIS**

So our next stop is the letter **A** which stands for:

**ACCURACY (AND COMPLETENESS)**

As interpreters, we need to let each party know exactly what is being said at all times – this is known as “TRANSPARENCY”

Now let’s go over the **STANDARDS**

The ethical principle of **Accuracy (and Completeness)** is upheld by:

1) **AVOIDING ADDITIONS OR OMISSIONS.** Interpreting and math don’t get along well so please avoid the following mathematical operations when interpreting: avoid adding and subtracting

**NO ADDING (+)**
NO SUBTRACTING (-)

In other words:

DON’T SAY MORE (+) than what’s being said AND
DON’T SAY LESS (-) than what is being said (unless it is necessary for it to make
sense in the target language).

For example, If I say:

“IT HURTS, EVERYTIME I LIFT SOMETHING OR COUGH”

And it’s interpreted as:

“MY BACK HURTS EVERYTIME I LIFT SOMETHING”

Was the interpretation accurate and complete? You can see that the words “My
Back” were added and there was no mention of a cough right? Once again what I
said was: “IT HURTS, EVERYTIME I LIFT SOMETHING OR COUGH”.
I didn’t say anything about my back and the cough was left out. This interpretation
was both inaccurate and incomplete. The problem with that is that what hurts may
not be the back and the pain when coughing is an important clinical detail which was
left out!

Let’s give another example:

“I GET SHORT OF BREATH AT NIGHT WHEN I LIE DOWN”

And it’s interpreted as:

“I GET SHORT OF BREATH AT NIGHT”.

Omitting “when I lie down” is a problem since getting short of breath when lying
down is suggestive of a heart problem. A detail that should not be left out!

BE COMPLETE!

The ethical principle of Accuracy (and Completeness) is also upheld by:

2) NOT CHANGING WHAT’S BEING SAID.

Saying:
“THIS CHEST PAIN BEGAN 2 WEEKS AGO ALONG WITH A COUGH”
And then interpreting it as:

“THIS CHEST PAIN BEGAN 2 HOURS AGO ALONG WITH SOME VOMITING”.

Here the time frame has been altered from weeks to hours and the accompanying symptom changed from cough to vomiting. This changes everything for a provider. If he gets the wrong information

WRONG INFO→ WRONG DIAGNOSIS

it will then only be natural that he make a wrong diagnosis. The

**chest pain + cough** suggests a respiratory problem

While

**chest pain + vomiting** warrants ruling out a heart attack

WHAT IS THE MOST FREQUENT INTERPRETING ERROR OBSERVED ??

- ADDING
- SUBTRACTING
- CHANGING
- OMITTING

Answer: OMITTING

The ethical principle of Accuracy (and Completeness) is upheld by:

3) **INTERPRETING “MEANING”**
   ...NOT WORDS

This is very important. Some people think of languages numerically. They believe that interpreting is a literal “word for word” thing like when you go to the “dollar store” and you spend $10…well…you get 10 items. It doesn’t work that way in the world of interpreting. Matter of fact the more “literal” you are in your interpretation, the stranger things will sound and the less likely it will be that you’ll be able to convey the meaning and spirit of what was said. AT SOME POINT YOU WILL GET THIS QUESTION: “THE PATIENT SPOKE ABOUT TWENTY WORDS AND YOU ONLY SAID ABOUT HALF OF THAT”?? SO…WHEN YOU GET THAT QUESTION SIMPLY SAY:
“I INTERPRET MEANING, NOT WORDS. SOMETIMES I WILL NEED MORE WORDS TO CONVEY THE MEANING OF WHAT’S BEING SAID AND AT OTHER TIMES I WILL NEED TO USE LESS”.

ALWAYS PUT MEANING ABOVE EVERYTHING ELSE.

It will be useful to go over: CONTENT, CONTEXT AND THE “SPIRIT” of what is being said.

CONTENT → WORDS: means the information per se (the words that are said).

CONTEXT → HOW WORDS RELATE TO EACH OTHER is the arrangement (or syntax) of these words and it gives the meaning.

For example, the word:

FIRE

We’re going to use the word “fire” in different contexts:

- He was about to fire his gun
- They will fire him tomorrow
- The house was on fire.

In all 3 examples the same word “fire” was used yet the word fire meant something different in each sentence. We needed the other words to understand how “fire” was being used each time.

