

Healthcare communication across language barriers

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Recommendations for healthcare communication across language barriers:

1. Migrant patients need an interpreter in medical consultations, unless both healthcare provider and patient are fluent in the same language to such an extent that health and emotional issues can be discussed; informal assessment of a patient's language capacity may be misleading, because the ability to manage daily life does not mean being able to discuss health or emotional issues.
2. Healthcare professionals (HCP) should strive to rely on professional interpreters in health care encounters as they help improve quality of care, increase patient satisfaction, and are cost effective.
3. The use of non-professional interpreters like personnel from the ward or relatives has some limits and some advantages: not only asks translation of medical problems for specific skills in both languages, especially in small communities, non-professional interpreters are linked in many ways to the patient and his family, thus, confidentiality issues are relevant. Family members, especially when adolescents are used for interpretation, are obliged to the patient's well-being in many ways; they may find it difficult to provide comprehensive interpretation, let alone to convey bad news correctly (lit) or to touch upon sensitive issues.
4. Face – to – face interpreters and video interpreting are of similar benefit; Interpreting over the phone can be effective, yet, the inability to observe each other's non-verbal clues, requires additional effort and should be taken into account.
5. The interpreter should be informed about the purpose of the consultation, and technical terms that will be used; Interpreter and HCP should agree on the interpreter's role (literal translation or also informing HCP about arising cultural aspects of communication). The interpreter should be entitled to interrupt HCP and patient/relative, if interpretation becomes impossible, e.g. if they speak in lengthy turns or incoherently.

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