INTERNATIONAL MEDICAL INTERPRETERS ASSOCIATION
Leading the advancement of professional interpreters

IMIA Guide on Medical Interpreter Ethical Conduct

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INTRODUCTION

The practice of the medical interpreting profession is fraught with ethical dilemmas and decision-making. In the triadic encounter, interpreters are often in a position of power, because they understand their clients' cultures and languages, while the other parties need to rely on the interpreter to communicate. Thus, they must hold themselves to high ethical and professional standards. This guide seeks to provide medical interpreters and those who work with medical interpreters, a better understanding of the primary ethical principles medical interpreters utilize to guide their daily work.

Why a Code of Ethics?

The International Medical Interpreters Association's Code of Ethics, the first such code published for medical interpreters, was designed to provide an ethical compass for both interpreters. It has been translated into 11 languages and in some countries remains the only ethical code specific to medical interpreters. The IMIA Code of Ethics applies to IMIA members and non-member medical interpreters alike. IMIA members are required to abide by the code in order to maintain their good standing. Non-compliance can result in disciplinary action by the Ethics Committee or termination of membership. For clients of medical interpreting services, the Code offers professional quality assurance.

Tenets of Code of Ethics

While many codes of ethics exist, we will use the tenets of the IMIA Code of Ethics as a framework for this guide. These are grouped according to topic into the following six categories:

1. Confidentiality

- Do not disclose assignment-related information unless with the expressed permission of all parties or if required by law.

2. Accuracy

- Select the language and mode of interpretation that best conveys the content and spirit of client messages.
- Use skillful unobtrusive interventions to avoid interfering with the flow of communication.

3. Professionalism

- Refrain from accepting assignments beyond professional skills, language fluency or level of training.
- Do not engage in interpretations relating to issues outside of health care services unless qualified to do so.
- Refrain from using position to gain favors from clients.

4. Impartiality

- Refrain from assignments involving close family or personal relationships. Do not interject personal opinions or counsel patients.

5. Use Advocacy and Cultural Interface Roles Appropriately

- Engage in client advocacy and cultural interface roles only when appropriate and necessary for communication purposes.

6. Professional Development

- Keep abreast of evolving languages and medical terminology.
- Participate in continuing education programs.
- Maintain ties with relevant professional organizations.

Note: The IMIA Code of Ethics does not include all tenets available to interpreters, such as the accountability principle or the responsibility towards your profession.

WHY A CODE OF ETHICS?

"The Code of Ethics represents a baseline and an assurance to clients, patients and interpreters." – IMIA member

What are Ethics?

Ethics are defined as the study of standards of conduct and moral judgment, the system or code of morals of a particular person, religion, group or profession.

Ethics in the Health Care Professions

In a profession dedicated to healing, ethics have played a pivotal role. Starting with the Hippocratic Oath in the 5th Century B.C., many other codes of ethics, including the Indian Oath of Initiation (5 A.D.) and

Daily Prayer of the Physician (12 A.D.) have required health workers to uphold a number of professional and ethical standards based on the notion to "First, do no harm."[i] Ethics in the health care professions are based on the principles of transparency, right to equal treatment, confidentiality, informed consent and beneficence.[ii]

Transparency: Treatment options and care should be clear to clients, and deception should be avoided in medical encounters. Patients also have a right to know who is serving them and what their roles are, thus the need for interpreter introductions.

Note to interpreters: Transparency is not a principle that is shared in every culture, yet it is a strong ethical principle in Western Medicine that needs to be respected in the US due to legal reasons. For example, in the US, it is not the patient's family that decides what health information is shared with the patient. It is the other way around. It is the patient who decides what health information is shared with the family.

Right to equal treatment: Patients have a right to receive treatment in a language they understand; these rights are governed by federal anti-discrimination laws and the ADA.

Note to interpreters: According to the Culturally and Linguistically Appropriate Services (CLAS) Standard 5, it is a patient's right to receive information in a language he or she can understand, and to be notified of their rights to interpreter services orally and in written form.[iii]

Confidentiality: Any information shared between clients should be maintained confidential and utilized only for medical purposes.

Informed consent: Patients should be aware of treatment options and consent to treatment only after understanding these options. Communicating information accurately is essential to informed consent.

Beneficence: The health and wellbeing of patients is a core value in all health care professions, as well as in medical interpreting.

Note: Engaging in the patient advocacy role, for most health care professions, means ensuring the wellbeing of patients, and not necessarily taking the side of a patient, representing a patient, or addressing a grievance during a triadic encounter.

Why is a Code of Ethics necessary?

