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Case Report

Using a Competent Interpreter in Clinical Encounters to Prevent Human Suffering and Save Money

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Abstract

Due to the increase in the number of immigrants in the world over recent years, the number of interpreter-mediated consultations is constantly increasing. The purpose of this literature review was to highlight the importance of the interpreters' competence in interpreter mediated clinical encounters. Misunderstanding in cross-lingual consultation may be rooted in a lack of knowledge of a language or diversities in cultural values between those involved in the consultation. Despite difficulties, an interpreter is the best opportunity to facilitate communication between healthcare professionals and patients who do not speak the same language in order to prevent clinical misunderstanding and provide satisfactory healthcare to patients with a language barrier. Improvement of interpreters' competence is vital.

Keywords

Human suffering; Chain of misunderstanding; lack of knowledge of the language

Introduction

According to the United Nations High Commissioner for Refugees (UNHCR), one in every 122 people in the world is now a refugee either internally displaced or seeking asylum. The UNHCR latest data showed, the number of people that has been forced to leave their own home around the world has reached 59.5 million [1]. This issue leads to a new challenge for healthcare professionals in resettlement countries working with refugees with diverse languages and cultures [2]. Despite the fact that refugees have a higher incidence of disease, as a result of their background they have difficulties accessing healthcare services because of several barriers, particularly their limited knowledge of

the language in their resettlement country [3]. Previous studies have indicated that patients who need to communicate through an interpreter have usually higher rates of utilization of healthcare services and hospitalization than patients who do not use an interpreter in contact with healthcare services [4]. Frequent use of healthcare services by refugees because of both physical and mental diseases, with repeated use of interpreters, could lead to a higher risk for misunderstandings if an incompetent interpreter is assigned for the clinical consultation [5]. In order to minimize misunderstandings and negative impacts on health outcomes, the clinical encounter between healthcare providers and patients with limited language ability, must take place using professional interpreters [6,7]. Due to their special training in language and interpretation techniques, professional interpreters are more likely to mediate the message between the caregiver and patient with minimum errors [8]. Using a relative or friend, particularly a child as an interpreter gives rise to the risk of misunderstandings in communication because of their lack of language knowledge and relevant education in interpretation. In addition, relatives or friends are not neutral in relation to the patient and do not have an obligation of silence, which is quite important for the quality of the communication outcome [9]. Provision of a high-quality healthcare service to patients with a language barrier requires professional competence interpreters and satisfactory health-care encounters [10].

Case Report

A family with a four-year-old child were visiting a healthcare center because of the child's health. The family came to Sweden a few months before. The child was exhausted and pale, and had no desire to play with other children. After a consultation through an interpreter, the general practitioner ordered blood tests for the child in order to diagnose any deficiencies in the patient's blood. He then asked them to see the nurse they had visited before in order to do blood tests. The general practitioner described that they would be given a new appointment when he received the blood test results from the laboratory. One week later, the family called for a new visit at the healthcare center. The healthcare center assigned an interpreter but apparently, the interpreter did not have the competence to interpret in the healthcare consultation and did not have sufficient knowledge of medical terminology. During the visit, both the child's parents were present. After the general practitioner had asked routine questions about the parents through an interpreter, he began to report the blood test results to the patient's parents. He explained that the child had iron deficiency. The pronunciation of iron "järn" and brain "hjärn" in Swedish is very similar. The interpreter understood that the general practitioner was saying that the child has a brain deficiency. When the parents heard the message from the general practitioner through the interpreter, they became very sad and the child's mother even began crying. She said, "My child has no problem with his brain, he understands everything, he is talking very well". The strong reaction from child's mother surprised the general practitioner and he demanded more explanation from the interpreter. It took a long time to overcome the misunderstanding in communication and to calm the child's parents down following this stressful mental situation. In this context, the misunderstanding in clinical communication caused both human suffering and a waste of money for the healthcare system due to the extended consultation needed.

Discussion

A prerequisite for satisfactory clinical encounters through interpreter is a strong language bridge between the patient and the healthcare professional. It is quite important to prevent clinical misunderstanding before it influences the communication outcome, as misunderstanding is considered to be a vital issue in clinical encounters [11,12]. Misunderstanding in clinical encounters through an interpreter may rooted in linguistic misunderstanding or diversities in the cultures of the persons involved (the patient, interpreter and healthcare professional). According to my experience, as well as my research, linguistic misunderstandings in communication through interpreters are often discovered and discussed before they threaten the patient's safety, but cultural misunderstandings, which I call "*Chain of misunderstanding*" are more likely to create danger and cause a risk to patient safety than linguistic misunderstandings. A linguistic misunderstanding that came up during

the interaction in my study about Kurdish war-wounded refugees [5], was rectified before it caused serious psychological problems for the patient. However, a culture misunderstanding in my case report [13] led to a chain of misunderstanding that caused more psychological stress for the patient and more time was required to resolve problem.

Even though an effective clinical consultation depends on all actors involved in the interaction (the patient, interpreter and healthcare professional), the interpreter has a key role regarding the communication's outcome [14]. In order to reduce ethnicity-based misunderstandings and achieve satisfactory healthcare, it is quite important to create a situation in which patients with different language and ethnic backgrounds are able to express their needs [15]. In this context, we should be aware that in a situation of illness if one needs to communicate through an interpreter, assigning an interpreter on the basis of their mother tongue is the best alternative to minimize misunderstanding. In the case of illness, the patient is already suffering from psychological stress due to the illness, so additional stress caused by the need to communicate in another language than their mother tongue (trilingual interpretation) increases the risk of misunderstanding [14]. Due to interpreter role as a language bridge in cross lingual clinical encounters, the interpreter's competence has a significant impact on the health outcome [16] . A previous study indicated that the lack of adequate training of interpreters caused misunderstandings and led to misdiagnosis, which may pose a risk to patient safety [17]. The linguistic and cultural competence of the interpreter is vital to minimize clinical error and increase patient security. A culturally and linguistically competent interpreter is one who interprets in his or her own mother tongue (bilingual interpretation) with proficiency in the target language and a basic knowledge of the culture and norms of the target language. The interpreter should know the subject matter he or she is interpreting, have knowledge of the terminology, good proficiency in both the staff and client languages, and a basic knowledge of both client and staff cultures [18].

Conclusion

Despite difficulties in interpreter-mediated consultation, an interpreter is the best opportunity to facilitate communication between healthcare professionals and patients who cannot speak the same language as the healthcare professional. The purpose of this literature review was to highlight the importance of interpreters' competence in cross-lingual clinical encounters. As the number of interpreter-mediated consultations is increasing constantly worldwide, in order to prevent clinical misunderstanding and give satisfactory healthcare to patients with language barriers, improvement of interpreters' competence is essential. Using professionally competent interpreters may in the short term seem to be an economic load on the healthcare system, but in the long term, it would save both money and human suffering.

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