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Access to Appropriate Interpretation is Essential for the Health of Children – CPS Podcast

Developed by Angela Hu and Dr. Charles Hui for PedsCases.com.
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Introduction:

Hello everyone, and welcome to this PedsCases podcast episode reviewing the CPS position statement "Access to appropriate interpretation is essential for the health of children"[1]. My name is Angela Hu, and I am a second-year medical student at McMaster University. This podcast was made in collaboration with Dr. Charles Hui, Chief of Infectious Diseases, Immunology and Allergy at the Children's Hospital of Eastern Ontario in Ottawa, Professor of Pediatrics at the University of Ottawa, and Chair of the Caring for Kids New to Canada Task Force of the Canadian Paediatric Society.

This podcast will be covering the importance of using professional interpretation services in the healthcare setting, and the potential harms of children and youth acting as unofficial interpreters. In many situations, children and youth are tasked to act as interpreters for family members in health care settings, which may place them in both inappropriate and difficult situations that can have lasting and negative impacts on their relationship with family members, as well as their own mental health.

Learning Objectives:

By the end of this podcast, the listener should be able to:

1. Recognize the importance of appropriate interpretation in healthcare, and negative clinical outcomes that can arise from inappropriate interpretation such as when using untrained or ad-hoc interpreters.
2. Understand the negative impact acting as an ad-hoc interpreter can have on children and adolescents.
3. Review the CPS recommendations which have been made to facilitate appropriate interpretation in the healthcare setting.

Clinical Case:

To help guide our learning objectives, let's illustrate the scenario with a clinical case:

You are working in an outpatient clinic on your family medicine rotation. Your preceptor briefs you on the next patient you are about to see; who is a 2-year-old girl coming in for a routine well-child check. Her family recently immigrated to Canada a few months ago, and your preceptor tells you that she is usually brought to the clinic by her mother.

Today, you are surprised to see that she is accompanied by her grandmother and 10-year-old brother. Upon further questioning, he reveals that his mother was unable to get time off work today, so he was asked to come and translate for his grandmother throughout the appointment. As you begin the appointment, you notice that he seems confused when interpreting, especially with medical terms and symptoms.

Language Discordance in Healthcare:

Canada is known as a highly multicultural and multilingual country, with a significant diversity of languages. The latest Canadian census has reported that 20% of Canadians (6.8 million people) reported a mother tongue other than English or French, and 6.3% of Canadians (2 million people) solely spoke a language other than English or French[2]. With a high diversity of languages, there is also a high potential for language discordance[3], where a health professional and patient are not proficient in the same language, and may not be able to properly communicate. This poses many risks, such as the potential for misunderstanding, which can lead to difficult history taking and poor clinical outcomes as a result. Language discordance can also make it difficult to understand a patient's values, and participate in shared-decision making with patients, which can result in unwanted treatments and feelings of distress and confusion in the patient.

As a result, professional interpretation services are crucial to the healthcare setting, and allow for improved clinical outcomes, health care use, and satisfaction with care. Trained interpreters are individuals who facilitate oral communication between people who are unable to communicate in the same language. Interpreters are proficient in both languages, and are able to translate bidirectionally in real time. When using an interpreter, it is also important for both the interpreter and healthcare provider to familiarize themselves with the principles of cultural competence, and allow the interpreter to integrate a patient's cultural context into the conversation. A great resource further highlighting the role and importance of interpreters in the healthcare setting is Caring for Kids New to Canada (https://kidsnewtocanada.ca/care/interpreters).

There are many different modalities for interpretation, and it can be done either in person, or virtually via video or telephone. There have not been any studies which clearly demonstrate that

one form is better than the other[4,5], and so the choice of modality is often up to the healthcare provider's discretion, and dependent on availability, logistics, cost, and the clinical setting.

Harms Associated with Untrained Interpreters:

The use of ad-hoc interpreters, such as nurses, social workers, and family members can have significant negative effects on clinical outcomes. A study of clinical encounters using interpreters found that the most common types of interpreter errors were[6]:

1. Omission: When the interpreter does not interpret a word/phrase used by the patient/clinician.
2. Addition: When the interpreter adds a word/phrase that the patient/clinician did not use.
3. Substitution: When the interpreter substitutes a word/phrase that the patient/clinician used.
4. Editorialization: When the interpreter provides their own personal views when interpreting what a patient/clinician said.
5. False Fluency: When the interpreter used an incorrect word/phrase than used by the patient/clinician.

While there were similar occurrences of interpreter errors between ad-hoc and trained interpreters, it was found that errors by ad-hoc interpreters were significantly more likely to have potential clinical consequences (77% vs. 53%)[6]. Some examples of errors with clinical consequences included omitting questions about drug allergies, omitting instructions on dosing, frequency, and duration of medications, and providing incorrect instructions about medication administration (eg. instructing a mother to put amoxicillin in both ears for the treatment of otitis media)[6].

