

# SECTION Advocacy and Medical Interpreters 5.3

## LEARNING OBJECTIVE 5.3

After completing this section, you will be able to:

**Apply a decision-making protocol for advocacy to medical interpreting.**

### DEFINITION

#### Advocacy

Taking action or speaking up on behalf of a service user whose safety, health, well-being or human dignity is at risk, with the purpose of preventing harm.

*Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes. In general, advocacy means that a third party (in this case, the interpreter) speaks for or pleads the cause of another party, thereby departing from an impartial role.*

NCIHC (2005, p. 11)

NCIHC (2005, p. 12)

## Overview

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Should you advocate or not? This is a question that you will face often in the field. In general, there is no agreement about what advocacy even is—and far less agreement about whether interpreters (including medical interpreters) should perform it. Some U.S. hospitals forbid interpreters from advocating. According to national standards in Canada, interpreters are not permitted to advocate at all (HIN, 2007).

Still, in real life you will almost certainly run into situations where you will feel a desire to advocate. The goal of this section is to clarify the idea of advocacy and help you make effective decisions about whether or not to advocate and how to advocate if you choose to do so.

## Learning Content

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### What is advocacy?

#### Defining advocacy

“Advocacy” is a fuzzy word. It means many different things. The authors of this textbook suggest the following definition for advocacy in healthcare settings:

NCIHC offers its own definition. Note that in the NCIHC definition, advocacy involves “departing from an impartial role.” Because advocacy clashes with impartiality, many stakeholders across the country are not comfortable with the idea of suggesting that medical interpreters have to advocate.

## Advocacy means stepping out of role

### Advocacy is not part of your job

The NCIHC definition clearly shows that the interpreter who advocates steps out of role. The authors of this textbook agree. If you advocate, you are stepping out of your professional role as an interpreter.

As an individual interpreter, your role is limited to avoid interfering with the communication process of patient and provider.

Because advocacy involves taking actions beyond the interpreter role of transferring messages and enabling communication, only exceptional circumstances can justify advocacy on the part of the interpreter. You will have no choice if you encounter a serious risk to the safety, health, well-being or human dignity of the service user. You will have to advocate if that happens. But it also means that you will no longer be respecting professional ethics such as impartiality or role boundaries.

This section will help you clarify in your own mind what it means to “step out of role” and the potential consequences of doing so—for you and for others.

### Advocacy can interfere with clear communication

Remember: provider and patient can only communicate effectively if they have communicative



autonomy. To help parties be in control of their own communication process, your role is limited. Everyone at the encounter also needs to know what to expect of you. Take the example of the bus driver: for the bus system to work, every driver needs to follow their route and stick to the schedules. If interpreters start interfering with communication, providers and patients will be confused.

Since advocacy involves taking actions beyond the interpreter role of transferring messages and enabling communication, only exceptional circumstances can justify advocacy on the part of the interpreter. A serious risk to the safety, health, well-being or human dignity of the service user justifies advocacy, but that means you are breaching your professional ethics. When acting as an interpreter, avoid taking on an advocacy role.

### Interpreters, Ethics and Advocacy

It is important for medical interpreters to be aware that codes of ethics published by interpreting associations show differing approaches to advocacy. Some simply forbid it. For example, the AUSIT code from Australia (AUSIT, 2012) and the *National Standard Guide for Community Interpreting Services* (HIN, 2007) from Canada prohibit advocacy under the ethical principle of role boundaries.

In the United States, however, NCIHC and CHIA include advocacy among their ethical principles and standards for medical interpreters. After all, health professionals are often expected to advocate for patient safety. IMIA (2006) in its own code of ethics includes patient advocacy and intercultural mediation in the same ethical principle, suggesting that both actions are within the interpreter's role.

## Advocacy presents an ethical dilemma

### When advocacy is necessary

It is worth repeating: when acting as an interpreter, avoid taking on an advocacy role. However, sometimes, *not* to take action is morally unacceptable. Perhaps someone is at risk of having surgery on the wrong part of the body. If the risk to a patient's safety, health, well-being or human dignity is serious enough, you may think that you have no other moral choice but to take action or speak up. It might simply be inhumane to stand by and do nothing.



For example, you would not allow a bleeding patient to be ignored. After all, you have a simple, moral duty to help someone in extreme circumstances. No professional code of any profession has the right to ban anyone from acting morally. When we advocate, we are acting not so much as professional interpreters but rather as human beings.



