Chapter 2

Review of Related Literature

2.1. Overview of the Medical Interpreting Service

Communication and language are fundamental components of interaction between physicians and patients, because they can greatly affect the diagnosis and the treatment (Mizuno, 2008, p.97). Miscommunication and/or misinterpretation can lead to misdiagnosis, as well as poor treatment outcomes.

In countries with a long history of immigration such as the United States and Australia, "language" was very early considered a vital element for people to access public services, including health care service. This view is based on the principle of protecting basic human rights that any person, including ethnic minorities composed of immigrants and refugees, should be able to access necessary information in their daily lives, as well as being able to use public services in spite of their language limitations.

Around the late 1970's, both countries implemented translation and interpretation services in different languages to better serve such ethnic minorities. "Community Interpreters", as widely known, work in community-based situations such as legal, educational, governmental, social, and also health care sectors. Recently, the term 'medical interpreters' has been used to refer to interpreters who work in the health care field.

PAYAP UNIVERSITY

More recently in Asia, Japan and Thailand have also introduced medical interpreting services for minority groups who lack language proficiency in Japanese and Thai, respectively. However, each country has its own unique social context as well as diverse stakeholders that got involved and have contributed to the development of this service. Next, we describe the medical interpreting services in the United States, Japan, and Thailand to better contextualize this research. Insights and explanations about the differences of medical interpreting among these countries also come from the researcher's experience in having obtained the CILISAT[1] certificate for community interpreters from Ontario, Canada, and having completed a training course for medical interpreters offered by Access Alliance Multicultural Community Health Center (http://accessalliance.ca/about), located in Toronto.

2.1.1. Medical Interpreting Service in the United States of America

We will start with the United States because of its long history and experience in this field. Medical interpreting service in the United States is a public service that LEP patients have the right to use, free of charge, based on federal law.

"It started in the late 1970's and according to Chen, et al. (2007), its legal foundation lies in Title VI of the 1964 Civil Rights Act, which prohibits discrimination on the grounds of race, color or national origin. Under this act, health care providers that receive federal funding are required to provide language services for patients with limited English proficiency (LEP). Later, the Executive Order (EO) 13166 issued by President Clinton in 2000, which aimed to improve language services to LEP individuals, came to reiterate Title VI requirements.

---

[1] CILISAT (Cultural Interpreter Language and Interpreting Skills Assessment Tool) is available in Ontario in 50 different languages. It is a test recognized by the Ontario Ministry of Citizenship, Culture and Recreation with the objective to evaluate the interpreters' language proficiency. A score of more than 75% is necessary for certification.

PAYAP UNIVERSITY

More recently, by trying to cover all uninsured Americans, the Patient Protection and Affordable Care Act of 2010 ('ACA' or 'Obamacare') dramatically increased the number of LEP patients who have insurance, along with the need for language services. It can be said that ACA extended the federal regulations in such a way that currently, all 50 states in the United States have laws regarding the provision of interpreting services (Texas Health Institute, 2013)" (Nishikito, 2015, p.72).

Takesako (2014), in her study about the development of medical interpreting in the United States, explains that a multiplicity of factors contributed to the maturation of this service in this country, namely:

(1) Physicians and researchers;
(2) Federal and state governments;
(3) Foundations;
(4) Advocacy movements;
(5) Professional Medical Interpreters Association;
(6) Immigrants and refugees.

(1) Physicians and researchers

Physicians' and medical anthropologists' positive stance on medical interpreting and research they conducted encouraged several stakeholders to promote medical interpreting. However, the interest of physicians in language issues seems to be related to their wish to protect themselves from malpractice lawsuits, rather than mere humanitarian causes. The influx of immigrants and refugees led to a surge of LEP patients in the 70's. Language barrier between patients and health care professionals affected the quality of health care outcomes. This led to the introduction of 'informed consent' to avoid malpractice lawsuits. In this context, the need and importance of working with interpreters led physicians to write research papers that range from language and cultural barriers to health care access and ethnic disparities (Takesako, 2014, p. 87-91). In addition to

PAYAP UNIVERSITY

physicians, sociologists such as Angelelli (2005) have also given their contribution by investigating the interpreters' roles from the cross-cultural communication perspective.

(2) Federal and State Governments

The contribution of the federal government for medical interpreting service was through legislation and administrative guidance. By enacting a series of laws regarding civil rights, cross-cultural issues, and equal access to health care, the federal government appropriated funds for states to finance language services to certain associations and agencies. These in turn, were able to create jobs for medical interpreters. State governments have implemented the federal law at their discretion, although there seems to be differences in the extent and coverage of minority population, as well as in the quality of medical interpreting (Takesako, 2014, p. 83-85).

(3) Foundations

Foundations financially supported reports, large-scale surveys, and demonstration projects to develop medical interpreting. Takesako (2014, p.92) explains that under the support of a major foundation, ethnic advocacy organizations formed a coalition to educate stakeholders about unequal health care access by LEP patients. They also educated medical professionals on language rights and responsibilities through seminars and workshops.

(4) Advocacy Movements

The enactment of law such as the 1964 Civil Rights Act was not the only factor behind the development of medical interpreting. The Civil Rights movement in the 1950's and 60's forged a new societal value against discrimination. People started to give importance to equal access to public services, including language services. As any other public service, equal access to health care services was deemed as a civil right (Takesako, 2014, p. 74-75).

PAYAP UNIVERSITY

(5) Professional Medical Associations

Professional Medical Associations evolved from a group of people who organized training to practice skills-oriented services. Throughout the years, these associations got involved in developing standards for best practice including a code of ethics and rules to have the professional status of medical interpreters properly recognized. These associations have greatly contributed to the development of medical interpreting through conferences and events at national and international levels. The results attracted stakeholders involved in medical interpreting, and also provided opportunities for networking (Takesako, 2014, p.96-99)

(6) Immigrants and Refugees

Immigrants and refugees played an important role in the development of medical interpreting service in the United States. According to Takesako (2014, p. 101), some of them helped their LEP family as a child interpreter (children who helped their parents to communicate with medical personnel for being able to speak two languages). Others, upon acquiring English knowledge started to work as community interpreters, eventually moving to medical interpreting. Others still, started as recipients of medical interpreting services as patients, then becoming interpreters themselves. Immigrants' and refugees' advantage lie in their ethnic origin, which makes them the most suitable resource of cultural interface between LEP patients and health care professionals.

