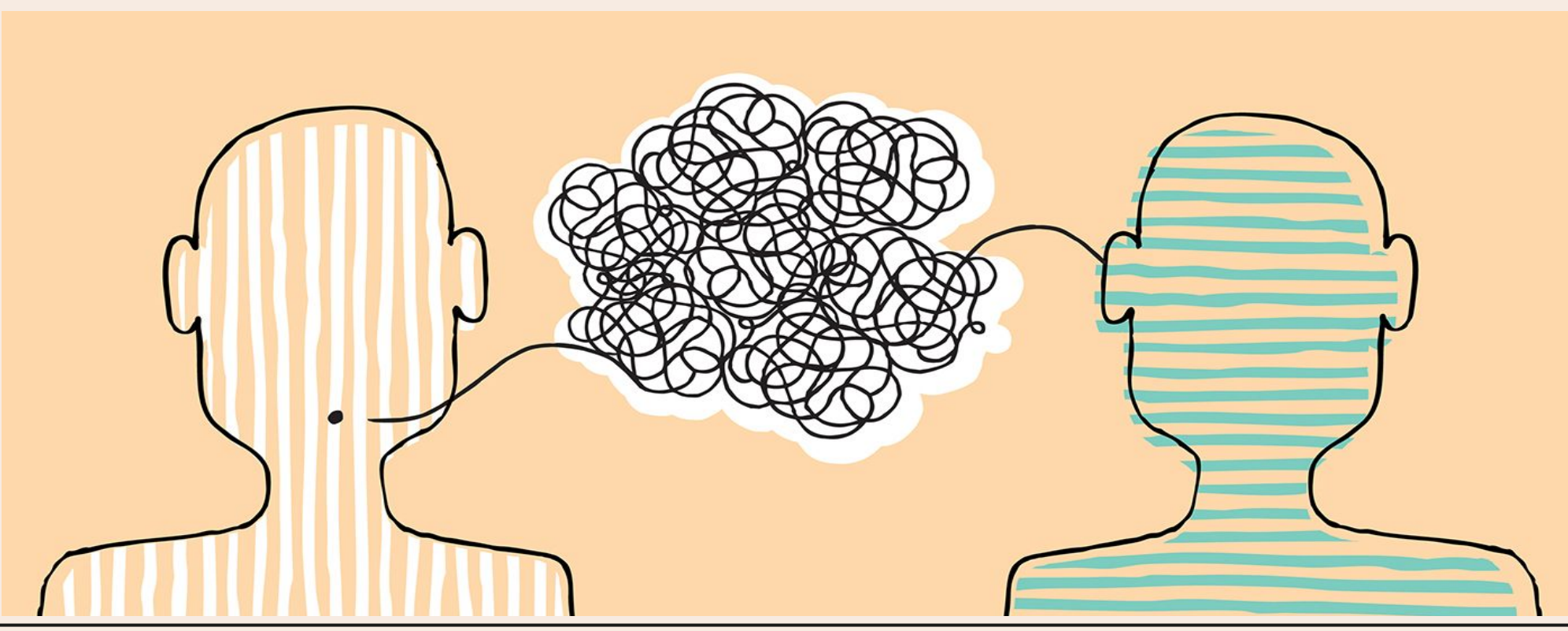




Lost in Translation: Ethical Implications of Language Barriers in Healthcare



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Introduction:

Language barriers in healthcare create significant challenges because they hinder clear communication between patients and providers, leading to **misunderstandings**, misdiagnoses, and inadequate treatment. When patients cannot fully understand medical instructions or explain their symptoms, it compromises their ability to make informed decisions about their care, violating the bioethical principles of **justice**, **autonomy**, **non-maleficence** and **beneficence**. Strategies like expanding interpreter access, implementing cultural competency training, and creating multilingual resources can bridge communication gaps, ultimately **improving health outcomes** and promoting equity in care.

Case Study:

Fatima, a 10-year-old girl who recently immigrated from Syria, presented to a pediatric clinic with a persistent cough and difficulty breathing for three days. She spoke only Arabic, and her mother, with limited English proficiency, struggled to convey the specifics of Fatima's symptoms. Without access to a professional translator, the pediatrician relied on incomplete answers from Fatima and her mother, who did not understand medical terms such as "wheezing," "dyspnea," and "phlegm."

During the visit, Dr. Lewis noted that Fatima appeared distressed, with an increased respiratory rate and an oxygen saturation of 92%. However, lacking critical information about her medical history, including previous asthma episodes, Dr. Lewis diagnosed a simple viral upper respiratory infection and prescribed over-the-counter cough syrup.

