

Dialogue Between Patient and Receptionist, I.

Patient: I want to see Dr. Wong today.

Receptionist: Do you have an appointment with him?

Patient: No, but it is my day off and I want to see him for my check-up.

Receptionist: I'm sorry, but Dr. Wong's schedule is completely booked for today.

Dialogue between Patient and Receptionist, II.

Patient: I need the doctor to fill out this form for me. It is for my work.

Receptionist: What is your medical record number?

Patient: It is 102-99-64.

Receptionist: And your home address?

Patient: 5555 Alessandro Blvd., Moreno Valley, #15, California 92554

Receptionist: Your home phone number?

Patient: 951-247-1620.

Receptionist: Very well, we will call you to pick up the form once it is completed.

Dialogue between Patient and Doctor, I.

Patient: My stomach hurts.

Doctor: How long have you had the pain?

Patient: Two days.

Doctor: What kind of pain? Sharp? Constant? What does it feel like?

Dialogue between Patient and Doctor, II.

Patient: I'm out of white pills.

Doctor: What do you take the pills for?

Patient: I take them for high blood pressure.

Doctor: Who is your primary doctor?

Dialogue between Patient and Doctor

Patient: I took the pills that the doctor prescribed for me and I feel sick.

Doctor: What do you mean by "sick"? Give me your symptoms.

Patient: I feel dizzy, weak, and tired all the time.

Doctor: These are all side effects of the medication that you are taking.

Scheduling a Surgery Date

Surgery Scheduler: Hi, my name is Claudia. I'm here to schedule your appointment to have surgery with Dr. Webster. Can you come in on April twenty-sixth or April twenty-ninth? Which day do you prefer?

Mrs. Lee: How about *Monday*?

Surgery Scheduler: Okay, so that is Monday the twenty-ninth. Now I have to ask you some allergy questions.

(Surgery Scheduler takes out a pre-op anesthesia form)

Surgery Scheduler: Please take this form and complete the questions, including a list of your medications. I'll need to confirm the time of the appointment with the operating room, so I'll give you a call once I've confirmed the time. Also, you'll need a driver for the day of the surgery. Do you have someone in your family who can speak English?

Mrs. Lee: No, I'm the only one, but my English is not good.

Surgery Scheduler: Okay, don't worry. I will have someone who can interpret in _____ on the phone when I call you. It'll be a three-way conversation.

Mrs. Lee: This is my work phone. (760) 398-6983.

Surgery Scheduler: Okay, well, you can go to pre-op nurse to do some paperwork. So see you later.

Adapted from: c Copyright 2004 Kaiser Foundation Health Plan, Inc.

Patient at Patient Accounts

Clerk: How can I help you today?

Patient: I just received this bill. There are a lot of charges. Can you tell me what they are? I am very worried. I thought that I had paid everything.

Clerk: There are four charges for services provided on September 23, and September 30. There are two fifty-dollar co-payments and one two-hundred-dollar co-payment for services provided on September 23; the last charge was a forty-dollar co-payment for service charged on September 30.

Patient: Yes, I had a heart attack on September 23. My husband dialed 911 and the ambulance paramedic took me to the Emergency Room. I was admitted on the same day. I still don't understand why there are so many charges.

Clerk: I need to call the Billing Office to clarify the charges. Please wait a few minutes.

(A few minutes later...)

Clerk: Okay. The two fifty-dollar co-payments were for the ambulance and the emergency room visit; the two-hundred-dollar charge was for the inpatient co-payment; and the forty-dollar charge was for discharging medications. However, we will waive the Emergency Room co-payment because you were admitted to the hospital. Under your health plan agreement, you have a fifty-dollar ambulance co-payment, a two hundred dollar inpatient co-payment, and a ten-dollar prescription co-payment. You are responsible for the co-payments.

Patient: I thought the medications were free of charge. The nurse handed me the medications and did not say that I needed to pay.

Clerk: those were outpatient discharge medications you took home. Therefore, you are required to pay ten dollars per medication.

Patient: Okay. I understand now. Thank you so much.

Adapted from: c Copyright 2004 Kaiser Foundation Health Plan, Inc.

