

Communicating With LEP Patients

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Physician-patient communication can be challenging, even under the best circumstances. When the physician and patient do not speak the same language, however, ensuring accurate communication is all the more difficult. Poor communication can lead to extra costly tests, or worse, medical error.

The Office of Civil Rights of the U.S. Department of Health and Human Services (“HHS”) guidelines state that failure to provide accurate interpretation in the health care setting is a form of national origin discrimination. Therefore, any health care provider directly or indirectly receiving HHS funds must provide interpreter services without charge to patients. There are a number of ways to obtain professional interpreting services, from hiring bilingual medical staff to using telephone interpreter services. The best approach to use in a given situation depends on a number of factors, including the number of patients with limited English proficiency (referred to in the guidelines as “LEP”) a provider is likely to see. But the paramount considerations must be proficiency in both languages (including a fundamental understanding of necessary medical terminology) and training in the ethics of interpreting.

Physicians sometimes rely on a patient’s family member as an *ad hoc* interpreter, but this is risky. It may be difficult to know whether the family member is fluent enough to interpret accurately. And even assuming fluency, the family member may filter information by omitting

or substituting words, or giving the interpreter's opinion about the patient's condition. One small study showed that ad hoc interpreters are much more likely to make interpretation errors that have potential clinical consequences, including instructing a mother of a child with an ear infection to put amoxicillin in both ears. (*Pediatrics*, Vol. 111, No. 1, Jan. 2003, pp. 6-14) HHS guidelines recommend against using family members as interpreters, but state that it is allowed if (1) the LEP patient requests it (i.e., the provider cannot require or even suggest it), (2) it would not compromise the effectiveness of services or violate the patient's confidentiality, and (3) the patient is advised that a free interpreter is available. If the LEP patient requests having the family member interpret, staff should nevertheless suggest that a professional interpreter stand by to ensure accuracy. Minor children should *never* be used as interpreters, whether the child is the patient or the family member of the patient.

As always, documentation is also key. It is important to note in the patient's chart what interpretation service was used and to document when a patient declines the use of an interpreter or requests that a family member interpret.