Round table on language issues in health care*

Leticia Molinero**

InTradES-Apuntes hosted a "Language Issues in Health Care Round Table" on May 12, 2005 at the Center King Juan Carlos I of New York University, in New York City (USA). Panelists were:

1. Leticia Molinero (President of InTradES-Apuntes, Inc. and Editor of *Apuntes*)

Leticia Molinero began the round table by stating that language issues are a critical part of health care services.

Recent news from around the country shows that this is indeed true and that it is becoming an explosive problem, as people die, get the wrong medications, or become sterilized, or even dismembered after death without prior informed consent, because of the language barrier.

Our communities are outraged and this outrage may eventually produce political action and long awaited change. This may be good… or a mixed bag if only lip service is rendered.

The purpose of this round table is to hear different perspectives and experiences around the issues of language in health care and, we hope, to shed some light on them from our own perspective. We would also like this to be the beginning of a synergistic and proactive alliance focused on our common goal: to overcome language barriers in health care services for our Latino communities.

As translators and interpreters, as Spanish language communicators, we are in the middle of it all, and when we are not, that in itself may be a sign of trouble.

Hospitals, HMO's, health plans, health departments and other health care related services are doing as much as they can to communicate with the Latino communities in Spanish. And that is not a very easy task, given the great diversity of backgrounds and levels of language proficiency of Hispanics in this country, both in the patient population and in the health care services.

Despite all these efforts, however, it is obviously not enough. It is not infrequent that a patient may be unable to explain his or her symptoms because there is no one at hand who can properly interpret, or there is no written information in Spanish. But it is still much worse when there is someone who misinterprets because of lack of knowledge and training. And it is equally bad when printed health care materials are mistranslated.

Many health care administrators, apparently, are not properly qualified to understand the importance of communicating with their patient population in their own language and assign this responsibility to the first "bilingual" employee at hand.

2. María Cornelio (Director, Hispanic Resource Center at Columbia University Medical Center and Vice President of InTradES-Apuntes, Inc.)

As Director of a Hispanic Resource Center in charge of approving translations into Spanish, her first concern is to determine which are the appropriate qualifications of a health care translator and what are the quality standards expected.

An issue that is becoming increasingly frequent is the fact that hospitals and other health care organizations are asking their "bilingual" staff to take care of monolingual communications with patients in Spanish. This, of course, reflects the need for these language services. The problem, however, lies in that most of these institutions lack a yardstick by which to measure the language knowledge of these individuals that are being hired specifically to deal with monolingual Spanish speaking patients.

A very prevalent situation is the fact that these presumed bilingual individuals were born in this country or have been living here for many years and do not have a good command of Spanish, and the people who hire them seem to be guided merely by the Spanish surname. No competency tests are administered for these positions, there is no way to determine the fluency or understanding of the Spanish language of these persons, and there is no support for acquiring the communication skills that they need.

María Cornelio's position puts her in touch with bilingual individuals who act in supervisory capacities and need to make language-related decisions. She presented some examples to illustrate the extent of this problem.

A bilingual study coordinator, i.e., a hospital supervisory position, sent María an e-mail concerning the Spanish translation of a document, expressing concern because there were many words that she could not understand. The problem was that this person was expected to explain the material to the patients but was unable herself to deal with the language.

María explained the importance of presenting concrete examples so that translators become aware of certain pitfalls in this type of communication, and at the same time, those in decision-making positions can learn how to provide support to these people who are actually "in the trenches" helping the patients.

In examining the documentation submitted by this study coordinator, María identified two types of problems:

a) Registry

The English used is sometimes in too high a registry to communicate effectively with the patient. It is important that health care institutions become aware of the need to find a

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lower language registry level without compromising the accuracy of the message.

In the example quoted, one of the questions to the patient concerned the reason for having a mammogram. The question that the patient could not understand was: "Follow-up for previous breast cancer." The translation was: "Seguimiento por la existencia previa de cáncer de mama." The patient could not relate to the expressions *existencia previa* or *cáncer de mama*. The most common translation of breast cancer is *cáncer de seno*. A better translation would have been: "Seguimiento porque antes tuvo cáncer de seno."

Existencia previa was definitely confusing as it evoked thoughts of a previous life! Obviously *existencia previa* is a correct translation, but the translator failed to take the patient's language registry level into consideration.

In another example, a statement read: "Women are much more likely to experience atypical symptoms of a heart attack than men." The Spanish translation was: "Las mujeres son mucho más propensas a experimentar síntomas atípicos de ataque al corazón que los hombres." Here again, although *propensas* is the correct translation, it was not understood by the health care worker, so why not say something easier to understand, such as *tienen más probabilidades*?