Doctor Visit

- Doctor:** How are you today, Mrs. Gomez? Why are you here today?
- Mrs. Gomez:** Hello, doctor. My left hand and fingers are in pain and numb.
- Doctor:** How long have you had this pain and numbness?
- Mrs. Gomez:** About four months. But it started to get worse a few weeks ago.
- Doctor:** How is the pain in your left hand? Is it sharp, dull, crampy, squeezing, or tingling pain?
- Mrs. Gomez:** My left are cannot bend too much. It hurts and my hand is numb especially at the fingertips. It tingles also.
- Doctor:** What do you do for your living?
- Mrs. Gomez:** I do sewing for a living. Lately my fingers cannot hold needle and thread properly.
- Doctor:** How long have you been doing this job?
- Mrs. Gomez:** About 5 years.
- Doctor:** Do you take any medication for pain?

Message Clarifier Demo

(Check if Listener Needs More Information)

Provider: Since there was quite a bit of sugar in your urine sample, I'm going to order a glucose tolerance test.

Patient: *[Looks bewildered.]*

Interpreter: *[Addresses the provider]*
The interpreter is noting that the patient is not responding to what you just said. Would you like to see if there is some confusion?

Provider: *[Addresses the interpreter]*
OK, I'll do that.

[Addresses the patient]
Is there anything you don't understand?

Interpreter: *[Addresses the provider.]*
The interpreter will let the patient know what she told you and then interpret your question.

[Addresses the patient]
The interpreter told the doctor she wasn't sure you understood what he said and suggested he might want to find out. This is what he said.

[Interprets the provider's question to the patient.]
Is there anything you don't understand?

Patient: Why do you want to do a test? What kind of test is it?

Provider: Okay. Let me explain.

Message Clarifier Role Common Interventions:
(Check if Listener Needs More Information or Simpler Explanation)

Patient: After I got the flu shot, I began having headaches.

Provider: [*Looking through the chart.*] It looks like that was in November. Where does your head hurt? All over? Any specific place?

Patient: My forehead, above the eyebrows.

Provider: How painful are the headaches? On a scale of 1 to 10, with 1 being very mild pain and 10 being the worst possible pain, how would you rate it?

Patient: [*Looks confused.*] I don't know what to say.
OR I'm not sure.
OR I'm confused.

Provider: Can you give me a number to describe how bad the pain is?

Patient: [*Still looks confused.*]

Interpreter: [*Intervenes to explain to the provider that the patient may be unfamiliar with the pain scale. Suggests that the patient may need more of an explanation or that the provider reword the question.*]

Provider: Let me ask it another way. How bad is the pain? Is it mild? Moderate? Or really painful?

Message Clarifier Role Common Interventions:
(Check if Listener Needs More Information Or Simpler Explanation)

Pediatric Office Visit.

Provider: Unfortunately, some babies are more prone to ear infections when they get colds. Are you still breastfeeding her?

Mother of Patient: No. After my mother came to help with the baby, we switched to bottle-feeding.

Provider: When you give her the bottle, be sure to hold her with her head propped up. That might reduce the number of ear infections she gets.

Mother of Patient: Okay. We usually hold her when we feed her anyway.

Provider: This is a prescription for an antibiotic. She should start to improve in the next 24-48 hours. Be sure to give her the whole course of antibiotics. We don't want to encourage the development of antibiotic-resistant bacteria.

Mother of Patient: *[Looks confused and worried.]*

Interpreter: *[Intervenes to determine if patient is confused and needs more information.]*

Patient: I don't know if I understand.

Interpreter: *[Explains to provider the patient's lack of understanding.]*

Provider: This medicine works pretty quickly and sometimes parents stop giving the medicine once the child is getting better. But if you stop too early, the medicine can lose its effectiveness next time you need it. It might not kill off the bacteria in the future. So it's important to give the medicine for the full 10 days.

Adapted from: Connecting Worlds Trainer Manual

Message Clarifier Demo

(Request Explanation of Unfamiliar Terms or Concepts)

Provider: I'm going to write down the name of a very effective pediculicide that you can buy over-the-counter.