If ethics are so tightly linked to health care professions, some may wonder why a Code of Ethics specifically designed for Medical Interpreters is necessary. The International Medical Interpreters Association was the first organization to author a code of ethics specifically for medical interpreters. It was quickly adopted nationally. The purpose of this first code of ethics was to present a standard of behavior that ensures the integrity of the profession. This brings about accountability, responsibility and trust to the individuals the profession serves. Several other codes have been authored since to expand on the work the IMIA had done. While the IMIA Code of Ethics shares some common elements with other Codes of Ethics, it is specifically designed to address ethical dilemmas that medical interpreters face in the workplace. The Code not only provides a blueprint of ethical conduct for interpreters, but also reassures clients that IMIA-member interpreters are held to professional and ethical standards.

In short, the Code benefits all. For interpreters, it presents a standard of behavior that will improve their professionalism and their ability to serve clients. For clients and providers, it offers assurance that professional standards are upheld and reaffirms the value of working with IMIA-member interpreters.

Who do Medical Interpreter Codes of Ethics apply to?

While the IMIA Code is mandatory only for IMIA-member interpreters, the code applies to all interpreters working in health care settings. IMIA members also abide by other codes of ethics in the field, through memberships in other organizations or employment in an institution that has its own code of ethics. A code of ethics is also important for also employers and interpreter managers, and can enable them to better guide interpreters and have mechanisms in place to address breeches.

How are Codes of Ethics enforced?

For members of the IMIA, penalties for not abiding by the IMIA code of ethics include loss of certification and good standing with the organization. The recently appointed IMIA Ethical Committee will review complaints of an IMIA-member medical interpreters' ethical conduct. Other organizations should have their own guidelines to address breeches of their code of ethics.

Responsibility Toward Ensuring Adequate Working Conditions

According to the ASTM Standards of Professional Conduct:[iv]

"The interpreter shall strive to ensure effective and productive communication in any given professional situation and make every effort to have working conditions in place that will allow him or her to provide quality interpretation services."

These are the only Standards of Practice that include this ethical responsibility for interpreters and are therefore worth mentioning. Interpreters are ethically bound not only to their patients, providers, employers and clients, but also to the profession they belong to.

For example, if an interpreter is asked to interpret for a joint replacement prep session for patients, he or she should ask for the materials to be presented or shared in the class ahead to be able to prepare.

Interpreting is very strenuous work mentally. Studies have shown that after interpreting for 20 minutes, quality tends to decrease due to interpreter fatigue. It is up to medical interpreters themselves to request frequent breaks after a 20 minute or longer interpretations to ensure optimal interpretation.

"The Code of Ethics serves as a blueprint of the dos and don'ts of interpreting. It takes away the guessing game."

– IMIA member

BREAKING DOWN THE IMIA CODE OF ETHICS

The IMIA Code of Ethics consists of twelve tenets that address common ethical dilemmas faced by medical interpreters and serve as a guide to professional behavior. These tenets are grouped, by topic, into six categories: Confidentiality, Accuracy, Professionalism, Impartiality, Use Cultural Interface and Advocacy Appropriately, and Professional Development. Each of these categories is explored below, along with best practices shared in a 2009 survey by IMIA-member interpreters.

Confidentiality

Covered tenets:

- Do not disclose assignment-related information unless with the expressed permission of all parties or if required by law.

Canadian Code of Ethics: "Interpreters strive to maintain impartiality by showing no preference or bias to any party involved in the interpreted encounter."

In health care settings, preserving the anonymity and privacy of patient information is crucial. Ensuring confidentiality responds to patients' core need for privacy, prevents discrimination and ethical dilemmas, and is mandated by federal laws.

Health Insurance Portability and Accountability Act (HIPAA)
Primary among these laws is the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This act protects the personal health information held by health care providers, health plans (including Medicare and Medicaid), and health care clearinghouses. HIPAA also gives patients an array of rights with respect to that information. Privacy rules allow for disclosure of personal health information when it is needed for patient care and other important purposes. To learn more about health information privacy, visit http://www.hhs.gov/ocr/privacy

In addition to federal privacy laws, medical interpreters should know and uphold the privacy laws of the institutions where they provide services. These may be found on the institution's Web site, as well as in the Patient Bill of Rights.

Critical patient information should only be shared with appropriate medical staff and used for medical purposes. If possible, it should be kept in patient charts and not be removed from the institution. Medical interpreters have different levels of access to patient information depending on their working status and responsibilities.

In addition to not disclosing patient information to medical staff, medical interpreters should refrain from disclosing information shared by a patient in a session with one provider to another provider in another session with that same patient.