A college graduate bilingual health care administrator did not understand the translation of the following sentence: "As discussed at the time your appointment was scheduled, please keep a good record." The translation was, "Conforme se le comunicó en el momento en que se programó su cita…" The administrator did not understand neither *conforme* nor *programó*. Obviously, this is a Hispanic "bilingual" who does not have the same command of Spanish as she has of English, even though she has a Spanish surname and speaks Spanish fluently. In this case, a more understandable translation would have been, "Como le dijimos al hacer la cita…"

In yet another example, "Attached please find a similar questionnaire to the one you completed at your screening visit" was translated as "Se anexa un cuestionario similar al que llenó en su consulta indagatoria." (The audience burst into laughter). The health care worker did not know the words *anexa* and *indagatoria*. It could have been simplified as "Este cuestionario es similar al que le dimos cuando vino a su consulta de preselección," or something even simpler.

"Return the form that was provided to you" was translated as "Devuelva el formulario suministrado," whereas a more communicable translation would have been "Devuélvanos el formulario que le dimos."

The above examples show the need for translators to tune into the language registry level that is likely to be encountered in this population.

b) False fluency

Another problem is what is known as "false fluency" – people who are fluent in the language to a certain degree, but who are not totally fluent. This becomes obvious when a translator uses certain words that are necessary, which cannot be substituted for other words, and they are not understood by the "bilingual" person. This person does not have enough language skills to understand a properly translated statement. At this point the recommendation for the person in charge of communication is to take a Spanish course. An example of false fluency was apparent in the translation of "Please check one of the following boxes." The bilingual person could only understand "boxes" as *cajas,* and when the translation read *casillas* she thought it was wrong. More serious was the fact that this health care worker did not know the word *ayunas,* the Spanish word for fasting. Nor did she know the word *etiquetas* for "labels", and she didn't know the word *rótulos*. So it is impossible to help this person by making a complete sentence just to explain one word because of her lack of language skills. At this point, this person needs to relearn her Spanish.

The last example is "Fill out and return the survey." It was translated properly as "Llene y entregue la encuesta," but she didn't know what *encuesta* means.

So, here we have identified two kinds of problems: on the one hand, translators have to be very careful about the terminology that we use and try to make it as simple as possible, taking into consideration the language levels of their target readers; and on the other, the fact that ill-prepared healthcare administrators make decisions to hire bilingual people who will deal with Spanish-speaking patients. They have to make sure that these people meet the necessary language requirements, and if they fail to do so then they should help give them the kind of support needed to acquire such language skills.

3. Miriam González (RN, BS, President, NY Chapter National Association of Hispanic Nurses)

Before sharing her experiences with the audience, Miriam ("Mimi") González introduced herself in her dual role both as the Public Relations Chair of the National Association of Hispanic Nurses and the President of the local chapter of this association. The Association has 35 chapters from coast to coast, has existed for over 30 years, and is the only national professional organization for Hispanic nurses. The association holds an annual conference addressing issues of concern to the Hispanic nurses and the communities that they serve. They maintain a network of Hispanic nurses who are creating a vision for Hispanic nursing. The NAHN advocates for political issues at the local, state and national levels for Hispanic nurses to meet the needs of these professionals and of the Hispanic population. There are 2.8 million registered nurses in the United States, of which only 50,000 are Hispanic.

The NAHN brings a Hispanic presence to the nursing profession to improve access to quality care for Hispanic consumers, and it is committed to provide equal educational and financial opportunities to Hispanics in nursing. The NAHN publishes a quarterly journal called *Hispanic Health Care International,* a valuable resource for Hispanic nurses, and also serves the purpose to disseminate recent discoveries and knowledge of significance to Hispanics.

Ms. González stated that in a couple of years she would be celebrating 50 years in nursing. She graduated in a class of nurses where there were only two Hispanics in a class of 250 students. She characterized herself as bilingual.

Ms. González was the first nurse to teach a childbirth

preparation course. The course material was published both in English and in Spanish and she taught it in Spanish. She did relate to María Cornelio's previous descriptions, as they reminded her of those first teaching experiences. Sometimes the Spanish language documents contained words that either she or her patients could not understand, or understood with a different meaning. Eventually, working with her own patients, she learned and confirmed valid terminology. In her own words, "We are a generation of Hispanic nurses who were born in the United States, and in our relationship with patients they let us know that we don't understand our own culture".

In her experience with students of Nursing, Ms. González finds that young Hispanic students from various Latin American or Caribbean countries tell her that she may be Puerto Rican but does not understand the Dominican culture, or the Ecuadorean culture.

