



## Language Barriers Lead to Medical Mistakes

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Most of us assume that once we make it to our health care provider and explain our problems we'll receive appropriate medical treatment and learn how to care for our illnesses or injuries. Even in emergency situations, we are confident that our issues will be resolved.

But what if you and your provider couldn't communicate? How would you describe your concerns? How would your physician be able to make a diagnosis?

Millions of Americans face this dilemma every day. About 45 million people in the US speak a language other than English in their homes, and of those, 19 million are limited in their proficiency of the English language. What happens when they need to see a doctor or go to an emergency department for treatment? Some hospitals and clinics offer a trained interpreter for certain languages, and some do not. Some use an outside service that provides interpreters, and some do not. Some insurance companies cover the use of an interpreter, and some do not.

If non-English-speaking patients have no interpreter, they can run into serious difficulties when trying to communicate with medical staff. And the problems don't end there. Even *with* an interpreter available, translation errors can have serious medical consequences.

### Trained Interpreters Make Fewer Mistakes

A recent study showed that interpreter errors can play a significant role in medical mistakes. The study, conducted in the pediatrics department of the Boston Medical Center, was led by **Glenn Flores, MD, FAAP**, Medical College of Wisconsin Associate Professor of Pediatrics, Epidemiology and Health Policy; Director of Community Outcomes, Department of Pediatrics; and Director of the Center for the Advancement of Underserved Children. Over the course of 7 months, researchers monitored thirteen encounters between physicians, non-English-speaking patients and their interpreters.

In six of the cases interpreters were professionally trained; the rest were on-hand, ad-hoc interpreters including nurses, family members or social workers. The results of the study, published in January of this year in the journal *Pediatrics*, were startling. In the thirteen audiotaped encounters, leading to 474 pages of transcribed notes, 396 interpreter errors were found. That's an average of 31 mistakes per encounter.

Most importantly, the study showed that ad-hoc interpreters were much more likely than professionally trained interpreters to make errors that could lead to serious problems for the patient. This led Dr. Flores to the conclusion that professionally trained medical interpreters are essential in health care facilities. "Interpreter mistakes can cause medical errors," he says, "but errors by ad-hoc interpreters are significantly more likely to have serious clinical consequences."

### Most Common Interpreter Errors

According to Dr. Flores, the most common interpreter errors cited in the study were:

- Omission (52%), in which the interpreter left out an important piece of information.
- False fluency (16%), in which the interpreter used words or phrases that didn't exist in a

- specific language.
- Substitution (13%), in which a word or phrase is replaced with another word or phrase of a different meaning.
- Editorialization (10%), in which the interpreter's opinion is added to the interpretation.
- Addition (8%), in which a word or phrase is added by the interpreter.

### **Clinical Consequences**

Over 60% of the errors made during the study had "potential clinical consequences." This means that the errors in interpretation could cause the information given to be very different than originally intended. Specific errors included leaving out questions about drug allergies; omitting or inaccurately describing instructions about dosages and frequency of medications; telling a patient that a hydrocortisone cream must be applied all over the body instead of just on a rash; and instructing a patient not to answer personal questions.

Although the Boston study was small, Dr. Flores said that a similar situation exists in most hospitals across the US. "The latest national data shows that only about one-quarter of hospitals in the US have trained interpreters available for their patients," he reports. And even in those hospitals that do use interpreters' services, some are not specifically trained for medical interpretation, so errors can still occur.

### **Cost of Prevention vs. Legal Battles**

There are currently five states in which the service of an interpreter is covered by insurance: Hawaii, Maine, Minnesota, Vermont and Washington. With budget cuts and funding problems in most areas of the health care industry, medical societies, hospital administrators and insurance companies are emphasizing the fact that interpreters cost money that they don't have. But Dr. Flores disagrees. "It would only cost an average of \$4.04 per patient visit to add medical interpreters to the cost of health insurance." He asserts, "With the increasing numbers of patients who do not speak English, it makes sense to do this on a national level."

While Dr. Flores and other are focusing on the relatively minor amount of money that's needed to add medical interpreters to the cost of health insurance, others are focusing on the large amounts that can be forfeited in legal battles. A \$71 million lawsuit against a Florida hospital began when medical staff misinterpreted a patient's symptoms. When a patient explained that he felt nauseous ("intoxicado," which has several meanings), they assumed he was under the influence of drugs or alcohol. The patient was eventually diagnosed with a brain aneurysm and became quadriplegic.

Here at home, most facilities at Froedtert & Medical College use interpreter services or have an interpreter on staff. But many smaller US hospitals have no provisions for patients who don't speak English. "Some people see the lack of interpreters as a form of discrimination," Dr. Flores says. The problem occurs in all languages, and needs to be addressed."

"Paid, trained medical interpreters are a must in health care facilities," Dr. Flores concludes. "They actually save money in the long run."

P.J. Early  
HealthLink Contributing Writer

*For more information on this topic, see the HealthLink articles [20 Tips to Help Prevent Medical Errors](#) and [Medical Mistakes: How Can They Be Prevented?](#)*

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