Tidsskriftet Tidsskrift for Den norske legeforening

Remember the interpreter!

EDITORIAL

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The author has completed the ICMJE form and declares the following conflicts of interest: She is a qualified interpreter and accepts assignments from the health services.

The Interpreting Act entered into force on 1 January. This is an important step in the fight for equal health services for all inhabitants.

In 2020, interpreters carried out a total of 723 000 assignments in the Norwegian public sector (1) – many of them in the health services. Most healthcare workers are well used to booking and using interpreters. The Patients and Users Rights Act states that information provided to patients must be 'adapted to the recipient's individual prerequisites, such as (...) cultural and language background' (2). In other words and according to the law, help from an interpreter is required if the patient and the health personnel do not share a common language.

Anybody who has fallen ill abroad can recognise the sense of insecurity and confusion that arises from an inability to understand information about one's own health or participate in making important treatment decisions. Without an interpreter, minority-language patients are vulnerable and risk receiving poorer health care, having worse treatment outcomes and less insight into their health condition than other patients (3). Use of an interpreter is intended to remove the language barrier and equalise the level of health service provision for all users irrespective of their mother tongue, or in other words: ensure that the provision of health services is equitable.

It is not only the patient who needs an interpreter. Health personnel also depend on understanding and being understood in order to be able to do their job properly and in accordance with the law. If someone is unable to communicate adequately, the examination and treatment may be highly ineffectual, at worst even harmful.

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The pandemic has revealed the shortcomings of the Norwegian state when it comes to reaching out to minority-language inhabitants when it really matters. In a feature article, leading health officials called on municipalities to use more qualified interpreters for infection tracing (4). 'Interpreter' is not a protected title, and all bilingual persons can call themselves interpreters without having any knowledge whatsoever about the ethics and techniques of interpreting. The only tool available for checking someone's qualifications as an interpreter is the National Register of Interpreters (5). We know that as many as six of every ten interpreting assignments in the public sector continue to go to unqualified interpreters (1). Interpreters who are listed in the National Register of Interpreters have completed at least one qualification programme. They are ranked into five categories, where A signifies government authorisation and a four-year bachelor-level programme in interpreting, while E is granted after a written language test and a three-day course in the ethics of interpreting. To be listed in the register, an interpreter must commit to complying with guidelines for good interpreting practice (6), which includes rules for confidentiality and a requirement to interpret correctly and impartially.

Using a professional interpreter has considerable advantages relative to not using one or having family members, friends or healthcare workers serving as interpreters. Using an interpreter raises the quality of the health care provided, but professional interpreters provide consistently better quality than non-professionals (3, 7, 8). One study showed that fewer errors occurred when an interpreter was present, but among all groups of interpreters, only those with more than 100 hours of interpreter training made virtually no clinically relevant errors (9).

It should also be noted that patients may be well satisfied with having relatives interpret for them. This might seem practical, but it may place the relatives in a troublesome dual role, for example by feeling obligated to modify the information in order to spare their loved ones. It can also be an extra burden for relatives to deliver harrowing messages that also impact on themselves.

The law that governs the responsibility of public bodies to use interpreters (the Interpreting Act) specifies that when interpreting services are needed, they should be provided by a qualified interpreter (10). This is a milestone in the fight for proper interpreting services and a professionalisation of the trade. However, because we are still short of interpreters for some languages and to give public agencies time to restructure, a five-year exemption period (with an option for an extension) has been granted. Let us hope that this period is used to significantly increase the number of qualified interpreters, and not only to push the deadline forwards.

For many years, conditions in the field of interpreting have remained unregulated, and unavoidably many have had bad experiences with interpreting services. Now, however, the time has come to demand quality. We must therefore start regarding interpreters as professionals who are subject to requirements in terms of their skills and ethics, and with whom healthcare personnel can team up.

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Publisert: 26. January 2022. Tidsskr Nor Legeforen. DOI: 10.4045/tidsskr.21.0904
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