

1

Intercultural mediation in health care in the EU: theory and practice



Hans Verrept

Intercultural mediation and policy support unit



.be

2

Overview of the presentation

1. Policy issues
2. Why do we need medical interpreting/intercultural mediation
3. Roles of medical interpreters/intercultural mediators (theory)
4. Practice
5. How effective is medical interpreting/intercultural mediation
6. Discussion and recommendations



.be

3 1. Policy

- Existence of ethnic health care disparities (IOM, 2003)
- Little monitoring of ethnic health care disparities in EU
- Very few needs assessments in the field of medical interpreting/intercultural mediation
- Large number of projects



4

- (Very) limited training available for medical interpreters/intercultural mediators in many countries
- Linguistic needs are often not met



5

| N° of encounters where a language problem has to be resolved | N° of interventions by interpreters/intercultural mediators |
|--|---|
| 1.863.750 | 112.372 |

(Based upon Van Gucht & Hertog, 2003; Verrept, 2012)



be

6

2. Why do we need medical interpreting/intercultural mediation

- Linguistic barriers
- Socio-cultural barriers
- Ethnic barriers

Who should resolve these barriers?



be

7

Views on the roles of medical interpreters/intercultural mediators



Language-oriented

Translation machine / invisible interpreter

Medical interpreter (NCIHC/IMIA/CHIA)

Intercultural mediator

Co-therapist

Therapy-oriented



be

8

What is intercultural mediation?

'Bridging of the linguistic and cultural gap in communication and facilitation of the therapeutic relationship between health professionals and service users' (Qureshi, 2011)

'assists organisations in the process of making services offered to migrant users appropriate' (Chiarenza, in Pöchhacker, 2008)



be

Intercultural mediators may in many projects have one on one meetings with patients & health care providers



A wider role for the interpreter or intercultural mediation is often advocated by:

- Experts in medical sociology/antropology (Greenhalgh, 2006)
- Researchers working with non-Western groups (Kaufert & Putsch, 1997; Arnaert, 2006; Verrept, 2008; Deumert, 2010)
- Patients (Green et al, 2005; Nocon, 2003)
- Does one size fit all? (For all groups of patients, care providers?)



11 4. Practice

What do interpreters / intercultural mediators actually do?
→ outside the triadic encounter?

Anecdotal evidence

→ Many interpreters and intercultural mediators alike try to help to reduce the effects socio-cultural barriers / ethnic barriers

→ 'We're human after all'

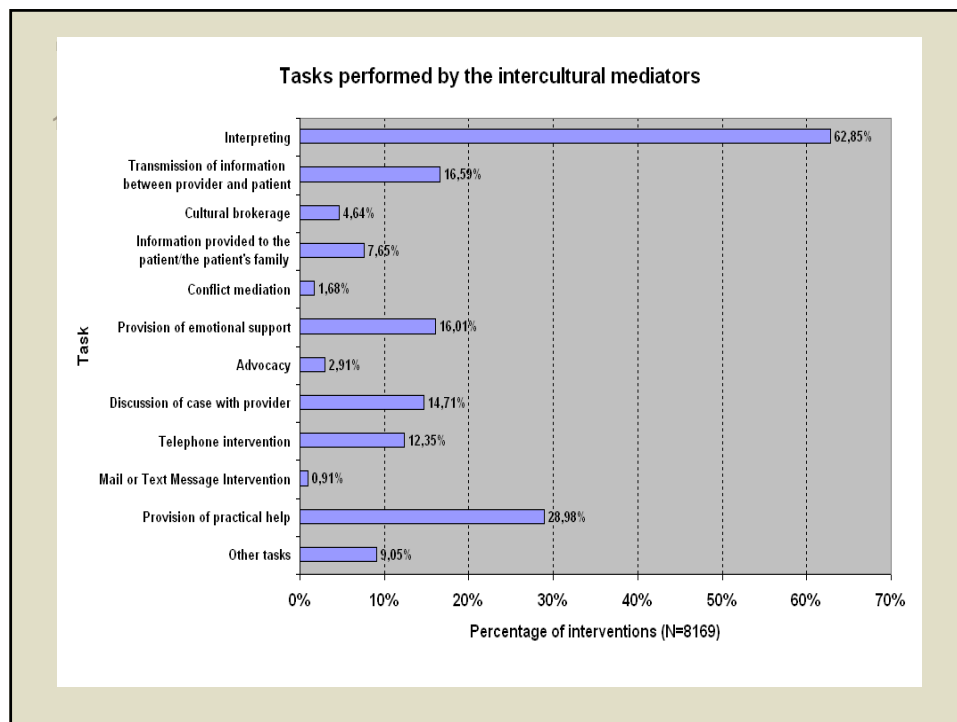


12

'It is time to close the period of interpreters feeling guilty of their visibility and being traumatized by the fear of taking the initiative (...)' (Karlin, 2003)

'(...) This gives rise to the possibility that the interpreter becomes a third party in the conversation between patient and provider for a number of very specific communication and cultural issues. (CHIA, 2002)





5. How effective is medical interpreting/intercultural mediation

- Review articles by Flores (2005) & Karliner et al. (2007)

- Interventions by professional interpreters are associated with

- overall improvement of care
- decrease communication errors
- increase patient comprehension
- improve clinical outcomes
- increase satisfaction

- Evidence remains even if effects of ad hoc interpreters are not separated out



Very few studies on effects of intercultural mediation

(Verrept, 2008; Rocheron et al, 1988)



6. Discussion and recommendations

Medical interpreting and intercultural mediation in health care are underresearched domains

Existing studies have severe methodological limitations (Flores, 2005; Karliner et al., 2007; Pavlish, 2010)

- mostly American literature
- lack of information on training, tasks executed
- no distinction made between trained vs untrained interpreters
- small sample size



17

Lack of clear professional standards for tasks that go beyond 'interpreting'

Position and role of, in particular, the intercultural mediator may be unclear to patient and care provider

Still: what is known should encourage policy makers to further develop interpreting and intercultural mediation services and to assess them adequately

→ possible contribution of ethnographic approach



be

18

Need for interdisciplinary research published in main stream medical journals

Use video-conference technology to provide interpretation/intercultural mediation in health care



be