Interpreter: ***[Intervention]*** Excuse me, Dr. Barker, the interpreter is unfamiliar with the word "pediculicide" in _____ (language). I will need to leave the word in English. Can you provide a description that I may interpret to make it more clear?

Provider: *[Addresses the interpreter.]* Oh sure. It's a shampoo that kills head lice.

Interpreter: *[Addresses the provider.]* **Thank you. The interpreter will explain to the patient what we just talked about.**
[Addresses the patient.] **The interpreter asked Dr. Barker to explain a medical term.** *[continues to address the patient. Interprets the provider's statement to English with the explanation of "pediculicide:"]*
I'm going to write down the name of a very effective "pediculicide" which is a shampoo that kills head lice, and that you can buy over-the-counter.

Adapted from: Connecting Worlds Trainer Manual

Message Clarifier Role Common Interventions:

(Request Explanation of Unfamiliar Terms or Concepts)

Doctor's Visit.

Provider: Are you having chest pain? Or feeling pressure around your chest?

Patient: Since a couple of weeks ago, my chest feels very tight. It's not really a pain. It gets hard to breathe.

Provider: Does this happen at any particular time?

Patient: Most often, it happens after I work in the garden. Oh, and sometimes after a big dinner.

Provider: Given your history, I'm going to schedule you for a cardiac catheterization. Hopefully, we can get you scheduled by the end of the week.

Interpreter: [*Intervenes to ask for explanation of "cardiac catheterization."*]

Provider: Cardiac catheterization is a test that shows us if there's any blockage in the arteries around the heart. What'll happen is that they'll insert a very long, narrow tube into a blood vessel in your thigh area. Through the thin tube, some dye will be injected. The dye will reach the heart and by using x-rays they can then take pictures of the heart's arteries.

Patient: This sounds like a serious test. How long will it take?

Provider: The actual test takes about 1.5 to 2 hours. But you'll have to stay about 4 hours after the test to make sure everything is okay.

NOTE: this intervention is not recommended until it becomes obvious that the provider had not planned to provide an explanation. Many providers are very good at giving a full explanation, and interrupting them to ask for the explanation too early can be offensive and interfering. Often the interpreter must let the conversation go on for a moment, then ask to return to the issue.

Adapted from: Connecting Worlds Trainer Manual

Message Clarifier Role Common Interventions:

(Request Explanation of Unfamiliar Terms or Concepts)

Doctor's visit—Part A.

Provider: It looks like you're healing up really nicely since the thyroidectomy. Have you been feeling better since we adjusted the dosage on the thyroid replacement hormones?

Interpreter: [*Intervenes to request explanation of the term "thyroidectomy."*]

Provider: Thyroidectomy is a surgery to remove the thyroid gland.

Patient: I've been feeling much better. Not feeling as slow and sluggish.

Provider: That's good.

Doctor's Visit---Part B.

Patient: Can I ask you a question about my wife? She's been kind of embarrassed to talk to anyone but, she's been having more and more problems with her peeing.

Provider: Do you mean incontinence? Or is she having pain?

Interpreter: [*Intervenes to request explanation of "incontinence."*]

Provider: "Incontinence" means loss of bladder control.

Patient: She's had a cold for the past couple of weeks and just can't control it after she starts coughing.

Message Clarifier Demo

(Clarify Ambiguous Message)

Patient: I bought the medicine you gave me the prescription for.

Provider: How many days have you been taking it? Do you take it with food?

Patient: Two times.

Interpreter: *[Interprets the patient's statement to the provider.]*

[Continues to address the provider.]

Excuse me, the interpreter isn't clear what the patient is referring to and would like to clarify his answer.

Provider: *[Addresses the interpreter.]*

Please, go ahead.

Interpreter: *[Addresses the patient.]*

The interpreter told the doctor she wasn't sure what you meant by "two times." The doctor said it was okay to ask you. Is "two times" the number of days you took the medicine or the number of times you took it with food? Or something else?

Patient: *[Addresses the interpreter.]*

I just bought the medicine today. I took it two times before coming to see the doctor. Should I take it with food?