In sum, throughout almost 40 years since its start, medical interpreting in the United States evolved thanks to the conjunction of a multiplicity of factors that helped promote the social status of medical interpreters.

"Interpreters can work directly with hospitals either as staff or free-lancers; however, many health care providers typically contract language service companies that provide interpreting service. According to Takesako (2014, p.7), in a 2010 survey conducted by the International Medical Interpreters Association (IMIA) covering 46 states with 1,083

PAYAP UNIVERSITY

respondents, it was found that the majority of medical interpreters worked at hospitals or other medical centers with a considerable number working for agencies. Many worked on a per-diem basis, and more than one third worked on an hourly wage system." (Nishikito, 2015, p.73).

In spite of this long history, Takesako (2014, p. 75) points out three issues the country still has to deal with: (a) LEP patients are not well informed about their right to an interpreter; (b) the federal law does not clearly state that this service *must* be provided by a 'professional' interpreter, and as such volunteers or bilingual staff also work as interpreters in spite of not having a certification; (c) the federal law does not support the "professional status" of medical interpreters because there is not yet a federal certification system.

In regard to certification of medical interpreters, there has been advancements in the last few years. There are currently two certifying bodies: The National Board of Certification for Medical Interpreters (NBCMI) and the Certification Commission for Healthcare Interpreters (CCHI). The NBCMI was launched in 2009. It is an independent special division of International Medical Interpreters Association (IMIA), and it licenses its oral and written examinations from two institutions, Language Line Academy (LLA) and IMIA, respectively. CCHI was also officially launched in 2009. However, it has developed its own examinations and certification program for medical interpreters[2].

2.1.2. Medical Interpreting Service in Japan

Medical interpreting service in Japan is still recent, dating back to about fifteen years. It evolved regionally from the efforts of prefectural governments, local international exchange associations, and non-profit organizations across the country who started to

[2] The National Board Certification for Medical Interpreters (2016). Retrieved from http://www.certifiedmedicalinterpreters.org/aboutus
Certification Commission for Healthcare Interpreters (2016). Retrieved from http://www.cchicertification.org/history/history

PAYAP UNIVERSITY

provide medical interpreting services in different languages. (Nakagawa & Takuwa, 2012; Ito et al., 2012; Endo, 2015; Yoshitomi, 2009).

However, different from the United States, in Japan there is no law either federal or provincial, mandating the provision of medical interpreting services. Secondly, no federal funding to finance this service, as well as no certification to ensure the professional status of medical interpreters (Matsumura, 2009).

The recent migratory movement to Japan reveals that the "1990s was a time of change in the composition of the Japanese population. It was a period characterized by a shortage in the Japanese labor force due to aging population and a decline in birthrate. This led the country to revise the Immigration Control Act in 1990, in an attempt to attract foreign workers to fill the shortage of labor. After that, the number of foreign residents in Japan grew steadily, reaching 2,130,000 in 2010 (Sanguanphon, 2012, p.94)" (Nishikito, 2015, p.74).

Along these years, this foreign population formed families, raised children, and are now aging, generating new issues that the Japanese society needs to deal with. The main barrier for the inclusion of these immigrants in the Japanese society is the communication barrier due to their Limited Japanese Proficiency (LJP), which restricts their access to different types of services. In 2006, the Japanese Ministry of Internal Affairs and Communication proposed a 'promotion of multicultural society" program (Yoshitomi, 2009, p.140). Although communication support has been provided to minority groups by community interpreters, medical interpreting service is still facing several challenges.

There are about five factors that primarily affect the provision of this service in Japan (Nishimura, 2012):

(1) The local government's attitude towards medical interpreting services;

(2) Financial resources;

(3) Medical institutions' understanding and cooperation;

(4) Securing of interpreters;

(5) Training of interpreters.

PAYAP UNIVERSITY

(1) The local government's attitude towards medical interpreting services

Medical interpreting services are usually provided by local governments or international exchange associations who dispatch interpreters upon request by medical institutions. Sometimes, non-profit organizations (NPO) or non-governmental organizations (NGO) cooperate with local organizations in providing such services. According to Nishimura (2012, p.86-87), the positive attitude of government officers in approaching medical institutions to obtain their understanding and cooperation regarding the benefits of interpreting services is the driving force behind the increase of this service.

(2) Financial resources

There is no federal funding to support interpreting services in Japan. In addition, medical institutions are not cooperative in supporting financially either because they don't want to, or because they don't have enough resources to pay for the interpreting service. According to Nishimura (2012, p.93), the Ministry of Health, Labor and Welfare does not include medical interpreting services as part of the medical treatment, which in Japan is under the national health insurance policy.

In order to overcome financial difficulties, local governments and/or NPOs cooperate in allocating a budget to administrate the training and the dispatching of interpreters. However, for the on-site interpreting services, patients and hospitals (even unwillingly) are required to share the interpreter's service fee with hospitals bearing about two-thirds of the cost.

(3) Medical institutions' understanding and cooperation

There is very little understanding by medical institutions regarding the provision of interpreting service. Yoshitomi (2009, p.140) shares similar views. He explains that health care providers' stance towards this service is that it should be the patient's responsibility, not the provider's. Matsumura (2009) makes similar observations in that there are hospitals in Japan who avoid the use of interpreting services as an excuse to avoid foreign patients.

PAYAP UNIVERSITY

This attitude towards 'foreigners' seem to be also related to a biased and discriminatory view towards 'foreigners'. In the Japanese homogeneous society, foreigners are categorized as 'outsiders' and as such are excluded from the health care service (Yoshitomi, 2009, p.148).

(4) Securing of interpreters

Finding and keeping interpreters who are available for full-time employment has not been an easy task. Difficulties in securing interpreters are related to the low wages and the prevailing view that medical interpreting is volunteer work. While business interpreters' wage is at an average of 15,000 to 20,000 yens for one to three hours, a medical interpreter receives only 3,000 yens for the same amount of time (Nishimura, 2012, p.89). Many interpreters already have a full-time occupation and are only available in their spare time. Added to this situation, there is the prevailing view that medical interpreters are 'volunteers'. Consequently, they are considered 'amateurs' (Nishimura, 2012, p.90), which further affects the image of the interpreter negatively.

However, there are regional differences, and some reports describe successful attempts to secure interpreters. One region in Japan makes use of a three-unique group of people that can work as interpreters: foreign women married to Japanese man; and Japanese women with experience living abroad for accompanying their Japanese husbands on duty to foreign countries. Lastly, retirees fluent in foreign languages are also a group available to work as interpreters (Nishimura, 2012, p.89).

