An Exploration of Ethical Decision Making and Boundaries in Health Care Interpreting

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UMTIA Presentation
Saturday, January 26, 2013, 9 – 12 noon

Our Plan for our Day

• Welcome and Group Norms

• Wide-Angle Lens: studies on medical interpreting – spoken and sign language interpreters.

• Zooming in on “boundaries”
  • “boundaries” in these studies.
  • “boundaries” in codes of ethics/conduct:
    • International Medical Interpreters Association
    • National Council on Interpreting in Health Care
    • National Association of the Deaf / Registry of Interpreters for the Deaf
  • Developing mutual understanding regarding “boundaries” in our work.
    • Discussion of case study.

Wrap-Up
Poor Health Literacy

• **Health Literacy**: ability to obtain, process and understand health information that is necessary to make suitable health care decisions (HHS, 2001; Nutbeam, 2000; Zarcadoolas, et al., 2002)
How can we prepare interpreters to work effectively in healthcare settings?

Defining Domains & Competencies

Separate Efforts finding common ground
Domains for Effective Practice

- Health Care Systems
  - Mental Healthcare Context
  - Therapeutic Dynamics
- Multiculturalism and Diversity
- Self-Care
- Boundaries
- Preparation to Interpret
- Ethical and Professional Decision Making
- Language and Interpreting
  - Interpreting Therapeutic Discourse
- Technology
- Research
- Legislation
- Leadership
  - The Interpreter as Professional
- Communication Advocacy
- Professional Development

Domains

NCIEC Study

- Health care systems
  - Legislation & Advocacy
  - Medical Terminology
- Interpreting skills & Development
  - Role and boundaries
  - Ethics and decision-making
- Culture and Diversity
- Language (ASL & English)
- Preparation
  - Technology & Research

Refki, Avery & Dalton

- Healthcare Systems
  - Legislation & Advocacy
  - Medical Terminology & Anatomy
- Interpreting Skills
- Culture (& Diversity)
- Language
“Professional Boundaries in Health Care.” (2012). VEA Australia – New Zealand
• [http://www.youtube.com/watch?v=gOHhCUWc0hw](http://www.youtube.com/watch?v=gOHhCUWc0hw)

A Continuum of Professional Behavior

Every nurse-client relationship can be plotted on the continuum of professional behavior illustrated above.

"Boundaries" in the studies

- Accept assignments using discretion
- Maintain neutrality
- Maintain impartiality
- Support the consumer’s right to control their health decisions
- A member of the team
- Avoid conflicts of interest
- Patient advocacy
- Communication expert
- Part of the larger healthcare team

General themes regarding boundaries in Codes of Ethics/Conduct

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<th>IMIA</th>
<th>NCIHC</th>
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<tbody>
<tr>
<td>Confidentiality</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Message accuracy / competence</td>
<td>✓</td>
<td>✓</td>
<td></td>
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<tr>
<td>Discretion in accepting assignments</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Continuing education / currency in profession</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Impartiality</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Avoiding conflicts of interest</td>
<td>✓</td>
<td>✓</td>
<td>✓ (Conduct)</td>
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*within the treating team
### Boundaries in terms of “advocacy”

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<td>(COE) 7. Interpreters will engage in patient advocacy and in the intercultural mediation role of explaining cultural differences/practices to health care providers and patients only when appropriate and necessary for communication purposes, using professional judgment. (CEC) Interpreters have a responsibility to exercise their advocacy role to educate patients on the following: 1) Their right to an interpreter at no cost to them. 2) How to request the services of an interpreter. 3) The availability of phone and face-to-face interpreters in their institution. (Civil rights and federal laws cited. p. 7)</td>
<td>* (COE) When the patient’s health, well-being, or dignity is at risk, the interpreter may be justified in acting as an advocate. Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes. Advocacy must only be undertaken after careful and thoughtful analysis of the situation and if other less intrusive actions have not resolved the problem. * (Professionalism To uphold the public’s trust in the interpreting profession.) The interpreter advocates for working conditions that support quality interpreting. (Standards of Practice) 31. The interpreter may speak out to protect an individual from serious harm. For example, an interpreter may intervene on behalf of a patient with a life-threatening allergy, if the condition has been overlooked. 32. The interpreter may advocate on behalf of a party or group to correct mistreatment or abuse. For example, an interpreter may alert his or her supervisor to patterns of disrespect towards patients.</td>
<td>(2.0 Professionalism) Interpreters possess the professional skills and knowledge required for the specific interpreting situation. 2.6 Judiciously provide information or referral regarding available interpreting or community resources without infringing upon consumers’ rights.</td>
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### Specific mention of “boundary” or “boundaries”

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<td>COE – No mention. GEC – No mention.</td>
<td>(COE) The interpreter maintains the boundaries of the professional role, refraining from personal involvement. The intent of this principle is twofold: 1) to provide transparency in the service that is being provided, and 2) to avoid potential conflicts of interest. (p16-17) (National Standards) “Role Boundaries” 16. The interpreter limits personal involvement with all parties during the interpreting assignment. For example, an interpreter does not share or elicit overly personal information in conversations with a patient. 17. The interpreter limits his or her professional activity to interpreting within an encounter. For example, an interpreter never advises a patient on health care questions, but redirects the patient to ask the provider. 18. The interpreter with an additional role adheres to all interpreting standards of practice while interpreting. (dual role) For example, an interpreter who is also a nurse does not confer with another provider in the patient’s presence, without reporting what is said.</td>
<td>No mention.</td>
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Wrap Up

- Share insights from conversations (as time allows)
- What’s next?
  - How will you use this information in your coming work?
  - What further study will you do?
  - Conversations with colleagues?
  - Other?

Resources

Resources, cont.

- Relational Autonomy and Interpreting in Health Care Settings. (Information from a presentation during the Health Care Interpreting Symposium, 2012.) (http://healthcareinterpreting.org/dialogue/on-relational-autonomy/)

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