Interpreter: *[Interprets the patient's message to the provider.]*

NOTE: It is important to remember that simply interpreting words may be sufficient. Had the interpreter simply said "two times" without clarifying, the provider might have picked up on the need to clarify himself. However, if the clarification does not happen, or it appears that something has been missed, the interpreter can reference back to this point in the conversation and help clarify.

Adapted from: Connecting Worlds Trainer Manual

Message Clarifier Role Common Interventions:

(Clarify Ambiguous Message)

Provider: When did the sore throat start?

Patient: I went to my sister's house for the holiday and I was fine. I guess it must have started over the weekend.

Provider: Are you taking any medication to treat it?

Patient: *[At this point the patient should NOT directly answer the provider's question. The patient's response should be ambiguous.]*
That's why I came today. I need something that will get rid of it. Nothing works. It's got to be strong medicine. I can't miss anymore work.

Interpreter: *[Intervenes to clarify whether the patient's response means he/she is or isn't taking medications to treat the sore throat.]*

Patient: No, the doctor hasn't given me anything for it. I took some aspirin but that isn't helping much.

NOTE: Ambiguous answers are par for the course - we need to allow the provider to take the lead in re-directing the patient. If this doesn't happen, then with the permission of the provider, the interpreter can ask the patient to specifically answer the original question.

Message Clarifier Role Common Interventions:

(Clarify Ambiguous Message)

Provider: What happened? You were scheduled to see Dr. Watson, the gastroenterologist, last week.

Patient: That doctor's office is so far away. My daughter thought she could take me, but she couldn't get the time off.

Provider: Do you want us to go ahead and reschedule your appointment or do you want to call your daughter first and get some dates she can take you?

Patient: [*Patient response should be unclear and not directly answer the provider's question.*] I'm sorry for the inconvenience. Please make the phone call.

Interpreter: [*Intervenes to clarify which option the patient wants to pursue.*]

Patient: I'll ask my son to take me instead. Please make the appointment with the stomach doctor and if it doesn't work, I'll have him arrange another time.

NOTE: Again, the intervention is only when the confusion is not caught and corrected by the provider.

Adapted from: Connecting Worlds Trainer Manual

Message Clarifier

(Find an Alternative Explanation for a Term with no Linguistic Equivalent)

Provider: From the symptoms you describe, you probably have a common cold. Unfortunately, there's not a lot to do except to relieve the symptoms.

Patient: Maybe I can get a prescription? My co-worker had the same thing and her doctor prescribed an antibiotic.

Provider: I can't really speak to your co-worker's situation. But colds are caused by viruses. Antibiotics don't work against viruses.

Interpreter: [*Addresses the provider.*]
Excuse me, the interpreter would like to explain that we don't have the word for "virus" in our language. But the patient might know the English term; I'll ask.

[*Addresses the patient.*]
As the interpreter, I told the doctor that we don't have a word for "virus" in our language. Are you familiar with that word in English?

Patient: [*Addresses the interpreter.*]
No, I've never heard of it.

Interpreter: [*Interprets the patient's response to the provider.*]

Message Clarifier

(Find an Alternative Explanation for a Term with no Linguistic Equivalent)

Special directions for the patient role: In this practice activity, the patient will use a made-up term “suweebo” which the interpreter will not be familiar with and doesn’t have a direct equivalent in English. The patient will describe “suweebo” as a combination of symptoms (weakness, tiredness, dizziness, and stomach aches) that results when mountain gods have not received enough offerings of salt.

Patient: I've been feeling very weak and sleepy all the time. Then I started getting stomach aches and feeling dizzy.

Provider: When did this start?

Patient: Hmm. The stomachaches recently started about three days...no, a week ago. But it's been more than a couple of weeks that I've been feeling weak. It's been quite awhile.

Provider: Do you have any thoughts as to why this might be happening?

Patient: Not really. At first I thought it might be “suweebo.” But that doesn't seem to be it.

Interpreter: [*Intervenes to determine what the patient means by “suweebo”*]

Patient: [*Speaking to the interpreter.*]
You don't know about “suweebo?” Your family must not be from the mountains. “suweebo” happens when the mountain gods are upset because they haven't been given enough salt offerings. People get tired and dizzy and sometimes headaches or stomach aches.