What Colleagues are doing to Ensure Confidentiality?
To maintain confidentiality, medical interpreters offered the following practical ideas in a survey conducted by IMIA in 2009[v]:

- Interpret only behind closed doors.
- Avoid discussing sensitive medical information in hallways, elevators, etc.
- Keep patient notes and information in folders and charts, at the institution.
- Shred medical notes after an assignment.
- Avoid revealing names unless necessary for work-related reasons (i.e. patient advocacy) and don't discuss patient information with others.
- Disclose to both parties that you are bound by a Code of Ethics to maintain information confidential.
- Do not volunteer health information about a patient to family members.
- Do not share the name of the patient or other identifying information when discussing case studies.
- Do not ask providers or other health care workers about the health of a patient you interpreted for.
- Do not leave any document with the patient's name in a public area.

When is it justifiable to break the Code of Confidentiality?
While maintaining confidentiality is the norm, medical interpreters have a legal obligation to disclose patient-stated information to them in the following scenarios:

- The patient has communicated the desire to hurt self or others.
- There are statements of child, domestic, or elderly abuse.

In these cases, state law requires health care workers to report certain subsets of patients to governmental or law enforcement authorities. Injured or neglected individuals comprise the largest group of these patients. Medical interpreters should report these statements to the patient's physician or their employer so that it can be appropriately reported.

Health care personnel currently accept these policies for the reporting of child abuse and elder abuse as an enhancement of patient care [1]. Much of the literature on child abuse and elder abuse assumes that reporting to

the authorities increases the safety of these victimized populations, although that literature does not specifically test the assumption [2]. All 50 states currently mandate that health care workers report child abuse to state authorities [3], and 47 states require that elder abuse be reported to state authorities or local law enforcement [4]. Mandatory reporting of injuries in elders and children seems warranted in an effort to decrease the risk of further injury and death in these vulnerable populations.

Accuracy

Tenets covered:

- *Interpreters will select the language and mode of interpretation that most accurately conveys the content and spirit of the messages of their clients.*
- *Interpreters will use skillful unobtrusive interventions so as not to interfere with the flow of communication in a triadic medical setting.*

Helping Ensure Informed Consent

Informed consent is a guiding principle of ethics in health care settings. This principle implies that patients are fully informed of treatment options and understand basic medical information prior to giving consent to treatment. When patients have Limited English Proficiency (LEP)[1], qualified medical interpreters can play a pivotal role in ensuring these patients understand treatment benefits, risks and alternatives before consenting to treatment.

The Civil Rights Act of 1964 prohibits discrimination based on race, ancestry, national origin and ethnicity. Supreme Court ruling Lau vs. Nichols affirms the connection between discrimination based on national origin and language rights. To learn more, visit: http://usdoj.gov/crt/cor/coord/titlevi.htm.

Selecting an Appropriate Mode of Interpretation

A medical interpreter is the professional best equipped to select the most appropriate mode of interpretation to ensure accurate interpretation. Training and ongoing education can ensure that interpreters are able to select the best mode for each case. As the interpretation expert in the triadic encounter, the medical interpreter should have the ultimate decision on which mode of interpretation to utilize. For example, some medical interpreters are comfortable with sight translation while others prefer that the provider read the text in segments for them to interpret them orally. While that is not a mode, it is up to the interpreter to decide which manner they can best render their interpretation, whether consecutively, via sight translation, or simultaneous mode, when the situation calls for it.

Medical interpreters need to be trained in *consecutive* and *simultaneous interpreting* modes in order to be qualified to interpret accurately in every medical situation to be encountered. *Consecutive interpreting* involves interpreting segments of speech after the speaker stops speaking, typical in dialogue.

Simultaneous interpreting involves interpreting continuous speech while a speaker is still speaking, with a short delay, called *décalage*. This mode is required whenever the speaker is not able to pause due to the setting (giving a long explanation or class) or due to the emotional state (a crying patient who cannot pause or one who is giving a rendition of an accident, for example).

Simultaneous interpretation produces more fatigue to the interpreter than consecutive interpretation. Therefore, the common practice within this mode is to work in teams, in which the interpreters switch every 20/30 minutes and the "off" interpreter supports the "on" interpreter by verifying the accuracy of the delivery. Therefore, it would be worth it to suggest or establish the practice that when a situation warrants simultaneous interpretation for an extended period of time, a team of interpreters should be assigned to the encounter (or frequent breaks would be called on by the interpreter.) This will provide for more favorable working conditions for the interpreter.

They also need to be able to sight translate medical documents into the patient's care language. *Sight translation* involves reading messages written in one language, and orally transmitting those messages into the other language.

