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## Inadequate and Illegal Use of Interpreters in Perioperative Care: A Call to Action

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<b>Abstract:</b>	<p>Highlights</p> <ul style="list-style-type: none"><li>• Patients with limited-English proficiency (LEP) are a high-risk group in medicine.</li><li>• Professional interpreters reduce healthcare errors and improve patient experiences but are underutilized in surgery.</li><li>• It is important to consistently and properly utilize professional interpreters perioperatively for informed consent, discharge instructions, and other patient discussions to reduce negative outcomes for LEP patients.</li><li>• Educating surgical residents and faculty on the rights of LEP patients and best practices for their care is critical in reducing this health disparity.</li></ul>
<b>Suggested Reviewers:</b>	<p>James Lau, MD Vice Chair of Education, Loyola University jthel2009@gmail.com Dr. Lau is the Vice Chair of Education and a noted surgical educator previously at Stanford University. He has a lot of experience in creating medical student curriculum focused on Surgery.</p> <p>Natasha Keric, MD Clerkship director, University of Dundee Natasha.Keric@bannerhealth.com Dr. Keric is the Clerkship Director of Surgery at the Univ of Arizona, which has a high percentage of Spanish only speakers and would have a high level of expertise in these issues.</p>

Highlights:

- Patients with limited-English proficiency (LEP) are a high-risk group in medicine.
- Professional interpreters improve patient outcomes but are underutilized in surgery.
- Effective perioperative utilization of interpreters reduces negative outcomes.
- We need to improve education for surgeons on best practices in LEP patient care.

## Inadequate and Illegal Use of Interpreters in Perioperative Care: A Call to Action

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Physician-patient communication matters. Effective communication has a positive impact on health outcomes directly, by allowing clear transmission of health information, and indirectly, by increasing patient satisfaction and adherence to treatment regimens.<sup>1</sup> This issue is so critical, in fact, that many medical schools now begin teaching patient communication early in the pre-clinical years, and students are frequently re-evaluated as their medical education progresses.<sup>2,3</sup> This emphasis on communication is logical, since communication permeates every aspect of clinical medicine. Surgeons, who have historically been viewed as poor communicators, teach patients conceptual information that help them understand their diagnoses and ensure that patients understand the purpose, risks, benefits, and alternatives for surgeries in order to ethically and legally obtain informed consent. Poor communication in any of these domains can have significant consequences.

Patients with communication concerns are at a decided disadvantage when navigating the healthcare system. One such group is the limited English proficiency (LEP) community—that is, individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals represent almost 9% of the US population—roughly 25 million people.<sup>4</sup> As patients, they occupy a critical intersection between physician-patient communication errors and health disparities. On the whole, LEP patients have higher infection rates, more drug complications, and low health literacy.<sup>5,6</sup> They have longer lengths of hospitalization and higher readmission rates.<sup>7,8,9</sup> They have poorer understanding of their diagnoses and are less satisfied with their healthcare than their English-speaking counterparts.<sup>5,6</sup>

Medical interpreters are a key component of effective communication and must legally be provided to LEP patients under Title VI of the Civil Rights Act.<sup>10</sup> However, interpreter services are not federally funded and are variably reimbursed by insurance companies, leading to their inconsistent availability across care settings.<sup>11</sup> Most large health systems have access to interpreters through a combination of in-person, phone, and video services; yet interpreter use is not widely used even under these circumstances.<sup>12</sup> We feel that effective communication is critical perioperatively, especially in the informed consent process and at time of discharge, when post-operative instructions must be understood.<sup>6,13,14,15</sup> Inadequate interpreter use creates another form of health disparities for patients who are already at risk for poor quality care.

Why do physicians, and specifically surgeons, underutilize professional interpreters? How is it that caring, thoughtful providers overlook the importance of their services? Many believe that getting an interpreter takes too much time.<sup>16</sup> Others are wary of utilization of interpreters over the phone.<sup>17</sup> Often, physicians use a family member or a nearby bilingual—but uncertified—staff member to communicate with LEP patients.<sup>11,16,17</sup> Professional interpreters undergo training to ensure comprehension of medical vocabulary and topics, and they must adhere to strict guidelines, including confidentiality and avoiding unsolicited advice. Conversely, while ad hoc interpreters may have language proficiency, their lack of professional training can cause problems for providers and patients alike.

Ad hoc interpreters can—intentionally or unintentionally—restrict their access to accurate and complete medical information.<sup>11</sup> Children have limited comprehension of adult issues, which can

impair their interpreting ability.<sup>13</sup> Adult family members may not relay certain information because of its sensitive or distressing nature. Even worse, they may withhold or misconstrue information for their own nefarious purposes.<sup>11</sup>

There are financial and legal costs to this inadequate communication. In one study, only 39% of patients used interpreter services at both admission and discharge (considered key interactions), with almost 15% of patients receiving no interpreter assistance whatsoever. These patients had longer hospital stays and a higher 30-day readmission rate than patients who received appropriate support.<sup>7</sup> In a published case, a clinical staff member acting in the role of an unofficial Spanish interpreter mistakenly interpreted the word “intoxicado” as intoxicated instead of correctly associating it with toxicity. The care team wasted precious time evaluating for substance abuse and missed an intracerebral hemorrhage, resulting in a \$71 million-dollar malpractice suit.<sup>18</sup>

We believe that this is a particularly important issue for surgeons. With inadequate interpreter usage, LEP patients may consent to surgeries that they do not fully comprehend. Their hospitalization may be prolonged. At the end of their stay, they may receive discharge instructions in English alone, misunderstanding or completely missing vital instructions regarding wound care, activity restrictions, and follow-up.

As surgeons, we need to do better. We believe that educating surgical trainees and faculty is crucial and recommend the following interventions:

- 1. Improve training for surgical residents and faculty:** While residents are often taught how to access hospital interpreters, they receive little, if any, instruction on how to work with them.<sup>19</sup> Comprehensive education on LEP patients’ legal rights to trained interpreters and techniques to reduce misinterpretation are critical.
- 2. Improve communication with interpreter services departments:** LEP patient populations differ geographically and it is imperative to consider the linguistic and cultural needs most often encountered in each practice. Departments should work with institutional interpreters to identify common languages and to create translations of commonly used forms.
- 3. Anticipate when interpreters are most often needed and work to make them more readily available in those situations.** For example, having an “on call” interpreter for Spanish-speaking patients in a busy trauma center.

Adequate communication is critical to ensure good health outcomes and also minimize legal and financial risk to providers. Surgical care has inherent complexity involved in the communication of surgical consents and post-operative discharge instructions. Better integration with interpreter services in these areas will improve care.

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