In her role as Cultural Educator for the Visiting Nurses of New York – Mimi González confides to the audience that she is regarded as the "guru" on cultures – what she is doing now is to expand the cultural awareness of students so that when they visit their home-bound patients, they can relate to the different modalities of Spanish. Visiting Nurses of New York currently sends the nurses to study basic Spanish, and to learn the cultural variances of the families they may encounter in their work. What very frequently happens among Hispanic nurses is that they become more fluent in English than in Spanish. She recommends that nurses take Spanish courses in order to keep fluent to communicate with their patients.

Mimi recalls that when she was working as a nurse, Hispanic doctors would come to her and ask her to interpret to their patients. She would ask why, since they too spoke Spanish; but the doctors insisted, because even if they spoke in Spanish to their patients, they were not understood. When Mimi spoke, the patients understood. What is remarkable in this experience is that she used precisely the same words that the doctors were using, and the patients would understand her and only her. She thinks this may have to do with intonation or attitude, more than anything else. This experience is also remarkable, as it shows that an interpreter, the third person in the patient-doctor relationship, may help the communication, but in other cases may also inadvertently create a distance and harm important aspects of this relationship.

Citing an interview with Yolanda Partida, National Director of *Hablamos Juntos,* entitled "Working towards dismantling the language barrier," Ms. González said that the issue of interpreter assessment was raised during the interview, and read the following remarks: "Interpreting is a very stressful job, second only to traffic controller." According to the World Health Organization, interpreting requires training and the development of specials skills. However, it is common that the use of interpreters in health care institutions is based on heritage speakers, i.e., people who were born in the United States, whose family speak Spanish, so that they learn Spanish in the home. What this means is that the level of language learned in the home and the stress of interpreting create great variations in this type of communication. What people don't understand, moreover, is that language is like a muscle – if you don't use it, it atrophies. Therefore, someone who may have been fluent at one point in his life, may become less fluent due to lack of use, or someone who is fluent in conversational Spanish may become less fluid in health care settings because the terminology and concepts just don't come easily. "In fact," added Mimi, "when we talk to patients that use interpreters they often complain that they do not understand the interpreter."

Summarizing her agreement with the assessment presented by María Cornelio, Ms. González added that the International Institute of Medicine recently stated that the disparities in health care in our Spanish speaking communities are not due to the economic-social factor. This is due, she said, to the lack of linguistically and culturally competent individuals taking care of them, and this fact needs to be brought forth. In other words, it is not only necessary that Hispanic health care workers take care of our patients, but it is necessary that they themselves become culturally and linguistically competent to perform these services.

At this point, Leticia Molinero remarked that the particulars of communicating with the diverse Hispanic population require special skills and training, and that not all professional translations, good as they may be, will be readily understood by this population. Certain concepts or expressions, furthermore, cannot be oversimplified to the point of compromising accuracy and even the legal requirements of health care. To keep this kind of balance, a translator or interpreter has to be very much aware of all the factors at work in any health care setting.

4. Manuel Rosa (Executive Director, Hunts Point Multi-Service Center, Inc.)

Mr. Rosa described his experience in health care communications. His first encounter with this issue was when the New York State Legislature created a special office to address the concerns of Latino legislators, of which he was the first director. This experience revealed the importance of putting this issue in the context of communication in health care. More recently, the New York City Comptroller (www.comptroller.nyc.gov/) issued a report on translation services in health care settings. The Puerto Rican Legal Defense and Education Fund, furthermore, produced a similar report. They have led to renewed interest in the needs of first generation New Yorkers, given the continuing immigration to this city. The need to serve these people puts a lot of pressure on the healthcare system. According to Mr. Rosa, "It is practically impossible to separate health care from communication. Without communication there cannot be health care. I cannot imagine how can you expect wellness outcomes if you cannot communicate with the people that you care for."

Mr. Rosa currently is a member of a special task force with the Greater New York Hospitals Association (<www.gnyha.org>), that brings together a group of health care executives and activists in response to the conditions highlighted by the Comptroller's Report. He also is on the Language Access Subcommittee. One of the very interesting things that they are all learning is that there is not a single model to follow for all health care settings. One of the things that need to be considered when talking about translation services in health care is that each of the many different fields has its own sets of rules and terminology. There is also interaction between fields. More and more, for instance, there is a general integration of substance abuse, mental health and general health, as these fields

affect each other. Therefore, in order to properly communicate in Spanish in these settings, translators and interpreters must constantly update their knowledge of these fields.

