Ethical Considerations in Working with Culturally Diverse Populations: The Essential Role of Professional Interpreters

Caminee Blake, PhD
Postdoctoral Fellow, Division of Social and Transcultural Psychiatry, McGill University, Montreal, Quebec

Abstract: The underutilization of professional interpreters by mental health providers who work with immigrant clients with language barriers represents a failure to meet basic professional ethical standards of care. Language barriers affect key areas of ethics, including clinical assessment and decision-making, client confidentiality and informed consent. This paper aims to highlight the importance of using professional interpreters while working with clients with language barriers. The impact that language barriers have on clients and providers in clinical care will be discussed, as well as the problems associated with the common practice of using untrained interpreters.

Résumé : Considérations éthiques au sujet du travail auprès des populations de diverses cultures : le rôle essentiel des interprètes professionnels
La sous-utilisation des interprètes professionnels par les fournisseurs de soins de santé mentale qui travaillent auprès de clients immigrants ayant des barrières de langue représente un échec à satisfaire aux normes d’éthique professionnelle des soins. Les barrières de langue touchent des domaines clés de l’éthique, y compris l’évaluation et le processus décisionnel clinique, la confidentialité du client et le consentement éclairé. Cet article vise à souligner l’importance de recourir à des interprètes professionnels quand on travaille avec des clients ayant des barrières de langue. Les répercussions qu’ont ces dernières sur les clients et les fournisseurs de soins cliniques feront l’objet d’une discussion, de même que les problèmes associés à la pratique répandue d’utiliser des interprètes non professionnels.

Key Words: professional ethics, cultural diversity, interpreters

Faced with the ever-increasing diversity of our population, it is essential that we critically examine and reassess standard practices of care and their ability to meet the needs of those we serve. Working with cultural diversity brings certain clinical challenges. Culture plays a critical role in shaping the experiences, the expression of problems and the related help-seeking behaviour of clients. Language is central to a person’s cultural identity and is the most basic means through which people encode and express their emotions and their most complex thoughts, beliefs and values. Although it seems obvious that, in any clinical encounter, the ability to communicate effectively is essential, the underutilization of interpreters by health professionals working with clients from ethnocultural communities with language barriers remains surprisingly common. Of concern is that most studies of immigrants in Canada find that, if not the greatest, barrier to access to care is the lack of interpreters or of bilingual service providers.

Along with problems of accessibility, strong evidence indicates that, for those facing language barriers, services and quality of treatment in the mental health and counseling domains differ. Even with successful health-care contact, they underutilize mental health services and delay seeking care for mental health problems, primarily because of language barriers. From an ethical standpoint, mental health professionals’ underutilization of professional interpreters to overcome language barriers with their clients represents a failure to meet basic professional ethical standards of care.

Health Professional Resistance to Using Interpreters
Several factors contribute to the current underuse of interpreters by health providers. First, the fear of malpractice suits and other legal sanction has not been an important motivator—as it has in the United States—for increasing the use of interpreters in Canada. However, this may soon change. Recent cases in the health domain have been successfully argued on the basis of the Canadian Charter of Rights and Freedoms, suggesting that legal challenges related to insufficient attention to the effect of language barriers may become more prominent in the future.

Second, the experiences and perceptions of mental health providers affect the underutilization of interpreting services. Many mental health providers are reluctant to use interpreters, because they are perceived to be too costly in terms of time and effort. Further, working with an interpreter can be frustrating. It may seem to complicate communication by adding another actor to the clinical
encounter, changing the dynamic and shifting the sense of control over the interaction to which a mental health provider is accustomed. Perhaps most important, professionals may also underestimate the extent to which a language barrier exists in a clinical encounter. It is easy to falsely assess that a client’s language skills are adequate. Unfortunately, clients may reinforce this false perception; they may wish to demonstrate their proficiency in English or in French, which may represent a source of pride. It is also true that some clients feel ill at ease with the presence of interpreters, because their professional status may be ambiguous. They may have concerns about their trustworthiness and loyalty, given that interpreters and patients are often from the same small communities, thus raising fears about confidentiality.

