More than language: working with interpreters in healthcare

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## Interpreters by the Numbers

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of languages spoken in Australia</td>
<td>400</td>
</tr>
<tr>
<td>Proportion of Australians who speak only English</td>
<td>80%</td>
</tr>
<tr>
<td>Proportion of patients who rate their English as poor</td>
<td>1 in 33</td>
</tr>
<tr>
<td>Proportion of patients &gt;65 who rate their English as poor</td>
<td>1 in 17</td>
</tr>
<tr>
<td>Proportion of doctors who consult only in English</td>
<td>76%</td>
</tr>
<tr>
<td>Cost of telephone interpreters for private doctors</td>
<td>$0</td>
</tr>
<tr>
<td>Proportion of patients who rate their English as poor who had a TIS interpreter in a private consultation</td>
<td>1%</td>
</tr>
</tbody>
</table>
On being “given speech”

When I came, I got to Australia, I saw it was a good country for services. When we joined the people in [health service], all the time they welcomed us. If I didn’t know how to speak then they spoke by using an interpreter... They [health workers] gave advice on how to stay, and how Australia wants us to settle in. If you come and are not in good health, if somebody comes with a bad disease, they can send you somewhere. If you cannot see well, because of diet or age, they can find you an optometrist (female, from East Africa).

The first time I come to Australia, I had a backache. I went to a Chinese doctor, my uncle took me there, because I didn’t know anywhere. They didn’t get an interpreter. They charged me $45 to see doctor and told me to get an x-ray for $245. I told him I only came to Australia two weeks ago, how can I have the money? (male, from Vietnam).
Modes of interpreting

• On-site

• Remote – audio

• Remote – screen and audio

• Speech-to-speech translation
When should you use an interpreter?

- Consent
- Competence
- Complexity

Don’t use children to interpret for their parents, and support them to decline when they see other doctors
Telephone interpreting
Advantages

• Simple and free for Medicare-funded services
• Rapid access
• Popular with patients as less obtrusive, confidential
• Less obtrusive for doctors

Disadvantages

• Not all languages are available
• Requires speaker phone
• Can’t book the interpreter you want

TIS Doctor’s priority line: 1300 131450
Why don’t people use phone interpreters?

1. Myth of second-best practice
Growing and under-researched

- Most interpreting services are conducted remotely

Demand for TIS services 2011-2014

<table>
<thead>
<tr>
<th>Services delivered</th>
<th>2011</th>
<th>2012¹</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>1,022,774</td>
<td>980,129</td>
<td>1,357,544</td>
<td>1,335,890</td>
</tr>
<tr>
<td>On-site</td>
<td>66,097</td>
<td>68,110</td>
<td>80,756</td>
<td>82,224</td>
</tr>
<tr>
<td>Total</td>
<td>1,088,871</td>
<td>1,048,239</td>
<td>1,438,300</td>
<td>1,418,114</td>
</tr>
</tbody>
</table>

- Growing industry – worth $33.25 billion internationally (Kelly et al 2012)
“For medical consultations, on site interpreters are always to be preferred, as it makes the patient more comfortable, and ensures the conditions for the best communication.”

Guideline for doctors

“Unfortunately there was no on-site interpreter available. To ensure quality practice, I have deferred the investigation until such time as an onsite interpreter in her language is available.”

Letter from cardiologist
Why don’t people use phone interpreters?

1. Myth of second-best practice
2. Distinct skillset

Interpreters are best practice
Working with phone interpreters...

- **Telephone interpreting requires more direct communication between interpreter and doctor and patient**
  - In the absence of gestural signalling, they have to signal verbally
    - “Interpreter, I’m holding up a bottle of medicine”
  - Turn-taking conventions; needing to leave the consultation
  - All participants describing what they are doing

- **Patient can signal quality of the interpreted conversation more readily, including request to get another interpreter**

- **Telephone interpreter can intrude and state if they need to go**
- **Telephone interpreters have no pastoral role**

TIS Doctor’s priority line: 1300 131450
When I first came to [health service] English was too hard, because Australians speak very fast. The interpreters on the phone could talk English back to the doctor, even without seeing her. That interpreter told me that she learned it here and I would too [female, from Afghanistan].
Supporting autonomy

• Signalling discontent with a telephone interpreter
• The case of Rajid
  • Rajid, an asylum seeker, had recently had an abdominal operation performed in a hospital without proper consent. He had awoken from the operation with a gash in his side in a state of terror. At a consultation arranged ten days after his discharge, he became increasingly irritable with his telephone interpreter who had confused “left/right”. After fifteen minutes he began making “hang up” signs to me, which I did. He commented on the poor language skills of the interpreter, and was pleased that his request to let the interpreter go had been honoured.
Why don’t people use phone interpreters?

1. Myth of second-best practice
   *Interpreters are best practice*

2. Distinct skillset
   *The skillset is readily learned and improves general communication skills*

3. Requires decision-making by the service

4. Requires prior systems in the service

TIS Doctor’s priority line: 1300 131450
On-site and tele-interpreting

Remote tele-interpreting currently needs to be booked via TIS

Very similar skillset to that used for onsite interpreters.

?Sustainability for the interpreter?
The advent of speech-to-speech translation

• Other remote or assisted communication technologies are likely to become commonplace

• Some of the advantages of remote telephone consultation may not be shared by these modes
Caveats with speech-to-speech translation

• Be wary of being an early adopter
• Currently Google Translate is rapidly improving in mainstream languages but is less good at minority or regional languages
• Google Translate has never been evaluated for complex medical use where language communication is necessary
  • Consent
  • Complexity
  • Competence
• Errors seem to be difficult to detect in clinical situations
• Consultations are not private
10 challenges

1. Improving uptake in specialist private practice
   "Doctor doesn’t believe in interpreters"

2. Improving systems. In interpreter-friendly practices, the staff know how to get an interpreter
   "This is an interpreter-friendly practice. You are welcome to bring a family member along, or an interpreter, to your consultation”
   (GP leaflet)

3. Training to focus on useful skills (eg phone interpreting in 15 minutes)
10 challenges

4. Functional training for medical students and doctors
   “You’ve got Buckley’s of getting every medical student to use an interpreter”

5. Getting communication support into residential aged care

6. Banning practices of co-opting migrant workers/students/friends to act as interpreters
   “Don’t worry – my daughter is studying high school Japanese, I’ll ring her to interpret”

7. Banning practices of co-opting children to interpret for elders
10 challenges

8. Support training and employment of bilingual doctors

9. Develop and reinforce training materials for speech-to-speech technology

10. Encourage and support interpreter training initiatives, and subsidised remote and on-site interpreter services
Watch this space....

- National Competency Standards on Working with Interpreters, released 2018
- Healthcare interpreters described by NAATI 2018
- Increasing research on speech-to-speech apps for healthcare

Any advocacy work done to encourage system uptake and use of interpreters will need to be repeated every three to five years