Sara Bird

Failure to use an interpreter

Case studies are based on actual medical negligence claims or medicolegal referrals; however certain facts have been omitted or changed by the author to ensure the anonymity of the parties involved.

This article discusses a Medical Board complaint involving an allegation of failure to use an interpreter, resulting in the death of a patient, aged 35 years.

Keywords: vulnerable populations (health), immigrant; refugee; communication barriers; translating; health services accessibility

Case study

The patient, 35 years of age, attended the practice for the first time, accompanied by her daughter who was 15 years of age. The patient was an Afghan refugee and spoke very little English. Her daughter was slightly more proficient in English and spoke on behalf of her mother. The daughter said that her mother's left leg was painful. When asked how long she had had the pain, the daughter indicated that the pain had been present for 1 week. There was no history of trauma. The general practitioner indicated that he wanted to examine the patient's leg. On examination, he noted that the left calf was swollen and appeared to be tender to palpation. Peripheral pulses were present. The GP thought the patient may have a deep vein thrombosis. He told the daughter that her mother may have a serious clot in her leg and that she needed to either go immediately to the local hospital for investigation, or to the local radiology clinic for a test to determine if a clot was present. The GP provided the patient's daughter with a referral for a Doppler ultrasound, and also a letter that she could take to hospital, if required. The GP felt that the daughter had understood his advice and instructions.

Two days after the consultation, the general practitioner received a telephone call from the local police advising him that the patient had suddenly collapsed and died at home. The police had been provided with a copy of the GP's letter and referral, and wanted to know if the GP was able to write a death certificate. The GP said that he was unable to do so because he did not know why the patient had died, and the matter was then referred to the coroner.

An autopsy revealed that the patient had died from a large saddle pulmonary embolus. There was an extensive deep vein thrombosis (DVT) in her left leg.

The patient's family later sent a letter of complaint to the Medical Board that the GP had failed to use an interpreter and, as a result, the patient had not understood the information provided during the consultation. The family noted that if the patient had understood the GP's advice, she would have immediately attended the local hospital for investigation and management. Instead, the patient and her daughter had gone home and waited for the arrival of other family members who were able to read English to explain the content of the GP's letters to them. Unfortunately, the patient had died before this occurred. The family believed that the patient would have survived if an interpreter had been used because the DVT would have been diagnosed and treated.

The Medical Board forwarded a copy of the letter of complaint to the GP, and asked him to provide a response. After seeking advice from his medical defence organisation, the GP wrote to the Medical Board expressing his sorrow about the patient's death. He stated that he thought at the time of the consultation that the patient's daughter had understood the advice

he had provided. He noted that prior to this consultation, he was unaware of the availability of the Translating and Interpreting Service (TIS) but since receiving the complaint, he had done some research and familiarised himself with the service. He also reported that he was now aware of the benefits of using professional interpreters with patients of non-English speaking backgrounds, and the risks of using family members as interpreters. The Medical Board subsequently wrote to the GP acknowledging receipt of his letter and confirming that the matter had been closed.

Discussion

A recent survey of Australian general practices revealed that over two-thirds had never used professional telephone interpreters.[1] Only 61% of the practices were aware of the free TIS. Another recent Australian survey of general practice staff found misconceptions about the accessibility of interpreter services and, in some cases, a belief that patients always prefer family members as interpreters.[2]

Good Medical Practice: A Code of Conduct for Doctors in Australia states that 'an important part of the doctor-patient relationship is effective communication. This involves:

- making sure, wherever practical, that arrangements are made to meet patients' specific language, cultural and communication needs, and being aware of how these needs affect understanding
- familiarising yourself with, and using whenever necessary, qualified language interpreters or cultural interpreters to help you to meet patients' communication needs. Information about government funded interpreter services is available on the Australian Government Department of Immigration and Citizenship website'.[3]

Criterion 1.2.3 of The Royal Australian College of General Practitioners *Standards for general practices* states: 'Our practice has policies and procedure for communicating with patients who are not proficient in the primary language of our GP(s)'.[4] The *Standards* note that the use of a patient's relatives and friends as interpreters is common. This is acceptable if it is an expressed wish of the patient and the problem is minor. The use of friends or relatives in sensitive clinical situations or where serious decisions have to be made may be hazardous. In addition, for privacy reasons it may be inappropriate to use family members or friends to interpret during consultations. The use of children as interpreters is not encouraged. Where possible, practices should use appropriately qualified medical interpreters. The indicators for this criterion are:

A. Our GP(s) and staff who provide clinical care can describe how they communicate with patients who do not speak the primary language of our practice's GPs

B. Our practice has a list of contact numbers for interpreter services.

Risk management strategies

Australia is the only Anglophone country to provide a national free telephone interpreter service to doctors. In 2000, the TIS introduced the Doctors Priority Line (1300 131 450) which provides medical practitioners with access to an interpreter 24 hours a day, 7 days a week, for the cost of a local call. Calls on the Doctors Priority Line are given priority and an interpreter will generally be available within 3 minutes for common community languages.

The TIS provides the following hints for using a phone interpreter:

- Before beginning the consultation:
  - introduce yourself to the interpreter
  - describe the telephone you are using and where you are (eg. private rooms or hospital)
  - introduce the interpreter to the patient
- During the consultation:
  - sit facing your patient
  - speak naturally but clearly so the interpreter can hear you
  - pause often to allow the interpreter to speak
  - talk to your patient, not the interpreter
  - use nonverbal reassurance such as smiling
  - if the consultation takes a long time, give the interpreter a short break after 30 minutes
  - clearly indicate when the session has ended.[5]

There is good evidence that the use of professional interpreters improves the quality of clinical consultations, and patients' compliance with treatment.[2] General practitioners are encouraged to familiarise themselves with the Doctors Priority Line and to use it, when appropriate.

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References

1. Atkin N. Getting the message across: Professional interpreters in general practice. Aust Fam Physician 2008;37:174–6.
2. Huang Y, Phillips C. Telephone interpreters in general practice: bridging the barriers to their use. Aust Fam Physician 2009;38:443–6.
3. Australian Medical Council. Good medical practice: a code of conduct for doctors in Australia. July 2009. Available at www.goodmedicalpractice.org.au.
4. The Royal Australian College of General Practitioners. Standards for general practices. 3rd edn. Melbourne: The RACGP, 2005.
5. The Australian Government Department of Immigration and Citizenship Translating and Interpreting Service (TIS) National. Available at www.immi.gov.au/living-in-australia/help-with-english/help_with_translating/index.htm.

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