Patterns of Communication through Interpreters

To the Editor:—The article by Aranguri et al.[1] was brought to our attention through the internet discussion group of the National Council on Interpreting in Health Care (NCIHC). We are pleased that the authors have brought attention to the process of interpreting in health care. However, we find some aspects of the article problematic.

First, the interpreters in the study were family members (N=2) and nursing/office staff (N=11). The physicians in the survey did not use professional interpreters. This is clearly not the fault of the study and, unfortunately, reflects the practice in hospitals all over the world. That being said, the article should have commented on this problem with using non-professional interpreters. The quality of the interactions presented in the article is extremely poor, and the authors attribute these problems to the interpreters. They fail to say that these were not interpreters but individuals *acting as* interpreters. This results in an article pointing at the difficulties when working with interpreters, instead of warning the medical community that they should avoid, at all costs, ad hoc interpreters in favor of professional ones. In the Netherlands, the Ministry of Health has forbidden the use of nonprofessional interpreters, and health care workers who do so can be sued. This may not be the case where the authors are, but it is food for thought.

Second, the authors attribute a number of problems to the interpreters, while it seems to us that these are problems caused by physicians with little concept of how to work with an interpreter. This is apparent in example number 3 in which it seems that the physician is merely talking to himself, rehearsing the medical history of the patient, and giving the interpreter no room for translation. After this, he asks, "Can you explain that to her? Um, basically tell her that...," instead of properly phrasing what he wants to say. It is hardly the fault of the interpreter when he gives his short translation. The same applies to the loss of small talk. If the physician finds that small talk is important, then it should be made, and the interpreter will translate it.

In addition, interpreting is a profession, and this implies that the role of the interpreter is not, "what the physician feels is the most appropriate." Professional interpreters have a Code of Conduct to which they are obligated to adhere. Interpreters cannot and should not be asked to do things that are beyond their training and responsibility.

We regret that the authors did not use the research literature on dialogue interpreting in health care and related fields more thoroughly. The article mentions Wadensjö and Kaufert in passing but the study fails to build on their work and on other relevant publications on interpreting.[2]

In our interconnected world, it is necessary for quality health care that interpreters be trained to do their job and that health providers recognize their profession and know how to cooperate with them—all to the benefit of the patient.

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