(5) Training of interpreters

Local government organizations, local international exchange associations and NPOs have made efforts on training and producing qualified interpreters. According to Nishimura (2012, p.90) NPOs have particularly received high recognition for the quality of their work.

PAYAP UNIVERSITY

There are also universities that offer short-term and long-term courses for training interpreters. One of particular interest is the course offered by Osaka University[3] known as 'Medical Interpreting'. It is a minor graduate program for the Advanced Interdisciplinary Studies[4].

Table 2.1. Medical interpreting course by Osaka University

Objective	Provide students with basic medical knowledge, language and communication skills; provide students with understanding of the roles of the interpreter and work ethics.
Target group	Individuals with proficiency in Japanese and the interpreting (target) language; individuals who work in the medical related field or have interest in the medical field; hospital staffs, members of non-profit organizations and/or medical interpreting coordinators.
Courses	There are mandatory and elective courses, which cover a broad range of topics from theory of medical interpretation, medical knowledge including pharmacology and theories of communication. Students need 8 credits to complete the program. The list below shows the courses offered in this program. Mandatory Courses: - Intercultural Medical Interpreting - Theory of Practice of Medical Interpreting Elective Courses: - Fundamentals of Medical Interpreting - Medical Interpreting - Oncological Pathophysiology - Advanced Topics in Clinical Pharmacy Research and Education - Human Care in Practice - Communicating with Dementia Patients - Body Theory and Communication - Theory and Practice on the Interpersonal Relationship in Medicine

(Summarized by the authors from the University official website)

PAYAP UNIVERSITY

[3] Osaka University website (2016). Retrieved from http://www.osaka-u.ac.jp/jp/facilities/gakusai/en/index.html

[4] Medical Interpreting Course (2014). Retrieved from https://idiscp.osaka-u.ac.jp/gakusai/hp/index.php?cn=han311&direct=hp&nen=2014&kbn=13&pcd=39&ccd=

The list of courses reflects the progress made in the field of medical interpreting with the inclusion of topics such as "intercultural medical interpreting", which addresses the emphasis on 'translating' cultural differences between provider and patient for smooth communication. "Pharmacology", which reflects the importance of having knowledge about medicines, is also included in said field.

Another significant advance was the establishment of the Japan Association of Medical Interpreters (JAMI) in February 2009. It was created with the following objectives: to establish proper wages for this profession; to establish a system to acknowledge the professional status of interpreters; to organize activities to upgrade the skills of medical interpreters; and to establish a code of ethics, which was actually completed and announced in 2011 (Ito et al, 2012, p.388).

In addition to JAMI, IMIA Japan[5] has also been active in offering seminars for interpreters, as well as organizing symposiums that bring together stakeholders involved in medical interpreting.

In the future, medical interpreting in Japan is expected to grow as a profession with the coming Tokyo Olympics in 2020. The present government's policy in promoting medical tourism may also be a factor in growth. The Japanese government has allocated a budget to train medical interpreters (The Japan Times, February 7, 2014), and is preparing a medical environment with English speaking medical staff who can deal with foreign visitors to the Tokyo Olympics in 2020. The Olympics is also seen as an opportunity to boost medical tourism, which is seen as a growth area for Japan (The Japan Times, November 14, 2014).

2.1.3. Medical Interpreting Service in Thailand

[5] IMIA is a US-based international organization founded in 1986. It is committed to the advancement of professional medical interpreters. IMIA Japan is a local division of the US headquarters and has organized activities for promoting networking and upgrading the interpreters' knowledge and skills.

PAYAP UNIVERSITY

Medical interpreting in Thailand has the unique feature of being offered at and limited to private hospitals. There are neither outside institutions involved in training interpreters, nor a federal or local certification system that acknowledges medical interpreting as a specialized profession.

There are currently about 30 hospitals across Thailand that offer interpreting services in more than 20 different languages. Bangkok and metropolitan areas have the biggest concentration of such hospitals, followed by Chonburi and Chiang Mai. Although there are regional differences in the languages that interpreting services are offered in, which reflect the concentration of different nationalities in specific areas, Chinese and Japanese rank as the languages with the highest demand. (Nishikito, 2015, p.75-78).

The literature review reveals that most of the studies regarding medical interpreting were conducted at private hospitals in Bangkok. Watanabe (2012)'s study is one of them. He provides a detailed description of the unique features that characterize Thai private hospitals or the so called International Hospitals where there is a big concentration of foreign patients:

"- International hospitals are privately operated, being marketed exclusively to foreigners and affluent Thai people;
- They are owned by companies and thus can set specific management policies, one of which is to remain luxurious and 'international';
- The doctors and the hospitals can determine medical fees, unlike in Japan where they must follow public health-insurance guidelines. While this often results in higher medical fees, it also allows these Thai health care providers to use more expensive, state-of-the-art medical equipment and procedures;
- Major international hospitals are accredited by an American accreditation body, the Joint Commission International (JCI), which ensures the quality of medical

PAYAP UNIVERSITY

services. Fifteen Thai hospitals have been awarded accreditation by the JCI[6], in contrast to only two in Japan;

- English is widely understood in these institutions, and English-Thai interpreters are not considered to be necessary, particularly because many doctors and other personnel have been educated and trained in English-speaking countries;
- There are many exclusive international hospitals that provide facilities that are similar to those of five-star hotels. Equipped with restaurants, famous coffee shop franchises, bookstores, and boutiques, these hospitals usually have multilingual reception staff and hospital-affiliated interpreters for foreign patients. Some even house branch offices of the immigration bureau so that patients can extend their visas without making long trips to the main office. These hospitals follow the general policy of 'offer whatever amenities patients may want and charge them accordingly';
- While there are more Thai patients than foreign patients at these international hospitals, the ratio is reversed when considering the revenue base at some institutions, illustrating the great importance of the foreign patient market."

(Watanabe, 2012, p.21)

International hospitals in Bangkok provide interpretation services 24 hours a day. Interpreters are full-time or part-time employees of hospitals and their work includes a broad range of duties and tasks. The list below is a summary of the interpreter's work from the studies of Watanabe (2012, p.22) and Sanguanphon, (2013, p.42-27):

- Reception (either at the reception desk or on the phone): registration of new patients, making appointments, checking medical records of old patients, gathering information about insurance coverage, recording the patient's symptoms;

[6] By December 2015, the number of private hospitals in Thailand with JCI accreditation had increased to 23 according to JCI official website.