Interpreter: [*Carries out the message clarifier guidelines.*]

Provider: [*Addressing the patient.*] So why don't you think it's suweebo?

NOTE: with permission of provider – this is often a point when the provider changes his mind about whether he cares to hear about the “suweebo”.

Adapted from: Connecting Worlds Trainer Manual

Message Clarifier

(Find an Alternative Explanation for a Term with no Linguistic Equivalent)

Special instructions for the patient role: “Banputo” is a hypothetical religious ceremony. “Banputo” is done to make sure that there’s a good harvest. Usually the men in a village or clan drink a fermented drink made from fruit and pour it over the statue of the harvest god. There’s music and chanting. It’s important to do it at least once during spring, summer, and fall.

Patient: Since my stomach is feeling better, do you think I can drink alcohol again?

Provider: Perhaps. But the heartburn may come back if you do that. You could try drinking small amounts and cut back if it causes problems. Try taking a couple of antacids before you drink and eat some food along with the alcohol.

Patient: So I can participate in “banputo?”

Provider: I’ve never heard of “banputo.” Does it involve drinking alcohol and how much?

Patient: [*Addresses the interpreter.*]
How do I explain “banputo?” You know what “banputo is, don’t you? It’s the special ceremony our people do to make sure we have a good harvest.

Interpreter: [*Interprets and intervenes to facilitate patient’s explanation of “banputo”.*]

Provider: If you don’t overdo it, you’ll probably be fine. But not too much alcohol.

Adapted from: Connecting Worlds Trainer Manual

Interpreter as Cultural Clarifier: Demo on Empacho (Blocked Stomach)

Background: A 45-year-old patient presents symptoms of possible stomach ulcer.

Provider: Hello Mr. González, what is wrong with you today?

Patient: I have had stomach pains, nausea, diarrhea, and lack of appetite for a week. I feel very weak because I have not been able to eat for the last few days.

Provider: Have you been out of the country recently, or have you eaten any foods that you think could have made you sick?

Patient: No. But I think that what I have is "empacho", because I ate some tamales at a birthday party a week ago, and since then I have been feeling sick.

Interpreter Intervention

Interpreter: Mr. González, the interpreter would like to tell the doctor of your belief about "empacho", is that ok with you?

Patient: Yes.

Interpreter: Doctor, the interpreter would like to tell you about a cultural belief the patient has related to his symptoms.

The patient believes that the problem he is having is because he ate some tamales a week ago in a birthday party. The patient believes that he has a disease called "empacho", some kind of indigestion. Empacho results after eating bad food, or something that did not agree with the stomach, and the food got adhered to the stomach walls causing these symptoms. This disease can only be cured by a "curandero", a kind of healer who prepares a special beverage and rubs the patient's abdomen after the patient has drunk the beverage. The drink and rubbing helps to get the food lose from the stomach walls.

Doctor, the interpreter will return to interpreting.

Written by Alberto P. Garcia 1/12/06

Interpreter as Cultural Clarifier: Mal de Ojo (evil eye)

Background: A mother, Mrs. Lopez, is speaking with a provider about her sick baby.

Provider: Mrs. López, how long has your baby been sick, and what seems to be the problem?

Mrs. López: My baby has been sick for two weeks. She has been crying a lot, she doesn't want the breast, and she is very restless and weak.

Provider: Has your baby had fever, diarrhea, vomiting, or constipation along with the other symptoms?

Mrs. López: Well, the baby has constipation, but I think it is because she has not been eating much for two weeks. I want to tell you that I really believe that my daughter has "Mal de Ojo", because my sister-in-law who visited us from Los Angeles was admiring her just before she got sick.

INTERVENTION:

Interpreter: Mrs. López, the interpreter would like to tell the doctor of your belief about "Mal de Ojo", is that ok with you?

Patient: Yes.

Interpreter: Doctor, the interpreter would like to tell you about a cultural belief this mother has regarding her daughter's illness. She believes that her daughter has something called: "Evil Eye", a disease babies develop when someone looks at a baby and admires him or her. Mrs. Lopez believes that her baby got "Mal de Ojo" when her sister-in-law who was visiting them from Los Angeles admired her baby, and that caused this illness.

