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Learning point

The use of interpreters in medical settings and forensic medical examinations in Australia: The relationship between medicine and linguistics

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ABSTRACT

Medical examinations are dependent on combining communication with professional competence. In the development of a global multicultural community with the use of multiple languages, doctors have become increasingly dependent on language facilitation such as interpreting and translation. Despite professional studies, the use of language facilitation with its associated problems has not been fully explored in graduate and post-graduate medical and forensic medical training. There may still be some lack of reciprocal understanding between the medical and linguistic fields, their ethics, obligations and limits although both fields and their ethical frameworks are closer related than might be expected. This article is a discussion that aims at providing a basic understanding of guidelines as to the origin and appropriate use of language interpretation in medical and forensic medical examinations.

1. Introduction

"Communication is the exchange of messages and thoughts by speech, signals or writing. Communication skills are used to ensure that exchanges are readily and clearly understood. Exchanges involve the sharing of information, ideas, emotions and empathy. Communication constitutes the foundation on which medical consultation develops in addition to the doctor's skill in physical examination and diagnostic reasoning. Failure of communication is an important contributor to clinical situations of misadventure or malpractice and is an important factor in many medico-legal actions. Most medical consultations and activities require the doctor and patient to communicate rationally and effectively with each other".[1]

Communication is an essential aspect of medical assessments. The exchange of information between the doctor and patient is necessary for providing the patient with sufficient information, assessing his or her capacity, obtaining legally valid consent, understanding the patient's problems and appropriately responding to them. Virtually the entire discharge of relevant obligations the doctor has towards the patient is dependent on the articulation and reception of language enabling mutual understanding. Early in their clinical education, doctors are taught, "a careful history will lead to the diagnosis 80% of the time".[2] This aphorism or statements such as, "the diagnosis is in the referral letter" together with reminding doctors that carefully and attentively listening to their patients is prudent and fruitful[3] imply that language should be conveyed as unambiguously as possible. The Australian Medical Council (AMC) dedicates a whole chapter with Multidisciplinary Clinical Assessment Task (MCAT) scenarios to "Clinical Communication" in their "Handbook of Clinical Assessment": effective communication, counselling and patient education as well as case presentations and summaries from overseas qualified medical practitioners mainly from non-English speaking countries seeking registration to practise medicine in Australia are assessed according to a set verbal and nonverbal communication and "bedside manner" standard.[1]

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Relevant in particular for the Forensic Physician but also for the entire spectrum of Health Professionals is the recognition made by Alan T. Rose in the AMC Handbook of Clinical Assessment: "Similarly, the cultural characteristics of the patient (and of the doctor) can profoundly affect the quality of doctor–patient communication. Doctors practising in Australia require multicultural competence across all fields of medicine. Special care is required in the case of Aboriginal and Torres Strait Islanders, and for culturally and linguistically diverse groups. Communication skills, although important, are not sufficient. Good communication skills must be accompanied by sound clinical skills, attitudes and professional behaviour. The (fortunately) rare physician serial criminal murderers have usually been superb communicators. Other personal factors can interfere with the doctor's use of communication skills. Many clinical realities are unpleasant to both patient and doctor. If the doctor retreats behind a professional façade of a stilted and portentous style of speech, or adopts a pompous or pretentious attitude, or one interpreted as such, the patient can bedaunted from further enquiry. Rejection by the doctor of a patient's attitude or behaviour engenders lack of understanding and trust. Value judgements of the doctor are best avoided or concealed. Care and compassion should be evident but not forced or obtrusive. This is especially important when treating users of illicit drugs or dependent alcoholics. Mention should also be made of the so-called 'difficult patient' whose underlying but sometimes unrecognised personality disorder reduces or eliminates the effectiveness of the communication skills described below".[1]

Much effort is made in the application of proper communication in the nationally and culturally dominant language by teaching and educational institutes and authorities. Articulation in the specialised language of medical practice is naturally developed, exercised, drilled and scrutinised by the practitioner over a considerable time. A sophisticated professional eloquence may be the result with the doctor being able to express himself both in the professional jargon and common terms of his profession and the community. In his communication with others in the same language, the doctor is dependent on his trained style, speech, voice, expression, gesture and mimicry. He appears to be in control over his means of communication.

