

HEALTHCARE COMMUNICATION ACROSS LANGUAGE BARRIERS

Maria van den Muijsenbergh, Demi Krystallidou, Wolf Langewitz

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.

References:

1. Giese, A., Uyar, M., Uslucan, H. H., Becker, S., & Henning, B. F. (2013). How do hospitalised patients with Turkish migration background estimate their language skills and their comprehension of medical information—a prospective cross-sectional study and comparison to native patients in Germany to assess the language barrier and the need for translation. *BMC health services research*, 13(1), 196. *BMC Health Services Research* 2013, 13:196 Page 2 of 9 <http://www.biomedcentral.com/1472-6963/13/196>
2. Karliner, L.S., Jacobs, E.A., Chen, A.H., Mutha, S. (2007). Do professional interpreters improve clinical care for patients with Limited English Proficiency? A systematic review of the literature. *Health Services Research*, 42(2), 727-754(28).
3. Bischoff A. Do language barriers increase inequalities? Do interpreters decrease inequalities? In: Ingelby D et al. *Inequalities in Health Care for Migrants and Ethnic Minorities (COST Series on Health and Diversity –Vol. 2)*. Antwerpen/Apeldoorn: Garant; 2012, pp. 128-143.
4. Ho, A. (2008). Using family members as interpreters in the clinical setting. *J Clin Ethics*, 19(3), 223-233.
5. Brisset, C., Leanza, Y., and Laforest, K. (2013). "Working with Interpreters in Health Care: A Systematic Review and Meta-ethnography of Qualitative Studies." *Patient Education and Counseling*, 131-140. doi:10.1016/j.pec.2012.11.008. Healthcare communication across language barriers Maria van den Muijsenbergh, Demi Krystallidou, Wolf Langewitz [Jonathan Silverman]

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