Written by Alberto P. Garcia 1/12/06

Interpreter as Cultural Clarifier: Patient with Diabetes

- Patient: I have been very tired and feel like crying all the time. I don't want to do my chores: I am not taking care of my family as well as I used to.
- Doctor: How long have you been feeling this way?
- Patient: When you told me that I have the disease that cannot be cured: that just made me so worried. My mother-in-law made me some herbal tea but it has not helped me. Maybe my soul has gone away.
- Doctor: Have you been sleeping at night?
- Patient: I am thinking too much and cannot sleep well. I am always worried about my disease and I think about it a lot at night. I can't go to sleep.
- Doctor: How is your appetite?
- Patient: You told me to eat only small amounts of food. I have not felt hungry. I am tired and do not want to eat.
- Doctor: What do you think caused the diabetes?
- Patient: I think I lost my soul. Since I came to this country I do not practice traditional celebrations. I think this is why I have diabetes.
- Doctor: Have you had thoughts of death or killing yourself?
- Patient: No, I have children who need me. I need to do my traditions. That will help me.
- Doctor: What do you mean by your traditions? It isn't witchcraft is it?

Here the interpreter should intervene.....

- Doctor: There is also medicine that may help you. It is common for someone to feel depressed after being diagnosed with a disease like diabetes. In this country, there are special doctors and clinics that provide care to people who feel like you do. If the traditional treatment does not help, we have other ways to help you too.

Patient with Hypertension and Stroke

An elderly man is in the Intensive Care Unit. He has been diagnosed with high blood pressure and a serious Cerebral Vascular Accident (Stroke). His family meets with the doctor.

Interpreter: Do pre-session.

Doctor: Mr. _____ has experienced a severe stroke and has some neurological damages. He is not able to move his left side. He is not able to speak and is having trouble swallowing. He is also having trouble breathing on his own. We have connected him to a machine called a ventilator which is helping him breathe.

Son: Can you help my father get well?

Doctor: We are doing everything that we can for him. His blood pressure is very high. We are giving him medicine, intravenously, to treat it. He has not responded since he was brought in several hours ago.

Son: He had been complaining of a headache last night. We were worried, but he said he would be better after he slept.

Doctor: A stroke happens when a blood vessel that feeds the brain, becomes clogged or bursts. Then part of the brain does not work; the part of the body that it controls also cannot work. We are helping him to breathe with a machine and are monitoring his heart.

Son: Will he get better?

Doctor: We will know more after the next 24 hours. His condition is very serious right now. I need to ask your mother some difficult questions about life-sustaining treatments.

Son: Can you tell me and then I will talk to my mother?

Doctor: She is the person who will need to decide if your father wants treatments like Cardiopulmonary Resuscitation (CPR). This is an emergency procedure when a person's heart stops. It involves chest compressions and possibly defibrillation. In your father's condition, it would not correct the medical problems that he currently has.

Son: If my mother says no, then you won't take care of my father anymore?

Doctor: We will do everything that we can to treat him, but if his heart stops, we will not try to get his heart started again.

Patient (Son) with Appendicitis

The mother takes her 9-year old son to the emergency Room with right-sided abdominal pain. A traditional healer helped their son improve for a while but her son now cannot stand because the pain is so bad. The mother is asked to make decisions about surgery. This role-play will demonstrate the different Western healthcare values that may conflict with the family's traditional cultural values.

Interpreter: *[Introduce yourself and provide pre-session]*

Doctor: What is the problem with your son today?

Mother: He has been getting worse for several days. He is not hungry and says that his stomach hurts. He threw up his food this afternoon and he feels very hot.

Doctor: When did the symptoms start?

Mother: He started feeling bad two, no three days ago.

Doctor: Did it start suddenly or gradually?

Mother: He was running around and eating well before he got sick. It came on fast.

Doctor: What have you been doing to help him feel better?

Mother: I have been giving him herbs [*state name of herb*] that his grandmother has been fixing. We have taken him to see a [healer, curandero] who helped him feel better for one night. The [healer] said that if he did not feel better soon, we should bring him to the hospital
[Interpreter leaves "healer" in the non-English language and asks provider if he/she would like the patient to explain the term.]