CONTEXT = MEANING

You can also use different words to say the same thing for example:

KEEP YOUR = DON’T BEND
ARM STRAIGHT = YOUR ELBOW

WHAT PREVENTS = WHAT KEEPS
YOU FROM SLEEPING? YOU AWAKE?

Each time I said different words but I did not alter the meaning!

When we talk about the SPIRIT of what is being said: that’s NOT A GHOST! The word spirit derives from the word “spiritus” in Latin which means: breath. Since breathing is
essential to life. It is refers to the essence of something. So when we say the “SPIRIT” of what is being said we mean it’s “essence” or “underlying intention” as opposed to its literal meaning.

HOWEVER, I must give a word of caution: we must be very specific is when it comes to medical terminology, to a symptom or a diagnosis. When interpreting a medical term render it to its exact equivalent in the target language.

Cough is cough and not “phlegm”.
Diarrhea is diarrhea and not “colitis”.
Leukemia is leukemia and not “cancer”.
Rheumatoid arthritis is rheumatoid arthritis and not just plain “arthritis”.

INTERPRET MEDICAL TERMS LITERALLY

The medical term itself should be interpreted literally. So when the provider says: “your child has Rheumatic Fever” you don’t interpret:
Your child has “fever” because it’s not “fever” and
Neither will you say: Your child has “rheumatism” because it’s not “rheumatism”…IT’S RHEUMATIC FEVER”.

The ethical principle of Accuracy (and Completeness) is upheld by:

4) RESPECTING REGISTER: When we say “register” we are referring to the level of formality in the use of a language.

The provider may say something like:

“You have disk bulges at several levels of your lumbar spine which may require invasive treatment”.

DOCTOR ⇒ HIGH REGISTER

Interpret just that (unless there is no equivalent in that language). Don’t assume a patient won’t understand but do look for body language indicating confusion like a blank stare for example- or a remark like: “did he say something about my hiney”?

PATIENT ⇒ LOW REGISTER

Be prepared then to ask the provider to provide a simpler explanation (in other words to lower the register). Say something like “As the interpreter I am noticing that the patient is not understanding, can you please provide a
**simpler explanation?**” As you can tell, it is very clear that there is a barrier to communication caused by a

**DIFFERENCE IN \(\rightarrow\) LANGUAGE REGISTER \(\rightarrow\) BARRIER**

difference in register (the provider’s “lumbar spine” versus the patient’s “hiney”). Always have the provider give the “simplified explanation”.

**SOLUTION? \(\rightarrow\) PROVIDER LOWERS THEIR REGISTER**

**DO NOT try to do it yourself.** You do not have the medical expertise to simplify medical procedures or diseases. You may think you do but you run the risk of leaving out important information. Let the provider do that and you interpret it.

The ethical principle of **Accuracy (and Completeness)** is upheld by:

5) **MANAGING THE FLOW**: Request the necessary repeats, pauses and clarification to avoid mistakes. We will discuss this in more detail when we get to PROTOCOLS.

The ethical principle of **Accuracy (and Completeness)** is upheld by:

6) **CORRECTING ERRORS**: which was already discussed in the section on the ethical principle of Professionalism. When you make a mistake while interpreting admit it and correct it ASAP!

The ethical principle of **Accuracy (and Completeness)** is upheld by:

7) **INTERPRETING RUDE OR FOUL LANGUAGE**: you can and should interpret bad words and rude remarks. For example if a provider is rude to a patient that patient has the right to know and to change physician if he desires…but how would the patient know if you “edit out” the rudeness? Please give one warning

**ONE WARNING**

That you are going to interpret everything that’s said and the next time that a rude remark or foul language comes up do not warn. Just proceed to interpret it.

The ethical principle of **Accuracy (and Completeness)** is upheld by:
8) EXPLAINING A TERM WHEN THERE’S NO EQUIVALENT IN THE TARGET LANGUAGE

NO EQUIVALENT? \(\rightarrow\) EXPLAIN TERM

Once a provider used the term “defense whore”, a graphic metaphor that I bring to you from real life. I had no equivalent for that term in the target language and told the provider so. In these cases just explain what the term means to the best of your ability.

The ethical principle of ACCURACY (and completeness) is upheld by:

9) BEING AWARE OF “THE HUMAN FACTOR”: Keep in mind that medicine is a complex field. The complexities are sometimes overwhelming for a patient. The patient’s MOOD & EDUCATIONAL LEVEL will affect accuracy. Not YOUR accuracy but THEIR UNDERSTANDING of things that you are accurately interpreting. Conditions like ANXIETY - DEPRESSION can affect the patient’s concentration and their ability to understand what you have tried so hard to clearly interpret.