PAYAP UNIVERSITY

- General Information: providing any necessary information about the medical care service in the hospital, including treatment, medicines, insurance policy, payment, etc. that might differ from the Japanese system;
- Paperwork: organize documents for the patient such as medical certificates, test results, copy of receipts, etc.;
- Interpretation (on-site or over-the-phone): for outpatients at different departments, as well as for inpatients by accompanying physicians in their routine round in wards.

As previously explained, there is not yet any outside institution involved in training medical interpreters in Thailand. New interpreters usually receive on-the-job training in the hospital. They are required to accompany more experienced interpreters to observe them in action, and gradually perform interpretation under the supervision of senior interpreters, until they can work independently.

According to Sanguanphon (2013, p.72-73) there was once an attempt by Chulalongkorn University that created a curriculum for Community Interpreters (Medical Interpreter) in the year 2010, after a survey was conducted to confirm the high demand of Arabic-Thai and Japanese-Thai medical interpreters. Unfortunately, there were not enough applicants and the course could not open.

Sanguanphon (2013, p.103) herself proposes a guideline for a training program for medical interpreters that could be carried out at hospitals. It can be of great benefit for all interpreters, regardless of the language if it can be implemented. The training would be a 3-month program that could be developed in 3 phases. Phase 1 would focus on teaching the duties and roles of the interpreter, implementing the necessary skills to deal with patients, and basic medical knowledge including medical terms. Phase 2 would consist of teaching interpreting techniques. Lastly, in phase 3, interpreters would practice interpreting through the so called on-the-job training.

PAYAP UNIVERSITY

2.2. The Social Context of the United States, Japan, and Thailand: Implications for Medical Interpreting Services

2.2.1. The United States' Context

In the United States, the influx of immigrants and refugees, who faced language and cultural barriers in the process of their insertion in society led several stakeholders to get involved in the development of medical interpreting services. It is a 'public service' enforced by law. Hospitals and medical institutions that receive federal funding must provide interpreting services for those in need, with no extra charge. Recipients of this service are in the majority LEP immigrants and refugees. As for the interpreters, there are either hospital staff or freelancers affiliated to agencies who dispatch them to hospitals.

Figure 2.1. below shows how medical interpreting service evolved from simultaneous efforts made at different levels. At the top (outside layer in the figure), there is the federal government with their legal framework guiding the levels below. At the same time, interpreters (at the bottom level) also had their active part in the maturation of this service through associations and advocacy movements.

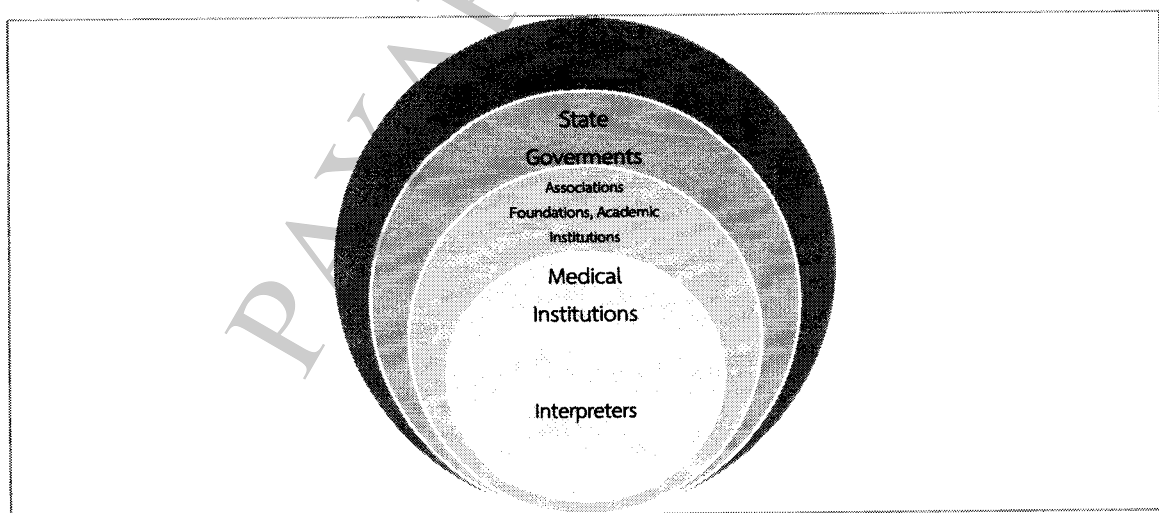

Figure 2.1. Stakeholders involved in the development of medical interpreting service in the USA

PAYAP UNIVERSITY

In spite of almost 40 years of evolution, medical interpreting service in the United States still faces a few drawbacks. To name a few: (a) insufficient knowledge on the part of LEP patients about interpreting services; (b) lack of a federal certification for medical interpreters (although there are a couple of certifying bodies); (c) lack of a federal law mandating that this service be provided by professional and trained interpreters which gives place to untrained volunteers or bilingual staff.

2.2.2. Japan's Context

Japan's context has some similarities with the United States in that medical interpreting started as a service mainly provided to unskilled immigrants. However, in regards to stakeholders, the differences are clear, as shown in figure 2.2.