Doctor: Who is this [healer] and what did he or she do?

Mother: The [healer] performs ceremonies that bring the spirit back to the sick person or fights evil spirits that make people sick.

Doctor: The healer was wise to tell you to come to the hospital. Waiting any longer may have killed him. Sometimes people wait too long when their children are sick and home remedies do not help them.
Mrs. _____, I think that your son needs the care we can provide him here at the hospital. *[Speaking to the son]* Where do you feel the pain? Touch where it hurts.

Patient: It hurts here.

Doctor: What does the pain feel like?

Patient: It hurts like a stick inside me all the time now. When I sit, walk and I cannot run or jump.

Doctor: [*Speaking to the mother*]
Your son is very ill. I think that he has Appendicitis. He needs surgery to remove it before it ruptures. There is a good chance that it has not ruptured because he is still having so much pain. I am going to order some laboratory tests, STAT.

Mother: I know that my son is very sick. Can you give him some strong medicine to make him well?

Doctor: I do not think that you understand. There is no medicine to make him better. If we wait much longer, then he could die from complications of a ruptured appendix. I need you to sign the Consent Form.

Mother: I cannot sign this form until my husband, and his father and mother can come.

Doctor: If you do not sign, we will call in Child Protective Services. It is considered here, in the U.S., to be neglect when a parent refuses a treatment that can save a child's life.

Mother: I want you to help my son. I do not want you to cut him open to help him. That would not be a good thing if my husband is not here to say.

Doctor: We do not have much time. I am calling the surgeon to come here to evaluate your son. If you need your husband, then call him now.

Patient with Skin Lesions

Patient: Doctor, I am really worried. I have seen a couple of purplish spots on my arm that have been there for six weeks and they won't go away. You see here they are [the patient shows his arm to the doctor.]

Provider: Yes I see Mr._____. Normally you are very healthy and physically active. We haven't seen you in two years.

Patient: I have been fine, except for these spots.

Provider: Has anything else changed in your life? Are you more tired? Do you still work those long hours?

Patient: Well, to tell you the truth I had to stop going to the gym because of exhaustion and my lover and I are having more fights. I know he is sleeping around more with other men, because I am just too tired for sex.

Provider: Your tiredness and these spots that look like KS (Kaposi's Sarcoma-a skin cancer associated with AIDS) really makes me very suspicious that you may have AIDS. Have you had a recent test for the HIV virus?

Patient: No, doctor, you know I don't want that test. If I am positive, I don't want to know.

Provider: Mr._____, in order to diagnose your skin lesions and your tiredness we will need to do some tests. I would also recommend an HIV test.

Patient: Anything doctor, but not that test.

Provider: Today we will do a blood count and a biopsy and I will see you back in one week. Okay? We will discuss again the HIV test then.

Case Study 1:

The patient is an eight-year-old girl accompanied by her Spanish-speaking mother who needs a blood transfusion for certain medical reasons. The mother asks the doctor to wait for the father to arrive and to discuss the issue with him. The father arrives and reiterates that they are Jehovah's witnesses and they do not believe in blood transfusion. The doctor explains the urgency of the situation and insists that the child needs blood transfusion or else her life will be threatened. The father refuses to authorize the procedure.

Question: As an interpreter, what would you do?

Patient (Daughter) with Asthma:

Interpreter: [*Conduct introductions with both patient and provider.*]

Mother: Sometimes she does not listen to me when she is having trouble breathing.

Respiratory Therapist: It will be easier to teach her when she is well. She needs to hold her breath, while you count slowly to ten. Then she can exhale. You should clean the spacer (write in how often, like “everyday”) and continue to use it over again.

Mother: How can I tell when she is going to have a breathing problem?

Respiratory Therapist: Children usually have warning signs before an asthma attack. Knowing these signs is important to avoid more serious medical emergencies. Taking medication when the signs first begin, is important.

Mother: Two weeks ago, _____ started coughing and couldn't breathe through her nose. She cried and told me that she felt bad. When this happens I think of my son who got sick and when we took him to the hospital; I never saw him again.