Over the next few days, Fatima's condition deteriorated significantly, with severe respiratory distress. At an urgent follow-up visit, a professional interpreter facilitated accurate communication, revealing that Fatima was experiencing an acute asthma exacerbation, likely triggered by seasonal allergies. She was promptly treated with a nebulizer and prescribed a rescue inhaler. Further questioning with the interpreter revealed a history of asthma in Syria.

Bioethical Principles:

Justice

- ❖ Justice involves fairness in healthcare delivery. Language barriers can result in inequities, especially for non-native speakers or individuals from marginalized groups, limiting their access to quality care. Ensuring the availability of translation services and culturally competent care promotes fairness and equal treatment for all patients, regardless of their language.

Non-maleficence

- ❖ This principle stresses the obligation to avoid causing harm. Misunderstandings due to language barriers can lead to medical errors, misdiagnoses, or inappropriate treatments. It is essential for healthcare providers to address these barriers to prevent harm and ensure patients receive the correct care.

Pros

- ❖ Improving patient outcomes
 - Ensuring accurate communication of medical information allow patients to fully understand their diagnoses, treatment plans, and follow up needs.
- ❖ Strengthening Provider-Patient Relationship
 - Building a trusting environment enhances patient satisfaction leading to more follow up visits and patient adherence
- ❖ Medical Malpractice Prevention
 - Miscommunication can lead to misdiagnosis, false informed consent and unsafe practices.

Citations:

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3- Lindholm M, Hargraves JL, Ferguson WJ, Reed G. Professional language interpretation and inpatient length of stay and readmission rates. J GEN INTERN MED. 2012;27(10):1294-1299. doi:10.1007/s11606-012-2041-5

4- Magnani JW, Mujahid MS, Aronow HD, et al. Health literacy and cardiovascular disease: fundamental relevance to primary and secondary prevention: a scientific statement from the american heart association. Circulation. 2018;138(2). doi:10.1161/CIH.0000000000000579

Autonomy

- ❖ Language barriers can undermine autonomy if patients cannot fully understand medical information or communicate their preferences. Healthcare providers must ensure patients have access to professional interpreters or translation services to respect their decision-making rights.

Beneficence

- ❖ Healthcare professionals are obligated to act in the best interest of patients, promoting their well-being. Language barriers can hinder effective communication, potentially preventing the provision of the most appropriate care. Ensuring clear communication helps healthcare providers meet this duty by offering interventions that are suited to the patient's needs.

Cons

- ❖ Increased Costs
 - Hiring additional staff or investing in technology will require more funding.
- ❖ Untrained Interpreters
 - Not all translators are professionally trained which can lead to errors.
- ❖ Limited Availability
 - Finding interpreters for rare languages can be challenging especially in under-resourced areas.



Discussion:

Inability to effectively communicate with patients can lead to poor health outcomes, difficulty adhering to treatment, inability to make informed decisions and consent, and fear of seeking medical attention. Cutting corners by expecting patients to fend for themselves as opposed to providing resources, such as a professional translator, exacerbates these risks undermining trust and perpetuating disparities in care. In addition to enforcing translators, it is important to understand your patient population and their cultures, putting effort into making all who walk into your door feel welcomed and safe. This fosters an environment where patients feel empowered to articulate their concerns, make informed decisions, and engage fully in their care, ultimately improving outcomes and reinforcing ethical standards. Addressing language barriers for patients in all medical practices is a crucial issue that relates to not one but all four biomedical principles: autonomy, beneficence, non-maleficence, and justice, and should be made as a top priority not an afterthought.

Future Implications:

1. Pamphlets and handouts in different languages (new patient intake forms and treatment pamphlets)
2. Know your community
3. Knowledge of referrals - they are also capable to provide translation
4. Formal training for high quality interpreter services – made widespread and easily accessible and affordable
5. Enforcing usage of interpreters

Literature Review:

A retrospective study found that patients who did not use interpreter services during both admission and discharge had a higher 30-day readmission rate (24.3%) compared to those who used interpreter services at both points (14.9%) (Lindholm, et. al., 2012).

The National Assessment of Adult Literacy Survey found that 36% of U.S. adults had basic or below-basic health literacy (Magnani, et. al., 2018).

Refugee adults were found to have a higher likelihood of chronic diseases such as diabetes and hypertension compared to non-refugee immigrant adults. They also face a greater risk of developing diabetes and Vitamin D deficiency compared to the general U.S. population (Kumar, et. al., 2021).

Switzerland's primary care system is mainly private like America's and a study revealed that about 58% of participating doctors found the interpreter scheduling/organization to be very complicated, 53% stated a lack of financial resources blocked interpreter services and 44% noted they simply didn't know how to request an interpreter (Jaeger, et. al., 2019).