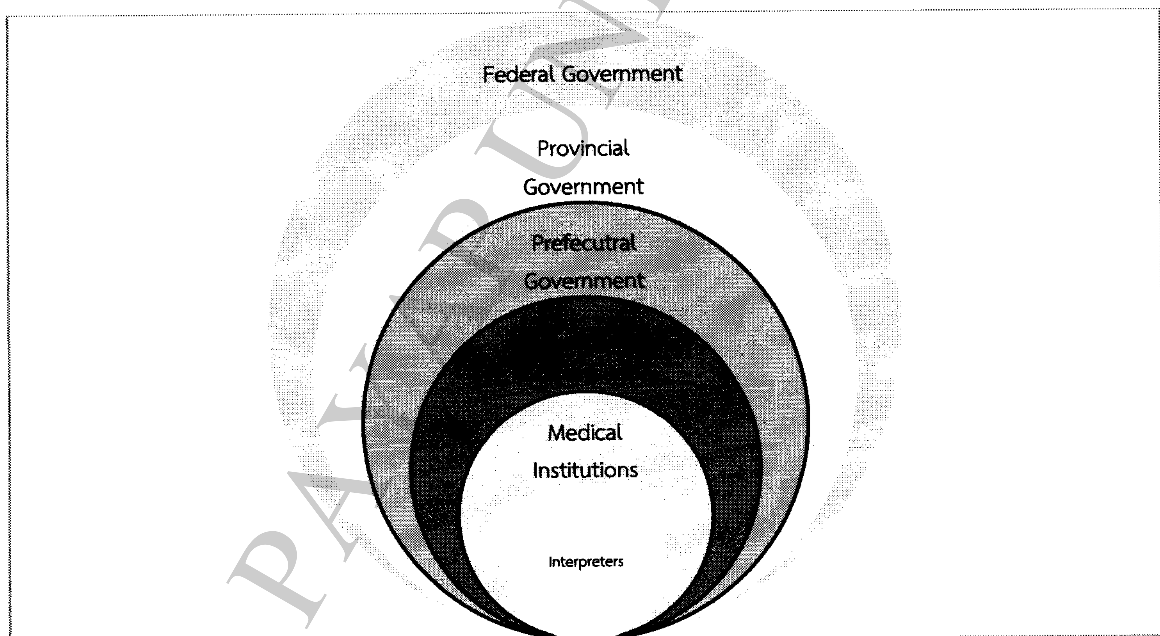

Figure 2.2. Stakeholders involved in the development of medical interpreting service in Japan

PAYAP UNIVERSITY

In Japan, stakeholders are at the middle level (third and fourth layer from the outside layer) that is, local prefectural governments, local international exchange associations, NPOs and NGOs with the support of some educational institutions are the main driving force behind the development of medical interpreting services. They are the ones trying to gain understanding and cooperation from both the top level (federal government) and the bottom level (medical institutions).

Medical interpreting in Japan has regional differences and is still limited to areas with a high concentration of foreigners. There are both public hospitals and private hospitals that offer interpreting services reflecting their respective clientele. On one hand, there are LJP immigrants who use interpreting service at public hospitals. On the other hand, there are affluent foreigners with a medical visa who use this service at private hospitals. As for the interpreters, although a few hospitals employ them as a full-time staff, the majority are registered at government organizations or NPOs/ NGOs and work as freelancers.

Medical interpreting in Japan is still somewhat premature. In fact, there are still many issues that need to be addressed. A few of these issues are: (a) lack of certification; (b) insufficient advocacy for the recognition of this profession; (c) low wages; (d) the prevailing view that medical interpreting is 'volunteer' work; (d) lack of understanding by medical institutions of the benefits of such service; (e) the biased and discriminatory attitude of Japanese society towards foreigners.

In such context, however, there is also hope. There is general expectation that JAMI can contribute to the systematization of this service through their attempts in having medical interpreting recognized as a profession by establishing proper wages, standards and norms for best practice. It is also expected that the coming Tokyo Olympics in 2020 and medical tourism policies may increase the federal government interest in this service.

PAYAP UNIVERSITY

2.2.3. Thailand's Context

As previously described, medical interpreting in Thailand is limited to private hospitals. There are basically no stakeholders involved in supporting this service. There is no certification, no advocacy, and no formal training offered to interpreters.

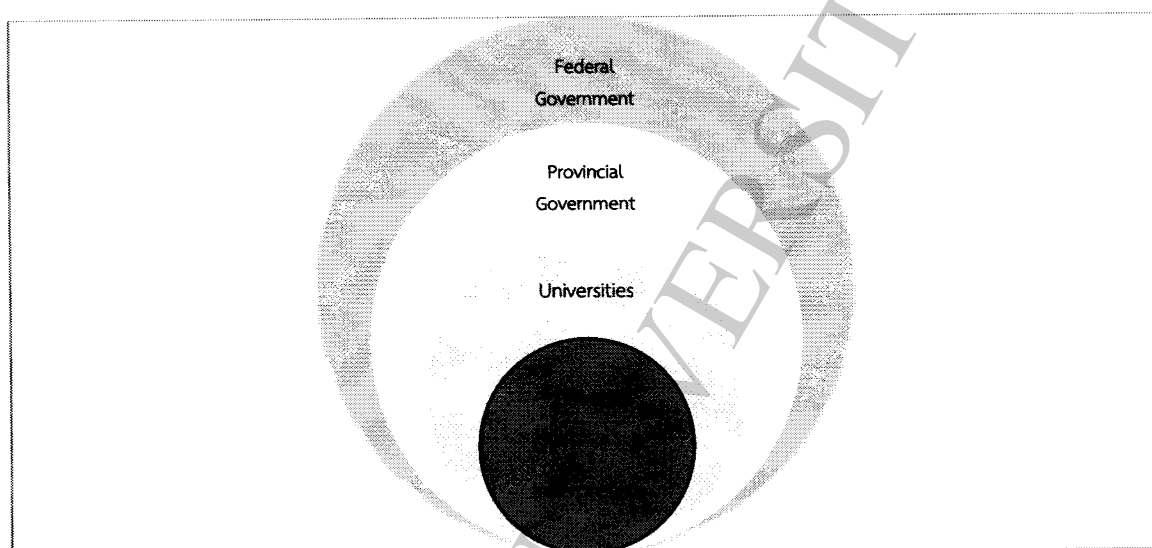

Figure 2.3. Stakeholders involved in the development of medical interpreting service in Thailand

As shown in figure 2.3, interpreters are hospitals' full-time or part-time employees. This situation gives them some stable income. However, without any standards of practice, there is no clear definition of the interpreters' roles and duties. They are assigned all kinds of Japanese language related tasks, sometimes not directly related to medical issues. The outcome ends up overloading their already hectic work schedule. In addition, there is no outside support such as associations they can turn to for advice and/or psychological and emotional support.

In such context, the question is, to which extent should medical interpreting in Thailand be addressed as a federal issue? For any country, providing proper medical care for its population is a never-ending issue that has implications for each country's public

PAYAP UNIVERSITY

health insurance system as well as political consequences. Thailand is no different. On one hand, the government has been promoting medical tourism because of the possibility of financial growth for the country. This could increase interpreting services. However, on the other hand, the country is still dealing with issues related to providing proper care to the overall Thai citizens. Therefore, for the moment, interpreting service is likely to be entrusted to private hospitals as a privilege to affluent foreigners as it has been done, rather than becoming a federal issue.