Furthermore, medical interpreters can provide transparency and clarity to medical encounters by interpreting accurately communication between providers and patients. In so doing, interpreters can help prevent medical errors and increase the efficiency of treatments and patient adherence, without giving medical advice or interfering with the provider's role.

Using Skillful Interventions to Ensure Flow of Communication

The dynamics of communication between three individuals: provider, patient and interpreter, can be challenging. This event is referred to as the "triadic medical encounter," where a provider and patient communicate with each other with the help of a medical interpreter.

In this situation, interpreters often have a privileged position, as they understand what both provider and patient are saying, while the other parties do not. At the same time, the interpreter's role is to communicate information as accurately as possible, without intervening unless necessary.

To help communication flow smoothly between provider and patient, interpreters have found the following strategies helpful:

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[1] **Limited English Proficient** (LEP)
The U.S. Department of Human Services Office of Civil Rights defines Limited English Proficient persons as those who are unable to communicate effectively in English because their primary language is not English and they have not developed fluency in the English language. To learn more, visit http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/index.html

- Do not imitate the patient's posture and facial expression. The provider needs to focus on the patient, not the interpreter.
- Encourage providers and patients to speak in the first person singular ("I"), and to address each other directly and not the interpreter. Explain that this will help them build a better rapport.

  Note: 3rd person might be required for cultural purposes of respectful patterns of speech or when the patient is mentally confused.
- Maintain appropriate distance and positioning.
- Indicate to clients that you (the interpreter) will interpret everything they say and everything the provider says to them. This prepares patients to address all issues to the provider and establish a rapport.
- Decide when it is most appropriate to intervene – before, during, or after an assignment.
- Ask the provider to confirm, when needed, that patients understand what the provider stated.
- Inform your provider if you have any doubts about the patient's understanding.
- Use the clarifier role whenever necessary to double check what the source meaning is. This is particularly important when interpreting between non-specific languages and specific languages.
- Do not feel that you have the obligation to edit or 'smooth out' statements that can be offensive to the other party. Your obligation to the parties is to interpret everything that is being said by being transparent.
- Each party has the right to know what the other party is saying at all times.
- I interpret for the patient everything, even when the parties are not speaking to the patient, so they know what is going on. They need to know what is being said in the room.

Role of Mediator is outside the interpreter's scope of work

The role of mediator is one that has not been studied in the profession, and merits further inquiry. Oftentimes, interpreters feel tempted to mediate agreement between the two parties in the attempt to build a better rapport between patient and provider. However, this is contrary to the ethical tenets of accuracy, professionalism, and impartiality.

The Code of Ethics addresses the primary function of an interpreter, which is to interpret communication between two languages and cultures accurately. Communication requires understanding, and not agreement—each party should fully understand the other and still agree to disagree at times. Interpreters need to learn to feel comfortable interpreting in discussions where there is strong disagreement and learn to disassociate themselves from the participant's interests or opinions. This is where the guideline of 'minimal intervention' is most useful to interpreters, who will apply it according to their professional approach to facilitation. Only intervene when there is misunderstanding, do not intervene if there is disagreement. Many communicative acts include areas or topics where participants will disagree.

Medical interpreters interpret meaning, and not just words. They are committed to transmitting accurately and completely the *content* and *spirit* of the original message into the other language without omitting, modifying, condensing, or adding. In order to do this, occasionally they must step out of the conduit role into the clarifier role.

One IMIA member encountered such a dilemma when interpreting for a woman during a follow-up exam after having a miscarriage. After the exam, the doctor asked if the patient had any further questions. She said, "No, I just don't want to be here anymore." The doctor replied, "Ok, we'll get you out of here as soon as possible."

The interpreter felt compelled to step into the clarifier role and inform the doctor outside of the room that he felt the tone the patient had used in the phrase "I don't want to be here anymore," could be as a means to possibly say she would rather not be alive. The doctor continued the conversation with the patient, and learned that the patient was exhibiting signs of depression after her miscarriage. The patient was then admitted for severe depression and was able to receive the needed treatment.

Each case is unique, and professional judgment is required. One way interpreters can analyze such situations is by asking, "Will intervention at this moment facilitate accurate communication between patient and doctor?"

Professionalism

Tenets covered:

- *Interpreters will refrain from accepting assignments beyond their professional skills, language fluency, or level of training.*
- *Interpreters will not engage in interpretations that relate to issues outside the provision of health care services unless qualified to do so.*
- *Interpreters will refrain from using their position to gain favors from clients.*

Medical interpreters often face situations where they are requested to go beyond their training and skills. For example, a Spanish-speaking interpreter may be asked to interpret for a Portuguese-speaking patient. The provider may be in a hurry, and make the assumption that Spanish and Portuguese are similar enough or that some interpretation is better than none. A hospital administrator may ask a medical interpreter to interpret for court proceedings occurring in a psychiatric unit. A police officer in the hospital may ask a medical interpreter to interpret for some questions about the incident that brought the patient to the hospital.

