

BEST PRACTICES FOR SHORT-TERM HEALTHCARE MISSIONS	
Question: How should translation for short term healthcare mission teams be handled?	
Participants in discussion	Background (perspective)
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Why is this important? Safe healthcare depends on effective communication.	

## CONSENSUS STATEMENTS

### Best

1. Short-term healthcare team interpreters should understand and adhere to the practice standards of the NCIHC.
2. Interpreters should have adequate and accurate linguistic skills including but not limited to medical and lay terminology, medical procedures, and physiological processes. They should also possess the cultural knowledge to interpret the meaning and context of what is being communicated.
3. The availability of qualified medical interpreters should determine the planning of services to be provided.
4. Quality interpretation requires concentration and mental energy; interpreters should be provided frequent and adequate breaks which, again, should be taken into account in the planning of services.
5. If qualified, volunteer interpreters are unavailable, teams should budget adequate funds to employ sufficient numbers of interpreters.
6. Though family members may be present, they should not be used as interpreters.
7. To protect patient privacy, members of the community not bound by professional ethics of confidentiality should not be used as interpreters.
8. Even when patients are illiterate or have limited literacy skills (assuming it is a written language) provide written instructions for follow-up care, home or self care, medication, etc., in the patient's language. Such instructions should be first translated into the local language and then back-translated into the original language to ensure equivalency. If a patient is illiterate, he or she should be advised of contents in case they need the information to be read by others.
9. A caring and loving attitude of the interpreter towards the patient is essential in conveying God's love.

### Better

1. Urgent or emergent situations may require medical intervention in spite of the availability of a qualified interpreter, few short term missions operate in that context. Even under such circumstances a qualified interpreter who is not a family member should be sought as soon as possible.

## Introduction

Effective and ethical health care depends upon clear, accurate, open communication and mutual understanding and trust between patient and provider. Even when both parties speak the same language, the opportunities for misunderstandings abound: medical terminology as opposed to lay vocabulary, common understandings of disease processes versus a bio-medical explanation, clinical expectations in contrast to a patient's actual experience.

In contexts where the parties do not share linguistic and cultural background, the possibilities for miscommunication multiply exponentially with greater potential for harm. These may go unrecognized or unacknowledged as language fluency is critical not only to communicate clearly and accurately but also to understand when that has not occurred. Since we usually do not appreciate how often ideas are "lost in translation" unless we speak another language, mono-lingual speakers or those with limited facility frequently over-estimate the quality and degree of understanding. As short term medical mission teams are, in fact, short-term, the opportunities to uncover or clarify misunderstandings may be limited as well.

However, language fluency does not qualify someone to do medical interpretation unless they are well-versed in medical terminology, medical procedures, physiological processes, and cultural context. Linguistic competency is as important as professional competency to the provision of quality and ethical medical care. The National Council on Interpreting in Health Care has developed national practice standards for interpreters in healthcare. The standards are available at: <http://www.ncihc.org/mc/page.do>

The frequent and undesirable consequences resulting from inadequate medical interpretation are well-documented in both the academic and popular literature. Some of them include:

- Patient inability to give informed consent if they have not been given accurate and complete information about their condition or the risks and options of treatment<sup>1,2</sup>;
- Misdiagnoses, unnecessary procedure or medication errors that result in undue delay in treatment<sup>3-5</sup>, physical or mental suffering, disability, or death;
- The patients may not ask questions or provide important information if communication is too burdensome or they believe they will be misunderstood<sup>6</sup>;
- Misunderstanding and mistrust that lead patients to forego future care;
- Unnecessary distress to patient and family members;
- Lack of follow-through on treatment plans;
- Waste of limited resources.

For short-term medical missions working in the context of Christian ministry, the risks also include undermining the credibility of the church and the Gospel.

Despite the potential benefits of interpretation, the use of even well-trained interpreters can lead to errors, including significantly reduced and revised communication by the interpreter<sup>4,7</sup>. Therefore, it is important to recognize that interpretation can be incomplete or even just “wrong”. Short term healthcare mission teams often learn to deal with ambiguity. Yet, every effort should be made to take one’s time, listen well, observe facial expressions and ask for clarification in an effort to provide optimal health care.

Translators become part of the short term healthcare mission team. Unless selected well, there can be severe problems. There have been times when interpreters can be a significant distraction to the team mission. I personally (Peter Yorgin, MD) have seen situations where interpreters have:

1. Attempted to assume a team leadership role with goals and plans contrary to the short term healthcare team leader.
2. Been engaged in petty fights with other translators over pay or how much work they were given.
3. Been critical and judgmental regarding short-term team members.
4. Threaten to leave the team mid-way through the trip.
5. Team interpreters from the sending country presume they know much more about their host country than they really do.

Leadership roles need to be very clear when working with interpreters. Taking time in advance of the team arrival to plan and define the partnership relationship with in-country interpreters is of particular value. Expectations should be laid out.

#### Scope of work

Communicate with national partner way in advance of team. Send documents in advance in local language. Translate into French, Spanish.

Feed and house, transportation for them. Standardize fee

What do we do about national physicians, lab workers.

#### References

1. Hunt, L.M. & de Voogd, K.B. Are good intentions good enough? Informed consent without trained interpreters. *J Gen Intern Med* **22**, 598-605 (2007).
2. McCabe, M., Morgan, F., Curley, H., Begay, R. & Gohdes, D.M. The informed consent process in a cross-cultural setting: is the process achieving the intended result? *Ethn Dis* **15**, 300-4 (2005).
3. Muench, J., Verdick, A., Lopez-Vasquez, A. & Newell, M. Crossing diagnostic borders: herpes encephalitis complicated by cultural and language barriers. *J Am Board Fam Pract* **14**, 46-50 (2001).
4. Flores, G. et al. Errors in medical interpretation and their potential clinical consequences in pediatric encounters. *Pediatrics* **111**, 6-14 (2003).

5. Karliner, L.S., Perez-Stable, E.J. & Gildengorin, G. The language divide. The importance of training in the use of interpreters for outpatient practice. *J Gen Intern Med* **19**, 175-83 (2004).
6. Schaafsma, E.S., Raynor, T.D. & de Jong-van den Berg, L.T. Accessing medication information by ethnic minorities: barriers and possible solutions. *Pharm World Sci* **25**, 185-90 (2003).
7. Aranguri, C., Davidson, B. & Ramirez, R. Patterns of communication through interpreters: a detailed sociolinguistic analysis. *J Gen Intern Med* **21**, 623-9 (2006).