According to Mr. Rosa, another important consideration is that, as the Latino population is constantly changing, there is not only one set of vocabulary that will serve all situations, and that the language that worked in the 60's or 80's may not work so well in the 2000's.

Since the early 60's, many studies on communication and health care prove the importance of translating for patients. Nothing radical has been happening, however, and the situation is getting bad and dangerous. In visits to city hospitals he has frequently witnessed cases in which a janitor, who is from Puerto Rico, is called to interpret for a Spanish speaking patient because no one else is available. And this is happening at a time when the Federal Government has come to understand privacy, and bringing any hospital employee into a discussion of very sensitive health issues violates that same privacy. On the one hand, laws exist that protect the privacy of medical records, and on the other hand, practice allows for the disclosure of the most private information to the first person available without consideration of any potential liabilities.

Perhaps one way to put pressure to get to the solution of this problem, argues Mr. Rosa, is to get the malpractice insurance business involved in this. Obviously, when unskilled individuals are brought to translate this type of information, mistranslation will occur and very serious consequences may ensue. The physicians may be quite capable of performing their medical services, but when they have to do so through another language, too many variables arise that they cannot control, such as the initial assessment of the patient's condition. Then a malpractice lawsuit may also ensue, and that could be very costly and embarrassing to the health care institution.

A logical solution would be to involve the insurance industry and the Federal Government, as both have an interest in reducing the cost of health care. If there are many language barrier related lawsuits, then there will be a pattern that shows why these lawsuits occur. As the costs of malpractice insurance rise, then the health care institutions would be forced to look for ways to control the cause of these lawsuits.

A third consideration, in addition to language and cultural competency, is the matter of community competency, i.e., who lives in your community? In the South Bronx, where Mr. Rosa lives and works, there are many people, especially older people, who don't have a need to communicate in English because they get everything in Spanish. This determines what health care facility they will attend – one that communicates in Spanish with them. Sometimes, however, circumstances require that these persons go to another facility, and in that case their confidence level changes. Confidence is important to ensure effective health care too.

There is also a federal law that says that if a certain percentage of your patients speak another language, then you have to provide translation services in that language. The problem is that one is not sure of getting what is right in terms of the medical protocol and other requirements of the health care setting. In reality, there is such a high demand to get health care professionals who speak Spanish right now, that they can practically write their own tickets. However, many hospitals and health care centers rely on Medicaid services, third party insurers and government subsidies and simply cannot afford such expensive services, at least not in all fields. This is the reason why the secretary or the medical assistant ends up doing the translations, and this situation has not changed in the last 50 years.

Mr. Rosa has an idea that even he considers radical and controversial: if the federal, state or city government is forced to spend money on Medicaid and Medicare, and the recipients happen to be non-English speakers or Limited Language Proficiency patients, and you truly want to have an outcome that is good for the patient, and look at that patient as someone you really care for instead of a money-making proposition, then you have to make sure that you have in place the systems necessary to ensure this good outcome. However, if you don't have the required language skills in your facility, then send the patient to a facility that does have those systems.

If we really want to get the outcomes that we hope to get, then we ought to form partnerships with all the health care campaigns. Then, working with such initiatives, with CUNY and other academic institutions, we should put into practice a system in which we are graduating persons who are technically competent but also community competent.

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Leticia Molinero thanked Mr. Rosa for his very eloquent presentation, noting that one additional problem is that, although there are medical interpreters, many people who pursue a career in interpreting shun the medical specializations because there is no market for them, as hospitals and other health care institutions rely on volunteers for this type of communication.

"Perils in the Language of Medicine," a brief article published in *The New York Times* on January 7, 2003, was read aloud, as it presents the results of a study made by researchers from the Medical College of Wisconsin, based on 13 medical encounters involving interpreting services, where "translation errors were found to be alarmingly common." This study suggests solutions similar to those proposed by Mr. Rosa: "The researchers concluded by recommending better training hospital translators, who are often volunteers, and urged that insurance companies pay for the services of professional translators."

In closing, Ms. Molinero said that one of the purposes of organizing this round table was to provide a first step toward the formation of a coalition of concerned parties, including insurance companies, to work toward finding the political and financial will that may lead to the right solution of non-English communication in health care.

Mr. Rosa said that in order to involve the insurance companies it would be necessary to provide data that quantify the number or errors and lawsuits that arise from inadequate language services in health care settings. Hospital administrators would then face the hard choice of spending money on professional interpreting services or the potential cost of malpractice lawsuits. Of course, if insurance companies were to include language services in their benefit packages, then the choice would be solved in favor of hiring professional language specialists.