

## ***Health Consumers' Council***

### **Consultation re Interpreting Services In Public Hospitals at Ethnic Communities Council of WA North Perth**

27<sup>th</sup> February 2007

Notes: 36 people participated.

- Hospital staff do not appreciate or understand health issues/problems/challenges for people from culturally and linguistically diverse (CALD) backgrounds.
- Often CALD patients are frightened by the health system, some are conditioned to say not a single word, need extra time, extra help.

Definition of Equity – 'that those who should benefit first and most, should benefit first'.

- At Osborne Park Hospital Fertility Clinic a Muslim woman was assigned to a male doctor without any discussion/consultation/sensitivity.
- Often the attitude from health professionals to CALD patients is one of 'why haven't they learnt English?' Often people illiterate in their own language so translated resources are not helpful.
- Consent to treatment often problematic for CALD patients.
- Office of Multicultural Interests could/should –
  - develop cross cultural training programme and resources for health service/hospital staff
  - and implement/evaluate the programme.
- Interpreters have a duty of care to CALD patients to act in their best interest.
- Identified importance of education of health professionals that Australian multi-cultural society and they have an important part to play to ensure safe, quality health services to those communities.
- Under utilisation of interpreters in health sector particularly General Practice, Emergency Departments and Inpatient units.
- Free Telephone Interpreting Service for Medical Practitioners – Ph: 1300 131 450

- Difficulties in older CALD patients, reverting to their language of origin/losing the ability to speak English.
- Levels of interpreting very bad in mental health services.
- Need for materials to be produced in languages other than English. Dvd's very useful.
- Lack of access to Interpreters in private hospitals (should this be addressed through DOH Licensing Standards Unit?)
- Suggested that Victoria may have a comprehensive approach
- Always speak to the patient first
- Patient interpreter/patient representative
- Failure to deal with new/emerging languages by health system
- Governments need to promote interpreting services
- Hospitals and health services need to promote easy access to interpreting services for patients
- Difficulties for CALD patients accessing dental services with interpreters. Not clear what arrangements are in place for dental services.
- Complexity around assumptions by health professionals about ethnicity and language, e.g. Burmese people and Karen language. Need to ask the patient about their language.
- Important to say things in simple terms
- e.g. mother and baby (from Sudan) at Princess Margaret Hospital. Baby has malaria, baby admitted, no interpreter called/available, new group of migrants/refugees, mother cannot contact father to tell him what is going on for 24 hours, father out of mind with worry- Kuruundi language with no interpreter available.
- Patient with no English goes with daughter to GP, diagnosed with high cholesterol- not given any advice about own care, doesn't know questions to ask, goes home and doesn't eat anything for a week.
- People at the meeting reported being a family member interpreting for father with prostate cancer. Very difficult for father to have daughter discussing such personal matters.

- Observations that language services in public hospitals are in need of major review and shake up.
- Health sector has little understanding of standards needed in interpreting services.
- Interpreters should be seen as part of the health team with rights and obligations, however, their responsibility is to communication. Responsibility for patient care belongs to health professionals.
- Language services are a fundamental part of holistic patient care.
- Use of unqualified interpreters in health services
- Issues of Confidentiality and Impartiality
- Use of technology to have a website, easily accessible, highly promoted, that has health information (relevant for informed consent) for the widest diversity of language groups. Include health promotion, disease prevention, elective surgery information, rehabilitation, aged care etc - (Health Consumers' Council project with Office of Multicultural Interest and Ethnic Communities Council of WA -?? Possibility)
- Greater access to and promotion of TIS cards in many languages – 'I need an interpreter'
- Need for cross cultural training in health professional situations and medical/nursing/allied health undergraduate training
- Patients from CALD background need to know they have a right to an interpreter.
- Use of ethnic radio to promote patients' rights, obligations, interpreting services.

## **Stories**

- A 79 year old Afghan woman booked into SKG Radiology, no interpreter; interpreting service provided free only if the staff person is a qualified radiologist
- In a regional hospital a Somali woman had a baby, did not have an interpreter, no access to TIS, did not eat for three days, food not suitable/forbidden by culture

- An interpreter reported that a medical practitioner in a public hospital shouted 'why didn't she learn English?' to an elderly lady patient
- Interpreting services located in Social Work Department, this was thought to limit the capacity of language services, not a Welfare issue but a Rights issue
- Often interpreters have limited medical knowledge
- Patient could not understand Burmese, only Karen, didn't know what a catheter was.

It was agreed that Health Consumers' Council would write up notes from meeting and send to Ethnic Communities Council of WA to go onto web site.

- Also will be placed on HCC website
- Also will go in next issue of Health Matters
- Also will inform discussions with DOH about Language Services.

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