According to Sanghanphom (2013, p.8) there are reports about the need of medical interpreters in localized areas. She mentions the case of a public hospital in Patong town that offers medical interpreting service 24 hours in 40 languages with the help of volunteer interpreters. The hospital is located in a popular tourist site, and 35% of the clientele are foreign patients.

Chiang Mai is also an international city. There are cases of foreigners who seek medical attention at public hospitals. In such situations, ad-hoc interpreters such as family members and friends usually help mediate the conversation between health care professionals and patients. We can guess that public hospitals in areas with a high concentration of foreigners occasionally deal with similar situations, and the course of action taken depends on the resources available at each specific context.

With globalization proceeding apace, and the increase in the number of foreigners who remain in the country as long-term residents, the prospect presence will not only be limited to private hospitals. Public hospitals, clinics, and community health centers in areas with high concentration of foreigners are also likely to see an increase in foreign clients seeking medical assistance.

Considering this social context, this research followed a bottom-up approach. Rather than raising the government awareness about medical interpreting services at provincial or federal level (at the top), our findings and suggestions are mainly targeted hospitals at the bottom level, for believing that medical personnel and interpreters are the ones who can first benefit from the results of this study. Medical personnel at public

PAYAP UNIVERSITY

hospitals who have to deal with ad-hoc interpreters can also benefit from the results, since the guidelines we propose can provide medical personnel with a better understanding on 'why' and 'how' careful they should be when communicating with a patient via an interpreter. In the last chapter of this research, a few recommendations for the academic education are also presented. We believe that hospitals can team up with universities, gaining a potential stakeholder that can cooperate, support and help enhance the production of qualified medical personnel and interpreters.

Finally, although this study is limited to investigating the interpreting service in Japanese language, the results can bring insights into other languages as well.

2.3. Perspectives on the Teamwork between Medical Personnel and Interpreters

In this section, four studies related to the teamwork between medical personnel and medical interpreters in providing care for foreign patients are presented. Each study was conducted from four different perspectives:

- Physician's perspective;
- Interpreter's perspective;
- Interpreting service provider' s perspective;
- Perspective of training and continuing education.

2.3.1. Teamwork between Physicians and Medical Interpreters from the Physician's Perspective

PAYAP UNIVERSITY

1C5C039028

PAYAP UNIVERSITY LIBRARY

Putsch (1985), a community-based physician can be considered a pioneer who observed, analyzed and produced academic papers to educate health care professionals, mainly physicians and medical students on how to properly and effectively use interpreters. In addition, he has also educated health care professionals about cross-cultural communication in the health care field to produce culturally competent professionals. According to Takesako (2014: 14), his work had a big impact in the academic world for being published in a major scientific periodical, the Journal of the American Medical Association.

It is also noteworthy that in the same work he proposed practical guidelines that physicians can easily follow in their everyday practice to increase efficiency when working with interpreters. He presented three guidelines: (a) the first was a general guideline for monolingual providers in cross-cultural environments; (b) the second suggested communications techniques in a triadic interaction; (c) the third focused specifically on language issues.

The guidelines were targeted to physicians and not interpreters. In addition, the topics were specific for the social context where Putsch carried out his practice. However, we would like to present his guidelines because it served as the basis for this study.

PAYAP UNIVERSITY

Table 2.2. General guidelines for monolingual providers in a cross-cultural environment (Putsch, 1985, p.3347)

1. Unless you are thoroughly effective and fluent in the target language, always use an interpreter.
2. Avoid using family members as interpreters.
3. Learn basic words and sentences in the target language. Asking interpreters about words or comments that have not been translated prompts attention to detail.
4. Utilize dictionaries of languages used by your patient population. Beware, brief 'definitions' provided by translating dictionaries only serve as labels.
5. Become familiar with special terminology used by patients. Specific beliefs, practices, and traditions are often referenced by indirect language or special terms. Local beliefs and moral tenets may lead to overemphasis or underreporting of certain symptoms, issues, and events.
6. Check the quality of translated health-related materials by having them back-translated.
7. Meet with your interpreters on a regular basis. They will provide both a window and a mirror when you deal with another language and another culture.
8. Personal information is often closely guarded and difficult to obtain. Patients often request a specific interpreter or even bring one to the clinic.
9. Evaluate the interpreter's style and approach to patients. For special situations and problem cases, try to match the interpreter to the task.

PAYAP UNIVERSITY

Table 2.3. Guidelines for provider-interpreter-patient interaction (Putsch: 1985, p.3347-3348)

1. Address your patients directly. Avoid directing all your commentary to and through the interpreter.
2. Be certain the interpreter is thoroughly involved with a patient during an interview.
3. Develop alternatives to talking histories via direct questions. Strangers to direct, Western-style inquiry may respond better to conversational modes.
4. Invite correction and induce the discussion of alternatives. "Correct me if I'm wrong, I understood it this way..." "Do you see it some other way"?
5. Pursue seemingly unconnected issues that the patient raises. These issues may lead to crucial information or uncover difficulties with the interpretation.
6. Come back to an issue if you suspect a problem and get a negative response. Be certain the interpreter knows what you want. Use related questions, change the wording, and come at it, indirectly.
7. Provide instructions in the format of lists. Have patients outline their understanding of the plans.
8. If alternatives exist, spell each one out.
9. Emphasize by repetition.
10. Clarify your limitations. The willingness to talk about an issue may be viewed as evidence of 'understanding it' and the ability to 'fix it'.
11. Rumors, jealousy, privacy, and reputation are crucial issues in closely knit communities. Acknowledge the problem and assure the patient of confidentiality.
12. Unless the correct circumstances are devised, it may be impossible to address certain male/female problems by the way of discussion or physical examination.

PAYAP UNIVERSITY

Table 2.4. Guidelines for language use in interpreter-dependent interviews (Putsch, 1982, p.3348)

1. Use short questions and comments. Technical terminology and professional jargon, like 'workup' should be reduced to plain English.
2. When lengthy explanations are necessary, break them up and have them interpreted piece by piece in straightforward, concrete terms.
3. Use language and explanations your interpreter can handle.
4. Make allowances for terms that do not exist in the target language.
5. Try to avoid ambiguous statements and questions.
6. Avoid abstractions, idiomatic expressions, similes, and metaphors. It is useful to learn about these usages in the target language.
7. Plan what you want to say ahead of time. Avoid confusing the interpreter by backing up, inserting a proviso, rephrasing, or hesitating.
8. Avoid indefinite phrases using 'would' 'could' 'if' and 'maybe'. These can be mistaken for actual agreements of firm approval of a course of actions.
9. Ask the interpreter to comment on the patient's word content and emotions.