2. The patient who only speaks a foreign language

The scenario is different when the patient does not converse in the doctor's language and vice versa. Suddenly, the doctor's empathy, understanding and advice cannot be expressed using the native means of communication. The well-trained speech, questions and explanations are not intelligible to the patient. The doctor, normally able to guide and advise a person in need, suddenly finds himself or herself helpless and frustratingly ineffective. This may pose a challenge to the doctor's character, attitude and experience. On the other hand, the patient cannot convey the problem to the doctor and due to lack of understanding, the capacity to communicate and competently make decisions is significantly reduced during the doctor–patient interaction. An aid, in the person of a language-interpreter, is required. This aid is a human being lending his or her hearing, mind and speech to both the doctor and patient, transmitting and conveying the information to the other party consecutively or simultaneously. The presence of this third person may change the dynamics of the interaction and poses new challenges with a range of ethical implications. Effective use of an interpreter requires an understanding of how to use this facilitator of communication properly. Also the interpreter is subject to a framework of ethical principles such as confidentiality and other duties and limitations. Thus, these ethical guidelines become relevant.

It is important to understand the difference between an interpreter and translator. An interpreter is defined as someone who conveys an oral message or statement from one language to another, whereas a translator is someone who conveys written messages or statements from one language to another.

3. Relation between medicine and interpreting in the scientific paradigm

Although interpersonal and communication skills based on the appropriate use of language and an acceptable psychological approach of the doctor may fall under the academic area of the humanities, medicine traditionally regards itself as a biological science, belonging more to the family of natural sciences[4,5] than to humanities. However, there is also a recognition that medicine is part of both natural science and the humanities.[6] The discussion whether medicine is science, art or both is an eternal one.[7] Interpreting and translating, in contrast, are part of applied linguistics, an interdisciplinary field related to education, psychology, communication research, anthropology and sociology, belonging to the human sciences.[6]

4. Intercultural problems

In a forensic medical fitness-for-interview assessment, as well as in any other medical assessment, doctors of different cultural and language backgrounds may have different ways of articulation and expressing themselves. What seems to be self-evident for an English-speaking medical practitioner may be a major problem for overseas trained doctors in Australia. In different cultures there may be different meanings given to the empathic way of asking a question, comforting the patient by a balanced way of coming from open questions to leading closed questions, appropriately encouraging the patient to continue with describing the problem, showing concern, re-assuring the patient by nodding or shaking the head, leaning forward, expressing concern, repeating key phrases and showing understanding. In their testing procedures, the Australian Medical Council seems to have recognised this problem in that medically and scientifically highly trained foreign practitioners even with sufficient knowledge of English are sometimes seen to display awkward and inappropriate interpersonal contact with the patient. This can have the result that the patient would not feel comfortable enough to interact with the doctor's questions, conclusions and advice.[8]

5. Whom does it concern?

Despite the fact that the main language spoken in Australia is English, there are many who don't speak it. They may be descendants of indigenous inhabitants, descendants of immigrants or may be recent immigrants from non-English speaking countries. These people may need medical attention including forensic medical services. Other non-English speaking people may be in the country as temporary visitors or tourists. General globalisation results in the existence with a broad spectrum of languages within any geographic area. These changes have driven government authorities to take measures in order to cope with increasing demands on language. Whereas in England the public translation and interpretation service was recently handed to a single company,[9] the service in Australia follows accreditation by the National Accreditation Authority for Translators and Interpreters (NAATI)[10] involving governmental[11] or agency services.

6. Ethical problems as to medicine and foreign language

Both the medical and the interpreting fields are framed in a tight modern ethical code. However, each seems to lack awareness of the