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Lost without translation

Underuse of interpreters by medical practitioners is common. This may occur through lack of knowledge about access to interpreters, lack of understanding of the importance or need for interpreters, or refusal to use interpreters even in the knowledge that the service is available and free. Practical issues such as the lack of a hands free telephone can also intervene. While not all consultations with patients who do not speak the same language as the general practitioner will require an interpreter, the default approach should be to at least offer an interpreter to the patient. This article discusses the 'Doctors Priority Line', which provides free interpreting services to Australian medical practitioners and outlines some tips for GPs on how to best work with an interpreter.

Case study

The patient was using a nail gun when he was struck in the left eye by a piece of metal.¹ The patient was of non-English speaking background and was fluent in Spanish. One day after the accident, the patient attended a general practitioner for review. An onsite interpreter was not used during the consultation. The patient claimed that he tried to inform the GP that he had been using a nail gun at the time of the accident and that a piece of metal had struck his left eye. However, the GP's medical records included a notation that the patient had previously been hit in the eye by a wood chip. The patient was diagnosed as having a corneal abrasion and he was treated with antibiotic eye drops. By the next day, the patient's condition had deteriorated and he attended a hospital emergency department. At this time, an X-ray was performed which revealed a metal foreign body in the eye. The patient subsequently underwent urgent surgery but the vision in his left eye remained very poor.

The patient subsequently commenced legal proceedings against the GP alleging that the lack of an interpreter resulted in his impaired vision. The claim proceeded to trial in Oregon, USA.

■ **The patient alleged the standard of care required of the general practitioner was to immediately refer him to a hospital emergency department if there was a history of using any type of power tool at the time of the injury, as was the case in this instance. The patient claimed that if he had been able to communicate appropriately via an interpreter, the details of the mode and extent of his injury would have been conveyed to the GP. The patient's expert testified that if the surgery had been performed earlier, the patient's sight could have been saved. The jury returned a verdict in favour of the patient in the amount of US\$350 000, less contributory negligence of 35% because the patient did not seek medical attention until 1 day after the injury.**

Discussion

Evidence suggests that the use of interpreters with patients of non-English speaking background is associated with improved quality of care, better health outcomes and greater patient satisfaction. Yet, surveys of Australian general practices reveal that the use of interpreters is uncommon. Over two-thirds of surveyed general practices have never used the free 'Doctors Priority Line' telephone interpreting service and over one-third were unaware of the existence of this service. Of concern, almost one-third of practices reported that they would not arrange an interpreter even if asked to do so.²

Criterion 1.2.3 of The Royal Australian College of General Practitioners *Standards for general practices* states:

'Our practice has policies and procedure for communicating with patients who are not proficient in the primary language of our GP(s).³ The standards note that the use of a patient's relatives and friends as interpreters is common. This is acceptable if it is an expressed wish of the patient and the problem is minor. The use of friends or relatives in sensitive clinical situations or where serious decisions have to be made may be hazardous. In addition, for privacy reasons it may be inappropriate to use family members or friends to interpret during consultations. The use of children as interpreters is not encouraged. Where possible, practices should use appropriately qualified medical interpreters. The indicators for this criterion are:

- A. Our GP(s) and staff who provide clinical care can describe how they communicate with patients who do not speak the primary language of our practice's GPs
- B. Our practice has a list of contact numbers for interpreter services.

The New South Wales Medical Board's 'Code of Professional Conduct: Good Medical Practice' specifically states that good clinical care includes communicating with patients respectfully and with the assistance of an interpreter where necessary.

Risk management strategies

In 2000, the Doctors Priority Line (see *Resources*) was introduced by the Australian government through the Translating and Interpreting Service (TIS) National, which is part of the Department of Immigration and Citizenship (see *Resources*). The service provides medical practitioners with access to an interpreter 24 hours a day, 7 days a week, for the cost of a local call. General practitioners can use the Doctors Priority Line when providing services that are:

- claimable under Medicare Australia
- provided in private practice
- provided to a non-English speaking Australian citizen or permanent resident.

Calls on the Doctors Priority Line are given priority and an interpreter will generally be available within 3 minutes for common community languages.

When working with an interpreter, consider the following strategies:

- a standard phone handset is appropriate if you use interpreters for emergencies or occasional use only, however if you use the service regularly, consider using a hands free phone
- introduce yourself to the interpreter, describe the phone you are using and state where you are (eg. private rooms or hospital)
- brief the interpreter about relevant words and concepts before the interview whenever possible
- while interpreters are used for their language expertise, you may also be able to use their cultural expertise, by asking the interpreter before the interview for information on any cultural factors that might affect the interview. Be aware of gender, class, disability and other issues (eg. political, religious) that may impact on the interview. Seek the patient's permission if you need to obtain additional cultural information from the interpreter during the interview
- introduce the interpreter to the patient
- sit facing the patient
- speak naturally but clearly so the interpreter can hear you
- use plain English where possible
- when complex issues are involved remember to summarise periodically
- talk to your patient, not to the interpreter. Always use the first person, for example: 'How are you feeling?' Do not say (to the interpreter): 'Ask her/him how she/he is feeling?'
- do not try to save time by asking the interpreter to summarise

- pause often to allow the interpreter to speak
- be aware that it may take more or fewer words than those you have spoken to convey the message in another language
- try not to let the interpreter's presence change your role in the consultation. It is not the interpreter's role to conduct the interview
- use nonverbal communication such as smiling
- if the consultation takes a long time, give the interpreter a short break after 30 minutes
- clearly indicate when the consultation has ended.⁴

Resources

- Doctors Priority Line 1300 131 450
- Department of Immigration and Citizenship www.immi.gov.au/tis.

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References

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