Although Putsch's (1985) work was published about 30 years ago, the knowledge he shares is still applicable in today's work situations.

2.3.2. Teamwork between Health Care Professionals and Medical Interpreters from the Interpreter's Perspective

Ito et al. (2012), in a study about the current situation and challenges of medical interpreters in Japan, reported on the results of a survey questionnaire for interpreters with 284 respondents. The results are relevant for mentioning the interpreters' stress and

PAYAP UNIVERSITY

difficulties in being positioned between two parties, health care professionals and foreign patients.

Table 2.5. Summary of the interpreters'opinions

1. Complaints and Expectations towards Health Care Professionals
    - Want physicians to avoid difficult medical terms and use easy-to-understand explanations;
    - Japanese physicians do not provide sufficient explanation ('how' or 'why) regarding the length of treatment or the need of certain tests;
    - The time for consultation is too short. A five-minute consultation makes the patient feels insecure and unsatisfied;
    - A physician provided explanation speaking fast, and asked the interpreter to explain everything to the patient later, in the waiting room;
    - When the physician and patient could not reach an agreement, the physician instructed the interpreter to convince the patient outside the consultation room.
2. Expectations towards Patients
    - The patient is not punctual;
    - The patient revealed after the consultation that he/she did not have money to pay the hospital fees.
    - English interpreters have to translate for patients whose mother tongue is not English which makes it difficult to understand their pronunciation;
    - There are cases of psychiatric patients who ask counseling from the interpreter.
3. Expectations towards Medical Institutions
    - There is no privacy in the waiting room. Personal information can be easily overheard;
    - There is lack of pamphlets that provide information in foreign languages;
    - There was a domestic violence case, and the interpretation for involved parties, namely medical personnel, police officer, and counselor took four straight hours, with no recess. There is need of more understanding on the side of the user that interpreters also need to take a break.
4. Roles of the Interpreter
    - It is extremely important to explain the cultural and religious backgrounds of patients;
    - When the patient loses self-control, it is important to make an extra effort to allow smooth communication between the physician and patient;
    - It is necessary to have knowledge about the social insurance, in addition to medical knowledge regarding diseases and treatment.

(Source: Ito et al., 2012, p.391. Translated from Japanese by the authors)

PAYAP UNIVERSITY

Although the list above is based on the interpreters' perspective, it is interesting that there are a couple of recommendations that intersects with Putsch's (1985) such as advising physicians to avoid specialized medical terms, and the importance of interpreters as interfaces who bridge the cultural gaps between physicians and patients.

One more interesting observation made by Ito et al. (2012, p.392) is the importance of the 'medical interpreting coordinator' who gives emotional support to interpreters. The coordinator is someone who facilitates the triadic relationship between the provider, the foreign patient, and the interpreter. In Japan, the coordinator is usually provided by the coordinating organization that administers the dispatching of interpreters. In Ito et al.'s survey, 172 (61.6%) respondents answered to have consulted with a coordinator regarding ethical problems; 120 respondents reported having turned to other interpreters for advice; 97 respondents reported having turned to hospital staff or personnel whose work ethics requires keeping confidentiality. Finally, 20 respondents reported having been to counseling themselves.

As someone in between two parties who speak different languages and have different cultural backgrounds, the interpreter has to deal with conflicting emotions and make decisions in a matter of seconds to facilitate communication. Sometimes, he/she assumes the role of counselors or caseworkers for patients, which reveals that there is lack of understanding of the interpreter's work by both the provider and patients (Ito et al., 2012, p.392).

In Thailand, medical interpreters work at private hospitals. Since private hospitals take a patient-centered approach for quality service and patient's satisfaction, physicians usually spend more time with a patient than in a busy public hospital environment. This may facilitate the interpreters' work. However, the tasks assigned to interpreters clearly surpass health related issues. Overload of work, in conjunction with psychological and emotional burnout might explain the interpreters leaving this profession after only a few years of practice (Watanabe, 2012, p. 32; Sanghanphom, 2013, p. 63).

PAYAP UNIVERSITY

2.3.3. Teamwork between Health Care Professionals and Medical Interpreters from an Interpreting Service Provider's Perspective

Yoshitomi (2009), in his study about the importance of medical interpreters in local medical institutions presented a model program for establishing a medical interpretation system in Hyogo Prefecture, Japan, which was carried out by a NPO called Multilanguage Center FACIL.

In order to respond to the needs of foreigners living in Hyogo Prefecture, which amounts for 1.8% of the population composed of 100,000 inhabitants, FACIL started a model program for administrating the dispatching of medical interpreters in 2005.

As explained by Yoshitomi (2009, p. 144-145), the steps for dispatching interpreters are:

(1) The patient or the medical institution (or counseling service for foreigners) contacts FACIL.

(2) The patient signs a consent form to release personal information to the interpreter.

(3) FACIL coordinator selects an appropriate interpreter and dispatches him/her to the medical institution.

(4) FACIL also sends a fax to the medical institution informing that the patient will be accompanied by an interpreter.

(5) The interpreter performs the required interpretation.

(6) After completing the task, the interpreter is required to report the content of interpretation to the coordinator.

(7) The coordinator follows up the case, and if necessary, intervenes to solve any possible problems.

(8) In an outpatient case (which usually consists of a consultation, tests, payment of hospital fees, and receiving the medication), the interpreter basically performs interpretation and not translation. If the patient needs to be hospitalized, the interpreter should consult the coordinator.

(9) The patient pays 1,500 to the coordinator, who later pays the interpreter.

PAYAP UNIVERSITY

(10)The coordinator pays 4,000 yen to the interpreter (for up to 4 hours of interpretation) and transportation (maximum 1,000 yen).

FACIL also provides a guideline for both health care professionals and interpreters regarding topics they should be aware of when using/ providing interpreting service.

Table 2.6. Guidelines for health care providers and health care professionals (Yoshitomi, 2009, p.145)

1. Promote medical interpreting service through posters and pamphlets.
2. Introduce FACIL coordinator according to the needs of the patient, or send the 'interpreter request form'.
3. Assure that health care professionals understand the medical interpreting service:
   - Explanations must be directed to patients. Please avoid specialized medical terms and make efforts to provide easy-to-understand explanations. Avoid abstractions and explain important topics in detail to avoid misunderstanding;
   - The interpreter will interpret to assure smooth communication between the provider and patient and is not allowed to take decisions.
4. Prepare name cards or use any other means that help identify the interpreter's status in the hospital
5. Take measures to protect interpreters from infectious diseases.
6. The interpreter will not perform translations. Any explanation regarding exam results will be performed orally.