Respiratory Therapist: Asthma is a condition that the medicine can help when your daughter starts coughing and experiencing shortness of breath. She might say that her chest hurts, or that she cannot catch her breath.

Mother: When she feels that way, I will give her the medicine and she will feel better. What if the medicine does not make her breathe better?

Respiratory Therapist: She will start feeling better in about fifteen minutes. If her breathing does not get better, take her to the Emergency Room.

Patient (Daughter) with Asthma (II)

Mother and daughter are being taught about asthma and how to use an inhaler at the hospital's Respiratory Therapy department.

Interpreter: [*Conduct introductions with both patient and provider.*]

Mother: I worry when my daughter cannot breathe. I think that she is worse at night. Sometimes she breathes very fast and cannot talk very much.

Respiratory Therapist: That is what happens during an asthma attack. Smoke, colds, and cold air seem to cause some children to have asthma attacks. Coughing may be the first sign that your child's asthma is not under control. The asthma medicine will help to control an asthma cough.

Mother: I have trouble helping my daughter with the machine that the doctor gave us.

Respiratory Therapist: This machine is called an inhaler. The inhaler is a special sprayer that gives a certain amount of medicine, when it is used properly. After removing the cap from the inhaler, attach the spacer. Then, shake the inhaler well.

Respiratory Therapist: The spacer is very important. It holds the medicine in this chamber until your daughter inhales and this way, the medicine is not lost before she breathes in. Your daughter must breathe in slowly, and deeply.

Mother: I will try to remind her of that and show her what to do. Can I try to do this now?

Respiratory Therapist: Yes, you can practice this until you can do it easily.

Mother: Most of the time, I am home with my children and my husband's parents. But what should I do if she needs the inhaler when I am not home?

Respiratory Therapist: It is always good when the adults and older children in the family know how to help your daughter.

Impartiality--Case Studies

I. What do you do?

You have been working with a patient off-and-on for the past 6 months. The patient recently was told she has breast cancer. In the medical visit, the provider presented the various treatment options and has asked the patient and her daughter to talk it over with the family and return for a follow up appointment.

After you've helped the patient schedule a follow-up appointment, the patient tells you that there's no one to discuss the treatment options with. She seems very desperate and asks you, "If I were your mother, what would you advise me to do? You've seen these kinds of problems before. What do you think I should do?"

- What are the ethical issues?
- How should you respond?

II. What do you do?

A 15-year-old recent immigrant received news of a positive pregnancy test a week ago. She is 14 weeks pregnant and has not told the father of the baby nor her parents. The doctor has scheduled her for a pre-natal appointment in 1 month. When you are waiting in line to help her arrange the appointment, she tells you she wants to get an abortion and asks you where she can information about the costs.

- What are the ethical issues?
- How should you respond?

III. What do you do?

An interpreter is interpreting for a family of a 6-month-old baby. The baby is the couple's first child and a second cousin of the interpreter. The baby was born with a cleft palate and has had one surgery, but needs more. The family has been resisting further surgeries because the baby seemed to experience such great pain after the first one. The surgeon believes that the baby's ear infection, soon after the surgery, made the situation worse than usual. The interpreter sees this family every 2-3 months at family gatherings and strongly feels that the baby should complete the treatment that the surgeon is recommending.

- What are the ethical issues?
- How should you respond?

Confidentiality—Case Studies

I. What do you do?

You are out shopping and you recognize one of the patients you interpreted for in the Ob/Gyn clinic last week.

- Do you say hello and show your concern by asking the patient if she feels better since the doctor's visit? Why or why not?
- What is an appropriate way for you to handle this situation?

II. What do you do?

You interpreted at a clinic today and at home you mention to your spouse that you saw your neighbor's 17 year old at the clinic in the morning. You don't mention the purpose of the daughter's clinic visit.

- Is this a violation of confidentiality since the purpose of the clinic visit wasn't disclosed? Why or why not?

III. What do you do?

While you are walking through the hospital lobby, you run into a relative of a patient who you interpreted for this morning. The relative asks you if you know if her uncle is still hospitalized or if he was discharged.

- What do you say? Why?