Many of the patients you interpret for will have little or no formal education and they wouldn’t understand what’s being said very well even if they were in their own country talking to a physician in their own language. Your LEPs will generally NOT BE foreign attorneys, doctors, accountants or businessmen. “LEP” stands for:

LEP = LIMITED ENGLISH PROFICIENCY

It means that that person’s English level is not good enough to communicate well in that language. In my experience, your typical LEP: will generally be a housekeeper, a construction worker, a warehouse or factory worker, many of whom come from small towns or rural areas in their country

LOW EDUCATION LEVEL

with little or no formal education. This is a GENERALIZATION and not a rule (there are housekeepers who learn English but we don’t have to worry about those…they don’t need an interpreter!). Now, these typical LEPs with little or no education are at a
HIGH RISK FOR MISUNDERSTANDINGS

and as such are more vulnerable to not getting the quality of care they need and that puts them at a relatively higher risk of a bad outcome in their health. This that I am saying was pretty much summed up by the Irish rock band U2 in their song God Part II: when they say:

“The rich stay healthy,
the sick stay poor”

Keep the “human factor” in check by staying very alert for potential misunderstandings and being extra careful and patient when you come upon

EXTRA CARE WITH PATIENTS THAT SHOW:

- POOR NATIVE LANGUAGE SKILLS
- POOR CONCENTRATION

patients with little or no formal education or who are showing signs of anxiety and depression.

ACCURACY AND COMPLETENESS (CASE STUDIES)

CASE 1: TRANSLATION IS EASY!
ANYONE CAN DO IT!

You will come across some real bad translations done by people who have no formal training in this area. Lets see just how bad a literal (word-for-word) translation can really sound. I now present you with this:

“HORRIBLE WORD FOR WORD TRANSLATION”
AUTHOR: UNKNOWN

This was translated “word for word” and when read in the native language SOUNDED SOMETHING LIKE THIS:
I think no further comments are necessary. Now let’s go to our next case study.

We’ve named this one:

CASE 2: THE BAD INTERPRETER SYNDROME

This is the case of a patient who comes in and says: “the interpreter didn’t explain this to me” This means that you, or a fellow interpreter, are being accused of not having been accurate and complete in your renditions. (and believe me I have heard patients say this to justify shortcomings). YOU can be vulnerable to liability issues when interpreting- although I must confess that, fortunately, I don’t know of any medical interpreters who have been sued for this yet. To cover your tail, it is always a good habit to routinely end an interpreting session with the words “Ma’am/Sir did you understand?

“DO YOU HAVE ANY QUESTIONS”?

This will help avoid problems for the patient (which is our goal) and for us, because it gives him the chance to ask questions. ALWAYS END A SESSION BY ASKING: “DO YOU HAVE ANY QUESTIONS”?

We’ve arrived at our last case study:

CASE 3
“You doctors are all full of (bleep), I am so tired of all this (bleep)”
In the course of an interpreting session-and you’ll get this every once in a while- it may happen that the patient becomes frustrated maybe because he’s not feeling well, maybe because he’s not getting better and begins to vent using some foul language. Now you, as the interpreter, may feel embarrassed about having to interpret that, because you feel that that language is not appropriate, so it would be best to skip that part right? The answer is….YOU GUESSED: ABSOLUTELY NOT!!! Once again:

MONITOR YOUR
PERSONAL BIASES!!

The patient has a right to make his frustration known. It may be rude, you may not agree with the use of that kind of language but that’s not your problem. To edit that out – as we did here- will rob the other party of the knowledge, of the COMPLETENESS that something very important is going on that needs to be addressed immediately. So…

BE ACCURATE
BE COMPLETE

BE ACCURATE...AND BE COMPLETE IN YOUR RENDITIONS.

NOW IT’S TIME FOR REVIEW

The ethical principle of ACCURACY (AND COMPLETENESS) is upheld by:

1) AVOIDING ADDITIONS OR OMISSIONS
2) NOT CHANGING WHAT’S SAID
3) INTERPRETING “MEANING”
4) RESPECTING REGISTER
5) MANAGING THE FLOW
6) CORRECTING ERRORS
7) INTERPRETING FOUL LANGUAGE
8) EXPLAINING A TERM WHEN THERE’S NO EQUIVALENT
9) BEING AWARE OF MOOD AND EDUCATIONAL LEVEL