   * We ask your cooperation in administering and keeping the waiting time short.

(Translated from Japanese by the authors)

PAYAP UNIVERSITY

Table 2.7. Guidelines for interpreters (Yoshitomi, 2009, p.145)

7. Fill the contract form regarding confidentiality.
8. For any assigned task, contact FACIL twice by phone: when meeting the patient and upon completion of the assignment.
9. In order to assure smooth communication between the provider and patient, use appropriate words that can reflect the background in which they are pronounced. However, interpreters are not allowed to intervene in decision-taking by either the provider or patient.
10. The patient goes to the hospital feeling insecure, not only because of language barriers but also for not having enough knowledge about the Japanese health care system. Encourage providers to use simple explanations.
11. Be sure to confirm unclear expressions, especially ambiguous expressions that are typically Japanese, before performing the translation.
12. In order to avoid problems, do not accept any request by the patient which is unrelated to the task assigned.
13. Submit the report. Your cooperation will help build the medical interpreting system.
14. The honorarium for the interpreting service will be paid monthly, in the end of the following month.
15. Take good care of your health.
16. If decision taking is required, or any problems regarding hospital fees arise, do not take any decision. Immediately contact and consult the coordinator.

   * We recommend you apply for the volunteer insurance (fee: 500 yens/year)

(Translated from Japanese by the authors)

Among Yoshitomi's (2009) recommendations there are some which are pretty much the same as Putsch's (1985) and Ito et al.'s (2012). All of them ask health care professionals to avoid specialized medical terms, and use easy-to-understand explanations. Interpreters are also encouraged to perform interpretation that facilitate mutual understanding rather than word-by-word translation.

The guidelines above are highly significant in that it covers all parties involved in providing medical interpreting service: the medical institution, medical personnel, and the interpreter.

There are however some drawbacks mentioned by Yoshitomi (p.144, p.148) that FACIL is still working on: the poor cooperation and understanding of medical interpreting service on the side of medical institutions. Before starting the model program, a survey was conducted with almost 5,000 medical institutions in Hyogo Prefecture, but only 2%

PAYAP UNIVERSITY

expressed interest in medical interpreting services. After 3 years of implementation, there were only 5 hospitals cooperating in this project, and most of them accepted to cooperate because they would not be charged for this service. Medical personnel also lack understanding of the availability of this service because the hospital administration does not always forward enough information to their personnel. Finally, there is the hospital's discriminatory attitude in avoiding foreign patients.

2.3.4. Teamwork between Physicians and Medical Interpreters from the Perspective of Training and Continuing Education

According to Nishikito (2015) different countries have taken different approaches in regards to the training and preparation of both health care professionals (more specifically physicians) and medical interpreters when working together.

(1) Training and Continuing Education in the United States

In the United States, training has been carried out with both the interpreters and health care professionals. Interpreters can take courses that are offered by several institutions, including colleges, universities, language agencies, and government organizations. In addition, health care professionals are also encouraged to participate in continuing education programs. Those already in practice learn about how language barriers influence access to and the quality of health care, and are also taught how to use interpreters properly and efficiently.

At some universities, training medical students on how to use interpreters properly (Marion, et al., 2008; McEvoy, et al., 2009; Cha-Chi Fung, et al., 2010) and teaching cultural competence (Cha-Chi Fung, et al., 2010) have also been included in the academic curriculum.

In sum, in the United States, researchers and educational institutions have realized the importance of language in the health care field, and efforts have been made to

PAYAP UNIVERSITY

prepare both interpreters and health care professionals to be able to work cooperatively (Nishikito, 2015, p.83).

(2) Training and Continuing Education in Japan

In Japan, significant progress has been made to upgrade the quality of medical interpreters. NPOs, NGOs, local international exchange associations, and local government organizations offer courses on medical interpreting. In general, they have received high recognition for the quality of the courses offered. However, education offered to health care professionals on how to proper use interpreters is still unknown.

Kawauchi (2011, p.25-28) describes the insufficient knowledge regarding the interpreters' work, lack of preparation in caring for foreign patients and communication problems faced by nurses in 30 different hospitals across Japan where the research was conducted. Similar observations are made by Serizawa (2007, p.141) in that "an apparent failure by the healthcare workforce to deliver culturally congruent healthcare service has resulted in dissatisfaction with the healthcare system on the part of foreign nationals and increased potential for negative healthcare outcomes". She explains that the preparation of health care providers that are sensitive to foreign patients' cultural backgrounds still remains a challenge for this country that has historically valued homogeneity. She concludes her study by recommending the integration of contents addressing cultural competence into the academic curricula of nursing and medical education.

In sum, Japan's efforts are concentrated on the side of the interpreter, but not yet on the side of the health care professional.

(3) Training and Continuing Education in Thailand

In Thailand, there is no formal training for either the interpreter or the health care professional to teach them how to work cooperatively. Although interpreters receive some on-the-job training, related literature does not mention any training for medical personnel regarding appropriate ways to work with interpreters either by hospitals or outside

PAYAP UNIVERSITY

organizations. Therefore, it is our hope that the results of this study can contribute to providing additional knowledge regarding the teamwork between medical personnel and interpreters when providing care for foreign patients, more specifically, Japanese patients.

We presented above four studies related to the teamwork between health care professionals and medical interpreters from four different perspectives. Putsch's (1985) presented the physician's perspective on this issue. Ito et al. (2012) presented the interpreter's perspective. Yoshitomi (2009) was more thorough proposing recommendations to not only the health care professionals and interpreters, but also to the medical institution that uses the interpreting service. Finally, Nishikito (2015) addressed the teamwork between health care professionals and medical interpreters from the perspective of training and continuing education.

In this study, we take an approach similar to Yoshitomi's (2009) and Putsch's (1985). We propose practical guidelines for hospitals, medical personnel and interpreters. However, we go beyond Putsch's (1085) suggestions in the sense that we do not limit our recommendations to physicians only; nurses are also taken into consideration. At the level of content, we look at both language and communication issues, as well as interpersonal relationship issues that may affect the teamwork between medical personnel and interpreters.

PAYAP UNIVERSITY