Another difficulty stems from a lack of clarity on the part of the clinician as to what is the appropriate role of the interpreter. Often, the health provider and the interpreter have differing, if not conflicting, expectations about what their roles should be in a clinical encounter. Some health providers expect literal, word-for-word translation of client communication, whereas others rely on interpreters to act as culture brokers who provide their own observations and contextualizing information about the client’s culture and experiences. Part of the communication difficulty between the mental health provider and the interpreter stems from the mental health provider’s lack of training in this area. Most training programs in psychiatry and psychology do not formally teach, nor do they promote working with interpreters as an essential clinical skill. This is unfortunate because providers’ awareness of the impact of language barriers and of their own skill in working with interpreters affects the effectiveness of the interpretation process.

Despite the complexity associated with working with interpreters, the impact that communication barriers have on health-care providers and their capacity to provide ethical standards of care is significant. Henley and Schott identified poor referrals, incomplete investigations, and inappropriate interventions and treatments as consequences of language barriers. Poor communication affects other important aspects of care, such as the provider’s ability to reassure, motivate and support the client, as well as to clarify treatment expectations. Without clear communication, professionals cannot confidently apply their diagnostic expertise or establish the necessary empathy and rapport for a working alliance. Overall, these practices lower and compromise professional standards of care. Finally, communication barriers result in stress and decreased job satisfaction for the provider. As reported by professionals, feelings of ineffectiveness result in feelings of frustration, guilt and anger.

**Problems That Relate to Using Untrained Interpreters**

The most common current response to language barriers in the health-care system is the use of untrained and often unpaid volunteers, who are usually family members, bilingual hospital staff, or community language-bank volunteers. These services represent only a makeshift solution to the problem and ignore the serious ethical problems associated with this practice. Professional codes of ethics stress the need for providers to obtain informed consent. Clients have the right to informed decision-making with respect to their treatment options, as well as to voluntary decisions about receiving treatment that is based on all available information about those treatment options. Further, ethical conduct requires that clinicians provide clear explanations, ensure confidentiality of information and refrain from practising under conditions that may impair service quality. With the exception of emergency treatment, common law in Canada places the onus of responsibility on the health provider (primarily physicians) to ensure that the patient understands the communicated information before administering treatment.

According to experts in the field, there is consensus that the use of untrained interpreters poses risks to the patient and the provider, as well as to the interpreting person. A report of the US Office of Minority Health noted, the error rate of untrained “interpreters” (including family and friends) is sufficiently high as to make their use more dangerous than no interpreter at all. This is because it lends a false sense of security to both provider and client that accurate communication is actually taking place.

Family members, or untrained interpreters, may misinterpret key concepts, may distort or omit messages or may intervene directly in the assessment or treatment process. Their ability to remain objective in their task as interpreter is questionable at best. Any barriers related to cultural difference between provider and client will further act as a barrier to informed consent in this context. The use of informal interpreters represents a lack of recognition of the skills required to act as a competent interpreter. Mechanical word-for-word translation is often insufficient to convey meaning. Often, words cannot be literally translated from one language to another, owing to a lack of clear correspondence between the words of the two languages. Cultural “idioms of distress” and the context or meaning of a symptom can be lost in attempts at literal translation. In addition, interpretation is a cognitively demanding task. If a family member, also distressed about the client’s situation, is asked to translate, there is a greater possibility for error in translation. Moreover, untrained interpreters’ level of language proficiency in the official and nonofficial languages may vary, as may their knowledge of the subject area for which the translation is being sought.

The use of family members or volunteers as interpreters poses a direct threat to confidentiality, which is of particular concern in the area of mental health. Untrained interpreters are unlikely to recognize the importance of rules of confidentiality and objectivity required by professional ethical codes of conduct in health interpretation. Some ethnocultural communities are extremely small; thus, concerns about confidentiality may be warranted. There are also ethical considerations involved in placing the interpreters in this role. Often, volunteers do not want to interpret in mental health situations but feel that they have no option. They often report stress and discomfort with their role. Similarly, the use of children as...
In conclusion, ethically sound practice also represents better quality of care. Reviews of the research literature indicate that a relation exists between the quality of patient–provider communication and the patient’s health outcomes with respect to recovery from symptoms, anxiety, treatment compliance and patient satisfaction with care (6). Poor communication impacts the professional by increasing the likelihood of diagnostic errors and exposure to lawsuits. Moreover, there appear to be significant health-care costs associated with communication barriers, including an increased number of visits to the doctor and an association with frequent changes of doctor (6). In summary, interpreter services are essential, and mental health-care providers should regularly access these services when working with clients who have language barriers. The reasons for their use include ensuring mutual understanding, assuring quality of care, upholding users’ rights and, ultimately, reducing health-care costs in both financial and human terms (15).

References


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