These dilemmas occur frequently in the field. When facing these situations, interpreters should consider their qualifications and how their individual actions affect the patient and other interpreters. Accepting assignments beyond professional skills can not only compromise the integrity of the assignment, it can also take opportunities away from

colleagues who are qualified in particular areas. These situations may not be visible until after an interpreter accepts an assignment.

For example, while interpreting at a court proceeding requires legal interpreting qualifications, interpreting for a police officer might not. However, interpreting for a police officer might bring about a subpoena at a later time, so interpreters should follow their employer's guidelines, even when asked by the provider to go ahead. Providers may not be aware of the legal implications of interpreting for a police officer or another non-hospital professional who happens to be in the premises.

Interpreters should consider the specialized skills required for an assignment prior to accepting it. If necessary, ask clients for more time to research terminology for a given assignment. When unsure, it is best to opt out or ask for more time. This is possible when an interpreter knows he or she is going to a clinical trials - or a genetics - related appointment, for example. It is a sign of professionalism to ask for preparation materials in advance whenever possible.

When this is not possible and interpreters are faced with the pressure of interpreting unprepared, it is important to remember that telephone interpretation is always available, and is often a better alternative—both for interpreters and providers—than accepting assignments beyond their professional skills or level of training.

Declining Assignments that go Beyond Training

Medical interpreters have used some of the following tactics to decline assignments that go beyond their skills and training:

- Be clear and honest with providers.
- Let clients know that while you may be able to understand much of what the patient may be saying, you may miss an important word or phrase, and even that small chance is too much too risk.
- Cite the code of ethics, you can say, "I would be doing a great disservice to the patient and you, the provider, and would be violating my professional code of ethics."
- Help providers find the interpreting alternatives they need. Contact a supervisor or agency. Suggest the services of a qualified telephone interpreter.
- Let them know that 'some' communication is not better than 'none' as it gives a false sense of security to all parties when there is not full understanding. It is a matter of patient safety. Only interpret in the languages that you are completely fluent in.

Impartiality

Tenets covered:

- *Interpreters will refrain from accepting an assignment when family or close personal relationships affect impartiality.*
- *Interpreters will not interject personal opinions or counsel patients.*

In the United States, professional distance is an important tenet for health care professionals. It allows one to remain objective and not get involved in a more personal relationship with a patient or provider, which might affect objectivity and impartiality. An interpreter's impartiality is essential to accurate communication between patient and provider. To remain impartial, interpreters should not share personal opinions or allow personal beliefs and relationships to affect communication. Impartiality, or professional distance, does not imply lack of concern for patients and assignments but speaks to the integrity of the profession and the process.

Interpreters, who can understand both patient and provider, are in a position of power. It is important that they handle that position with professionalism. Patients may feel more at ease with an individual who speaks their language and may naturally offer a greater degree of trust to interpreters than to their health care provider. It is important to manage that trust with ethical conduct. Maintaining impartiality in a triadic encounter is a skill that needs to be learned and practiced.

Strategies for Maintaining Impartiality

Some strategies that interpreters use to manage trust and ensure impartiality include the following:

- Leave the room when the provider leaves the room.
- Avoid having personal side conversations with the patient outside the encounter with the medical professional. With time this increases the level of intimacy with the patient, which can hamper professional distance.
- If one party directs questions to the interpreter, redirect questions to the other party.
- Do not feel that you have to make the provider and the patient agree on everything. Honor their disagreements by allowing them to agree to disagree. Our role is to ensure accurate communication occurred and not to take sides with either party when there is a disagreement or to try to manage or smooth out the communication.
- Maintain impartiality by not allowing yourself to hint personal opinions to either party.

"It's simple. Don't allow yourself to take sides." – IMIA Member

Use Advocacy and Cultural Interface Roles Appropriately

Tenet covered:

- *Interpreters will engage in patient advocacy and in cultural interface role of exploring cultural differences/practices to clients when appropriate and necessary for communication purposes, using professional judgment.*

Interpreters may often feel the need to serve as cultural interfaces (IMIA Standards) or cultural clarifier role (CHIA Standards) or engage in patient advocacy (IMIA Standards). This is one of the more complex areas of the practice of medical interpreting.

When should interpreters go a step beyond interpreting what has been said to convey or explore what is not being said?

