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Interpreting more than symptoms

BILINGUAL SPECIALISTS HELP ENSURE PROPER CARE

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When Maribel Alonso, who speaks only Spanish, went to the doctor complaining of back pain, her older brother described her symptoms in English to the staff at the urgent-care clinic.

Ricardo Solano, who like his sister is from Mexico, says he's not sure how well he translated for her.

She was sent home and told to take over-the-counter medication for the pain.

Two days later, she burned with fever and had trouble walking.

This time, at St. Joseph Hospital's emergency room, the doctor called for an interpreter, and Alonso was diagnosed with pneumonia.

For Alonso, 19, the lack of a trained interpreter meant she didn't get the medical care she needed at her first visit. By the second visit, she was in danger of going into septic shock. Doctors operated to drain a pocket of pus in one of her lungs. She spent more than two weeks in the hospital.

When patients don't have trained interpreters, miscommunication is a common result, studies show.

Five years ago, finding a trained medical interpreter in Lexington would have been difficult. Hospitals and doctors' offices depended on volunteers, family members, Spanish-speaking staff members and telephone interpreting services.

In 2000, President Bill Clinton issued an executive order requiring that federal agencies offer their services to clients with limited English skills. As a result, any practice or hospital that receives federal funding is required to provide interpreters.

At the same time, Central Kentucky's immigrant population has grown. At St. Joseph, Spanish-speaking encounters more than doubled over five years -- from 1,800 in 2000 to 4,200 last year.

Today, the hospital has a full-time interpreter; the University of Kentucky Hospital has two. Interpreters also work at the Kentucky Clinic and Shriners Hospital for Children.

Doreena Wong is a staff attorney for the National Health Law Program in Los Angeles, which is an advocate for patients who have limited English skills. "Studies show that if the patient receives interpretation, they're more likely to be able to follow the treatment" and medications, Wong said.

In other parts of Kentucky, it can be harder to find an on-staff interpreter.

Marta Miranda, a professor at Eastern Kentucky University who was born in Cuba, says that she regularly gets asked to interpret, even though she isn't trained.

"I get called in Richmond all the time when there's a Hispanic or Latino person in the hospital, and I don't know the medical terminology," she said. "You tell them that, but people are grabbing whoever is bilingual to interpret."

Family, friends not neutral

At the University of Kentucky hospital, staff members are supposed to discourage patients from using family or friends as their interpreters. Friends and family often don't know medical vocabulary and they aren't neutral, said Myrna Ray, who has worked as an interpreter there for four years.

"If you're not neutral, you're not going to be accurate," Ray said. "If you're not neutral, you're probably not going to be confidential."

Children interpreting for parents can be especially problematic.

"We've heard horror stories, where kids have to tell their parents they have cancer," Wong said.

Interpreting is a skill that goes beyond speaking two languages. Interpreters must be able to pick up nuances and repeat the meaning accurately. They have to know idioms and dialects, and remember the phrases long enough to repeat them.

They speak in first-person when they translate, making the conversation feel more immediate. They are not supposed to interject their own opinions or questions or offer advice.

One metaphor often used for interpreting is that of a telephone wire, connecting two people. But the reality is more complicated, said Beth Crabtree, a Spanish interpreter at UK hospital.

"I am literally straddling or bridging two worlds, two languages, two or more cultures," Crabtree wrote in an e-mail.

The bridge is supposed to be unnoticeable.

"What you want to happen is to have the interpreter fade into the background," said Emily Herndon, a professor at Emory University in Atlanta. She works in a clinic where English is not the first language of most patients.

Where the interpreter stands is key, Herndon said. If they stand behind the patient, the patient is forced to look at the doctor, even if the interpreter is speaking.

Paid jobs as medical interpreters are relatively new in Central Kentucky, and nationally the profession is still developing. There is no national certification process, and few states have one. Training programs can be as short as two hours or as long as a degree program.

In Lexington, hospitals have developed their own tests to gauge foreign language skills. When a new interpreter or volunteer begins, they are trained on the job.

Live body better than phone

The increase in Spanish-speaking patients at St. Joseph means that Lynn Fors, the hospital's Spanish interpreter, often feels that she can't be enough places at once.

She often knows patients well enough that she could answer questions for them.

When Fors isn't available, the staff depends on trained volunteers or a telephone interpreter service. The phone services are the most expensive, costing \$2 to \$3 a minute. Entry-level staff interpreters usually are paid just over \$30,000 a year.

Telephone services, when used with dual-handset phones, adequately provide translation. But nurse practitioner Samantha Todd prefers to have an interpreter, particularly when conducting an examination.

When Alonso went to Todd's mobile clinic for a follow-up exam, Fors was there to help. As Alonso told Todd that she still had chills at night and often woke up sweating, Fors interpreted.

Because of the interpreter, the appointment went smoothly. Alonso asked Todd why her stomach was so unsettled, and admitted that she hadn't been using an incentive spirometer, a device that helps patients to breathe deeply and expand their lungs.

"After what you've been through in the hospital, do you want to go back?" Todd asked.

As soon as Todd stopped speaking, Fors repeated the question in Spanish. Alonso laughed.

"No," she said. "No hospital."

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