In addition to the risks posed by ad-hoc interpreters for clinical errors, using a family member or child as an interpreter also poses the potential for trust and confidentiality concerns. For instance, a patient may not feel comfortable sharing specific details about their medical or social history in the presence of a family member. This can also have serious implications for care provided, and can increase the opportunities for misunderstanding and medical errors.

The issue of confidentiality and consent to treatment is especially crucial in the adolescent population. Many adolescents may have the mental maturity and capacity to consent to their own medical decisions, and may not be comfortable sharing the details of their health concerns with family members or caregivers. Using a family member or untrained interpreter (such as another healthcare provider), makes it more difficult to respect a vulnerable adolescent's autonomy and confidentiality.

Negative Impacts on Children Interpreters:

Children and youth are not developmentally mature enough to act as interpreters in a healthcare setting, which places them in inappropriate and potentially difficult situations, whether they are acting as interpreters for their own health decisions, or on behalf of a family member. These difficult situations can potentially have lasting negative effects on their mental health, as well as their relationships with other family members.

This situation has been described in the literature as language brokering, and is prevalent in many immigrant families. In immigrant families, younger members such as children, adolescents, and young adults, often adapt to the English language and Western culture more quickly than adults do[7]. This results in parents and other adults relying on young children and adolescents to interact with Canadian culture, including the healthcare system[7].

Asking a child or adolescent to serve as an interpreter for a family member can:

1. Lead to stress,
2. Place a child in the role of a parent,
3. Cause poor psychological health,
4. Cause parent-child conflict,
5. Expose a child to disturbing information and unfairly burden them with family secrets,
6. And cause a child to miss time from school.

Putting a youth in the position of a language broker has been shown to result in adverse developmental and behavioral outcomes, as well as strain the relationships between children and parents. Studies have shown that more frequent language brokering has been associated with poor psychological health outcomes such as lower self-esteem, feeling resentment towards their family members, and overall worse parent-child relationships[8]. The stress which results from acting as a language broker can also result in youth subsequently engaging in higher rates of substance use (eg. alcohol and marijuana use) and other risky behaviors[7]. Placing a child in the role of a parent, or “parentification” by putting them in the role of an interpreter can also be detrimental to a child or adolescent’s development, especially when they are put in situations beyond their developmental capabilities[9].

In the setting of a debate or conflict between a healthcare professional and family, a youth may also be forced into a role of negotiation and conflict-mediation, where their loyalties are divided between the two parties, which can be a very distressing situation where a child feels heavy levels of responsibility. Using children and youth as interpreters can also increase the potential for miscommunication, with similar mechanisms that were discussed above, such as omission, addition, and substitution of information. These instances of miscommunication may lead to medical errors, inappropriate treatments, and adverse clinical outcomes.

Past studies have shown that healthcare professionals demonstrate limited awareness of the negative consequences that can arise when using children or youth to interpret for family

members[10]. This demonstrates the need for further education, and systems which should be put in place to ensure that patients who are not fluent in English or French are provided appropriate access to trained interpreters.

Recommendations:

As such, the CPS has outlined the following recommendations be implemented:

1. Trained face-to-face interpreters, video, or telephone interpretation should be available in hospitals and other health care settings where patients and physicians are not proficient in the same language.
2. Children and youth should not be used as interpreters in healthcare settings.
3. Interpretation services should be part of hospital accreditation standards. Organizations that represent health professionals, and agencies responsible for accreditation should work with the interpretation community to develop and implement a national standard for interpretive services.
4. Establishing free 24-hour interpretation services should be a priority for all provinces and territories.

Back to Clinical Case:

Upon gentle questioning, the patient's brother hesitantly admits that he is having difficulty interpreting, and that he doesn't understand many of the terms, and doesn't know how to properly translate them. You reassure him that it is absolutely not a problem, and thank him for helping his grandmother throughout the appointment today. You ask the grandmother whether she would be comfortable with using a virtual interpreter service, and she agrees. Through using the interpreter service, you are able to have a thorough conversation with the grandmother, and she also expresses that she feels more comfortable not putting the pressure of interpreting on her grandson. The rest of the appointment goes well, the patient is growing well, hitting all her developmental milestones, and you are able to address any questions the grandmother has.

Conclusion:

Thank you for listening to our podcast episode reviewing the CPS position statement "Access to appropriate interpretation is essential for the health of children"! We hope that this episode was helpful for your learning, and you now have a better understanding of the impact of using children and youth as interpreters in healthcare settings. Please stay tuned for more great podcast episodes!

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