According to the IMIA & EDC Standards of Practice:

> *"Language is not the only element at work in the interaction between providers and patients who speak different languages. The meaning inherent in the messages conveyed is rooted in culturally based beliefs, values, and assumptions. Interpreters, therefore, have the task of identifying those occasions when unshared cultural assumptions create barriers to understanding or message equivalence. Their role in such situations is not to 'give the answer' but rather to help both provider and patient to investigate the intercultural interface that may be creating the communication problem."*

Standard B-2 of the IMIA Standards states that interpreters should, *"Recognize and address instances that require intercultural inquiry to ensure accurate and complete understanding."*

Likewise, the IMIA Standards A-1, 4, 15, 16, 17, 18, as well as C-7, specifically address patient advocacy roles, which have anything to do with taking the patient's side but simply abiding by the health professional's code of beneficence.

Therefore, interpreters have a responsibility to use patient advocacy and cultural interface to ensure effective cross-cultural communication between clients. The term cultural broker has been used in the field but it is problematic as the term 'broker' is akin to 'mediator' or 'negotiator' and the terms 'interface' and 'clarifier' limit the role to an exploratory role, which is more appropriate.

Balancing unobtrusive behavior with the goal of ensuring communication requires experience and confidence in your interpersonal skills as an interpreter. In linguistics, the **Sapir–Whorf hypothesis** (**SWH**)[vi] (also known as the "linguistic relativity hypothesis") postulates a systematic relationship between the grammatical categories of the language a person speaks and how that person understands the world and behaves in it. Language and culture are inseparable, so it is not uncommon for a medical interpreter to have to engage as cultural interface to ensure communication between provider and patient.

The Medical Interpreting Standards of Practice[vii], describes cultural interface as one of the core duties of medical interpreters. This involves using culturally appropriate behavior and recognizing and addressing instances that require intercultural inquiry to ensure accurate and complete understanding.

Some practical ways to achieve this include:

- Paying attention to verbal and nonverbal cues that indicate culturally based miscommunication.
- Exploring relevant cultural information with clients.
- Clarifying cultural context and assisting speakers in translating 'untranslatable' concepts.
- Realizing that you can be impartial and engage in other roles, so long as your definition of patient advocacy does not mean taking the side of the patient or representing the patient
- Cultural interfacing does not mean 'assuming' that a cultural belief or value is a fact in the situation. Medical interpreters are not cultural anthropologists or cultural 'experts'. Medical interpreters know certain cultural values that might assist in the communicative event but should not be relied to know all cultural beliefs and values of a particular linguistic group.

According to the IMIA Code of Ethics, interpreter interventions should occur "*only when appropriate and necessary for communication purposes*" and require the use of professional judgment. The key to the interference, then, is whether or not there is a communication barrier.

Patient Education on Patient's Rights

Civil Rights laws and federal legislation recognize and regulate the rights of patients with Limited English Proficiency (LEP)[viii]. Many interpreters do not know that patient education is part of their patient advocacy role obligations. Several are under the impression that this is only a provider's responsibility. According to the Culturally and Linguistically Appropriate Services (CLAS) Standard 5, it is a patient's right to receive information in a language he or she can understand, and to be notified of their rights to interpreter services orally and in written form.[ix] This assumes that all health care professionals have that obligation when interacting with an LEP or *linguistically diverse* patient.

Interpreters have a responsibility to exercise their advocacy role to educate patients on the following:

- Their right to an interpreter at no cost to them.
- How to request the services of an interpreter.
- The availability of phone and face-to-face interpreters in their institution.

The roles of cultural interface and patient advocate need further study and clarification so that all in the field are utilizing the same definitions.

This is particularly difficult for the patient advocate role, when many hospitals hire 'patient advocates' to represent patients in situations of grievance. At the same time most health care providers understand that the code of beneficence guides all those in the medical setting to work for the wellbeing of the patient. In the definition of beneficence, all are patient advocates, empowering patients to participate in their health care and not necessarily to take their side in any situation. In cases of grievance and patient complaints, medical interpreters should direct patients to the patient relations professionals or patient advocates, who are hired to address such issues.

Professional Development

Tenets covered:

- *Interpreters will keep abreast of their evolving languages and medical terminology.*
- *Interpreters will participate in continuing education programs as available.*
- *Interpreters will seek to maintain ties with relevant professional organizations in order to be up-to-date with the latest professional standards and protocols.*

Medical interpreting requires an evolving set of skills. As new medical technologies and treatments emerge, interpreters must stay abreast of changes in the medical field.

Languages are always evolving and it is important for the medical interpreter to remain connected with the changes occurring in the language they work in. Oftentimes, when bilingual individuals have lived away from their native country for many years, their local language improves while they might not stay abreast of new terminology or neologisms of some of their other working languages.

