

Educational support materials for ABIM's *Care for the Underserved* Module

Module #15

Almost 50 million Americans speak a primary language other than English at home, and 22.3 million have limited English proficiency (LEP), defined as a 'limited ability to listen, speak, read, and write in English and self-rated English ability of less than 'very well.' (1) There has been a 47% increase in the number of Americans speaking a non-English language at home in the last 10 years alone. (1) Up to 20% of Spanish-speaking Latinos do not seek medical advice due to language barriers. (2) Only 23% of hospitals provide training for staff on working with interpreters. (3)

Studies support the use of interpreter services leading to improved use of preventing services resulting in cost savings. (4) Karliner et al performed a systematic review of studies on professional medical interpreters and found that use of such interpreters' results in improved clinical outcomes compared to ad hoc interpreters. (5) Flores et al reported on the frequency, categories and possible medical consequences of errors in medical interpretation. (7) Ad hoc interpreters, defined as family members, friends, untrained staff or strangers from the waiting room or street, are significantly more likely than qualified medical interpreters to commit interpretation errors and errors with potential negative clinical consequences. They are also more likely to misinterpret or omit questions asked by health providers. (8)

Physicians should be comfortable recognizing when a patients' choice of interpreter is not appropriate, such as when the medical situation is too complex for the ad hoc interpreter to translate; the patient does not feel comfortable discussing sensitive information; the interpreter is a child; or the interpreter experiences substantial role conflict (e.g. an adult son interpreting for an end-of-life discussion). (8)

The American Medical Association and the American Academy of Pediatrics strongly discourage the use of children to interpret, even if the patient asks the child to serve in this role, out of concern for the distortion of family roles associated with this practice. (8)

For further information, see the following:

1. Shin HB, et al: Language use and English Speaking Ability: census 2000 brief. Washington DC: US Census Bureau; 2003. Available at: <http://www.census.gov/prod/2003pubs/c2kbr-29.pdf>.

This educational support material was created by the Society of General Internal Medicine's Disparities Task Force. For more information, visit www.sgim.org/qo/disparities

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2. US Department of Health and Human Services. Office of Minority Health. National standards on culturally and linguistically appropriate services in health care. Washington, DC: 2001. Available at http://www.omhrc.gov/assets/pdf/checked/final_report.pdf.
3. Ginsberg C, et al: Interpretation and Translation Services in Healthcare: A Survey of US Public and Private Teaching Hospitals.
4. Jacobs EA, Shepard DS, Suaya JA, Stone EL. Overcoming language barriers in health care: costs and benefits of interpreter services. *Am J Public Health*. 2004; 94(5):866-9.
5. Karliner LS, Jacobs EZ, Chen AH, Muhta S. Do Professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature. *Health Serv Res*. 2007;42(2)727-54.
6. Flores G, Laws M.B., Mayo, SJ, Zuckerman B., Abreu M, Medina L, Hardt EJ. Errors in Medical Interpretation and Their Potential Clinical Consequences in Pediatric Encounters. *Pediatrics* 2003; 111: 6-14.
7. Flores G. The impact of medical interpreter services on the quality of healthcare: a systematic review. *Med Care Res Rev* 2005; 62:255–299.
8. Schenker Y, Lo B, Ettinger KM, Fernandez A: Navigating barriers under difficult circumstances. *Ann Intern Med* 2008;149:264-269.