

Peter VanBuskirk
STS.092 - Current Events from an STS Perspective
4.15.2003
Language Barrier in Hospitals

In areas of the United States where English is not the sole language spoken, hospitals and other emergency services have a responsibility to be prepared for situations where skilled interpreters are needed. Hospitals put their patients at risk in numerous situations where there is a communication failure. There are three obvious situations where a communication failure can cause problems:

1. A hospital does not have an interpreter for a patient who speaks a foreign language.
2. A hospital trusts a non-employee who gives a flawed translation (this also may violate patient-doctor confidentiality).
3. A hospital has a trained interpreter for certain languages but she makes a mistake in translation.

Obviously all three situations are undesirable. In an ideal world, all hospitals would have translators for all languages just in case a patient came in who only spoke Finnish.

However, this is not a reasonable requirement for hospitals because:

1. It is expensive to employ multiple trained translators.
2. It is not likely that a single hospital in the United States will hear more than three different languages in a given day (depending on its location).

A reasonable solution to this problem would be to have different requirements for hospitals in areas of the country that have different levels of ethnic diversity. In the midwest, for example, it is not likely that a given hospital will see many patients who speak only Spanish or French. So hospitals in Nebraska, Kansas, Oklahoma, etc. should not have stringent requirements on employed translators. However, certain regions in Florida, Texas, California, etc. have high levels of diversity where a given patient may speak only Spanish, Portuguese, French, or Creole.

A more specific problem is how to train these translators. A recent study in the Journal of Pediatrics says that translation errors are common even with trained translators and can be very dangerous. So either the translators are not being adequately trained or translation errors are unavoidable. I believe that training translators to reliably handle the most common medical situations (chest pain, nausea, broken limb, etc.) is a reasonable goal. Furthermore a cost-benefit analysis comparing the cost of adequately training translators to the cost of malpractice lawsuits due to bad translations should show that the training would be worth the cost.

Further speculation about this matter would not be useful because the problem and solution is clear. Money is needed to fund the training of translators so that multiple languages are supported in many hospitals. This will continue to be a problem in the future as the United States becomes a home to people of different cultures. For this reason policy for these translators should be created soon to effectively handle this potential issue.