Maintaining professional skills sharpened is essential to abiding by any code of ethics. A well-trained interpreter is more likely to have the needed skills to maintain confidentiality, facilitate communication, act with professionalism and keep impartiality.

Medical interpreters can seek professional development through a number of resources.

Continuing Education Workshops: These workshops are most beneficial to interpreters who want more knowledge or skills in a specific area and those who want to refresh their skills in such areas. More training organizations and academic institutions are providing these workshops, in both face-to-face and online settings. Starting in 2010, through its Lifelong Learner Series Initiative, the IMIA will be offering free continuing education online webinars for interpreters who may not have access to "live" continuing education workshops. These webinars will offer Continuing Education Units (CEUs) that can be applied toward interpreter certification. National Certification will require 3.0 CEUs for interpreters to recertify every 5 years.

Interpreter Training: Forty to sixty hour interpreter training courses offer a primer of basic medical interpreting skills. Often, the time spent in these trainings is not enough to enable the novice interpreter to become proficient in all modes of interpretation. This type of intensive training is essential to starting in the profession, but cannot provide for a comprehensive education or background in the profession. Interpreters who started practicing before these training programs became available should consider enrolling. Registration for National Certification requires proof of enrollment in a medical interpreting program lasting a minimum of 40 hours.

Interpreter Education: One-year interpreter education programs offered in colleges and universities can offer a more comprehensive education on community or medical interpreting skills. Though there are currently few academic programs in interpretation in the United States, more programs are starting to emerge as a result of increased global demand for the medical interpreting profession. These types of interpreter education programs provide a more comprehensive education and background in the field. Some of these programs offer university credits and some do not, a few offer Bachelor or Masters degrees in Interpretation, while others offer Professional Certificates. Interpreters who have completed 40-hour programs should consider enrolling in a university program to further their careers, especially if they plan to become interpreter instructors in the future. Most academic institutions require that teachers complete academic training in interpreting.

Specialization Programs: Specialization programs, such as Cambridge College's Mental Health Interpreting 6-credit program, are open to practicing interpreters only. More such programs are likely to be offered in the future.

Memberships: Membership in the International Medical Interpreters Association (IMIA) or other associations affords interpreters a wealth of tools, including glossaries, articles, links, standards, and training directory, informational emails on an ongoing basis, among others. Updated information allows members to remain abreast of the learning opportunities, as well as changes in best practices for the profession. For more information, visit www.imiaweb.org.

Hospital Rounds: Attending rounds and becoming familiar with the policies and practices of health care institutions are good ways to learn. Several hospitals offer workshops for providers to which medical interpreters are welcome to attend.

***Forums and Social Networking sites*:** Forums offer excellent opportunities to learn and share information with colleagues.

Language-specific forums and divisions are particularly useful for terminology queries and language-specific information.

***Meetings and Conferences*:** Regularly attending meetings and conferences of interpreter associations offers medical interpreters a pulse of new technologies, best practices and ideas. The IMIA, ATA, and RID conferences offer CEUs for medical interpreters who are members of their organizations.

***List serves**:* Joining a listserv can bring updated information into your e-mail on an ongoing basis.

Internet: The Internet offers a wealth of information. To ensure reliability of information, it is best to use reliable sites, such as websites of interpreting associations, medical information portals (e.g. www.medlineplus.gov, www.webmd.com), and reputable online glossaries (www.lai.com/glossaries.html) or the Cross Cultural Health Care Program Bilingual Glossaries (http://www.xculture.org/catalog/index.php?cPath=24&osCsid=5f20b1dcb946dfb2d4ab48b2489f921c).

Reading: Reading medical journals and newspapers, both in native and second languages, can help interpreters improve language skills.

Personal glossary: Developing a personal glossary is essential to increasing your vocabulary. Interpreters have found it helpful to carry a small pocket book to write down new terms as they come up. Glossary compilation should be a topic in every interpreter training program.

Process for Ethical Decision-Making

According to the California Standards for Healthcare Interpreters[x], the health care professions have developed processes for addressing ethical dilemmas. The following is one process interpreters may use:

1. Ask questions to determine whether there is a problem.
2. Identify and clearly state the problem, considering the ethical principles that may apply and rank them in applicability.
3. Clarify personal values as they relate to the problem.
4. Consider alternative actions, including benefits and risks.
5. Decide to carry out the action chosen.
6. Evaluate the outcome and consider what might be done differently next time.

CONCLUSION

The Code of Ethics brings about accountability, responsibility and trust to the individuals the profession serves. For interpreters, the Code of Ethics can serve as the guiding document to maintain a standard of professionalism. This Guide should serve as a training tool, reference tool, and evaluation tool. Medical interpreters entering the field must have a deep understanding of their ethical obligation toward patients, providers, employers and clients, as well as toward the profession. All Codes of Ethics for Interpreters are to be respected and appreciated. While this guide uses the framework of the IMIA Code of Ethics, it is important to note that the themes covered are common to all codes of ethics. While some might emphasize or de-emphasize a particular tenet, many professions abide by multiple codes of ethics, depending on their affiliations. A list of codes of ethics is available in the Resources Section.

About the International Medical Interpreters Association

The International Medical Interpreters Association is an umbrella association committed to the advancement of professional medical interpreters as the best practice to equitable language access to health care for linguistically diverse patients. Founded in 1986, with more than 2,000 members, most providing interpreting services in more than 70 languages, the IMIA is the oldest and largest medical interpreter association in the world. While representing medical interpreters as the experts in medical interpreting, membership to the IMIA is open to those interested in medical interpreting and language access. Policy makers, health care administrators, and others interested in medical interpreting are also welcome to join us as associate members. As a trade association, this is an organization that represents the best interests of medical interpreters, and is therefore governed by medical interpreters. For more information about the organization, please go to www.imiaweb.org.

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RESOURCES

Codes of Ethics, Interpreting and Translation Associations

International Medical Interpreters Association:
http://www.imiaweb.org/code/default.asp

California Healthcare Interpreting Association:
http://chiaonline.org/images/Publications/CA_standards_healthcare_interpreters.pdf

ASTM Standards
http://www.astm.org/Standards/F2089.htm

American Translators Association
http://www.atanet.org//aboutus/committees_codereview.php

National Council on Interpreting in Health Care Code of Ethics
http://data.memberclicks.com/site/ncihc/NCIHC%20National%20Code%20of%20Ethics.pdf

Registry for Interpreters for the Deaf
http://www.rid.org/ethics

IMIA Ethical Dilemmas
http://www.imiaweb.org/education/ethicaldilemmas.asp

List serves

CLAS TALK Listserv**:** http://www.diversityrx.org
IMIA List serve: IMIAdiscussion@mail.imiaweb.org
NCIHC List serve: www.ncihc.org

Medical Information Sites

Medline Plus: http://www.medlineplus.gov

Web MD: http://www.webmd.com

Online Glossaries

Language Automation, Glossaries by Language
http://www.lai.com/glossaries.html

Book Services

ACEBO: http://www.acebo.com

InTrans Book Service: http://www.intransbooks.com

John Benjamins Publishing: http://www.benjamins.com/cgi-bin/welcome.cgi

Recommended Reading

California Standards for Healthcare Interpreters
http://chiaonline.org/images/Publications/CA_standards_healthcare_interpreters.pdf

HIPAA http://hhs.gov/ocr/hipaa

LEP, Language Rights
http://www.migrationinformation.org/integration/language_portal/Language_Rights_Briefing_Book.pdf

The Commonwealth Fund
http://cmwf.org/Content/Publications/Fund-Reports/2006/Aug/Promising-Practices-for-Patient-Centered-Communication-with-Vulnerable-Populations-Examples -from-Ei.aspx

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[iii] Office of Minority Health. 2000. *National Standards on Culturally and Linguistically Appropriate Services*. U.S. Department of Health and Human Services. Office of Minority Health. Viewed November 10, 2009 (http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=15)
[iv] American Society for Testing and Measure Standards (ASTM). 2001. *Standard Guide for Language Interpretation Services,* F 2089. American Society for Testing and Measure Standards. Viewed November 10, 2009. (http://www.astm.org/Standards/F2089)
[v] International Medical Interpreters Association. March 2009. Ethics Survey.
[vi] Sapir, E. 1921. *Language*. Harcourt, Brace & Co. New York.
[vii] International Medical Interpreters Association. 1995. *Medical Interpreting Standards of Practice*. International Medical Interpreters Association and Education Development Center, Inc. Viewed March 19, 2009. (http://www.imiaweb.org/uploads/pages/102.pdf)

[viii] U.S. Department of Health and Human Services Office for Civil Rights. Limited English Proficiency. U.S. Department of Health and Human Services. Viewed March 17, 2009 (http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/index.html)
[ix] Office of Minority Health. 2000. *National Standards on Culturally and Linguistically Appropriate Services*. U.S. Department of Health and Human Services. Office of Minority Health. Viewed November 10, 2009 (http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=15)
[x] California Healthcare Interpreters Association. 2002. California Standards for Healthcare Interpreters. California Healthcare Interpreters Association. Viewed November 10, 2009. (http://chiaonline.org/images/Publications/CA_standards_healthcare_interpreters.pdf)