### Ethical dilemmas and advocacy

Whenever you advocate, you breach your ethical requirements such as impartiality and professional boundaries. If you face competing ethical or moral demands, you face an ethical dilemma. Whatever action you take, you will violate an ethical or moral requirement. Situations for interpreters that call for advocacy are, by definition, *ethical dilemmas*. The interpreter needs to choose between two options. None of the options is ideal. The interpreter needs to decide which is the “lesser evil,” in other words, which one of the non-ideal options is the least harmful.

### Weighing the pros and cons

Consider this example. The patient has an allergy to penicillin. You know that from a previous encounter. This time, the patient doesn't mention his allergy to the doctor, who prescribes a medication that you know contains penicillin. Should you look away and pretend it does not exist to respect interpreter role boundaries and remain impartial? Or should you set aside your professional ethics and act as you choose?

Neither of these two choices is appropriate because they show no effort to weigh the pros and cons. In a situation like this one, you need to engage in conscious decision-making before taking action. In fact, the first question to ask yourself here is: *should* I advocate?

## Should I advocate?

### The Advocacy Road Map

#### How to use the road map

Making decisions about advocacy is not easy. In García-Beyaert (2015), community interpreters were introduced to a simple “road map” to help them make decisions about advocacy—starting with whether or not to advocate at all. After all, only when the risk is important enough should you even consider advocating. Deciding whether a risk is serious enough to justify advocacy is your decision.

The road map discussed on the next pages will help by walking you through three simple steps to guide your decision-making process. The steps are presented in the form of questions. You decide the answer to each question before moving on to the next step.

#### Step 1: Decide why you want to advocate

The first step when you make a decision about advocacy as an interpreter is self-awareness. *Why* do you want to advocate? What causes you to feel or think the need to do so? If you are doing so for yourself, to feel better or because you are angry or upset—please do not advocate. Instead, ask yourself: *Is there a risk to someone’s safety, health, well-being or human dignity?*

#### How Not to Advocate

*Too often, interpreters advocate because they think they know better than others or because they have a great desire to help. These are not good or sufficient reasons to advocate. Advocacy is a decision to make based on the serious risk of harm to the patient.*

*Even when advocating is the right thing to do—it must be done in an appropriate and professional way. Here are examples of advocacy that were inappropriate.*

*I once interpreted for a poor family that had come to the U.S. for medical treatment. They had very little money and felt quite isolated due to the language barrier. So I went to church and told their story to my congregation. Soon, the family began to receive visits from church members. I know this helped them feel better during their stay in this country.*

*If I’m interpreting and I feel that the patient should get a second opinion, I probe the patient to see if this is what s/he wants. After I interpret the provider’s diagnosis, I ask the patient (in the target language, of course), “Do you want to see another doctor?”*

*One provider was so rude to my patient, that at the end of the session, I offered to rebook the patient’s appointment with a different provider. I never want any of my patients to be seen by that provider!<sup>55</sup>*

#### Step 2: Assess risk

The second step is to determine how serious the risk is. If you didn’t advocate, would someone’s safety, health, well-being or human dignity be at *serious* risk? If not, there is no need to take action. You can always monitor the situation to decide whether or not to advocate later. Your opinion might change if the risk changes.

<sup>55</sup> Retrieved from [https://embracingculture.com/wp-content/uploads/2014/12/ce\\_express\\_02\\_08.pdf](https://embracingculture.com/wp-content/uploads/2014/12/ce_express_02_08.pdf)

If you think the risk is very serious, so serious that you are willing to step out of your professional role, consider advocacy. But remember: now you are acting as a human being. You have stepped out of your role as a professional interpreter. There might be consequences, even serious consequences. You could lose your job—or never be asked to interpret for the language service again. You might be stripped of your certification or even trigger a lawsuit or a court case. Be careful when you assess risk. Take this decision seriously.

### Step 3: Take action

The third step helps you decide *when* and *how* to take action—if it is truly needed. First, you will need to decide if the risk to the patient (or, in principle, anyone else) is *imminent* or not. Imminent means that something is about to happen. For example, if you know a domestic violence victim's bruises are from her husband because she told you so in the waiting room, but the patient doesn't tell the nurse, there is no *imminent* danger that you know of. The situation is serious and requires taking action soon, but it is not imminent. It would be imminent if the patient told you that she saw her husband following her before she came into the hospital and that she fears for her life right now.

If the risk is truly imminent, you would take action on the spot. You could disclose the situation to a health professional or call 911.

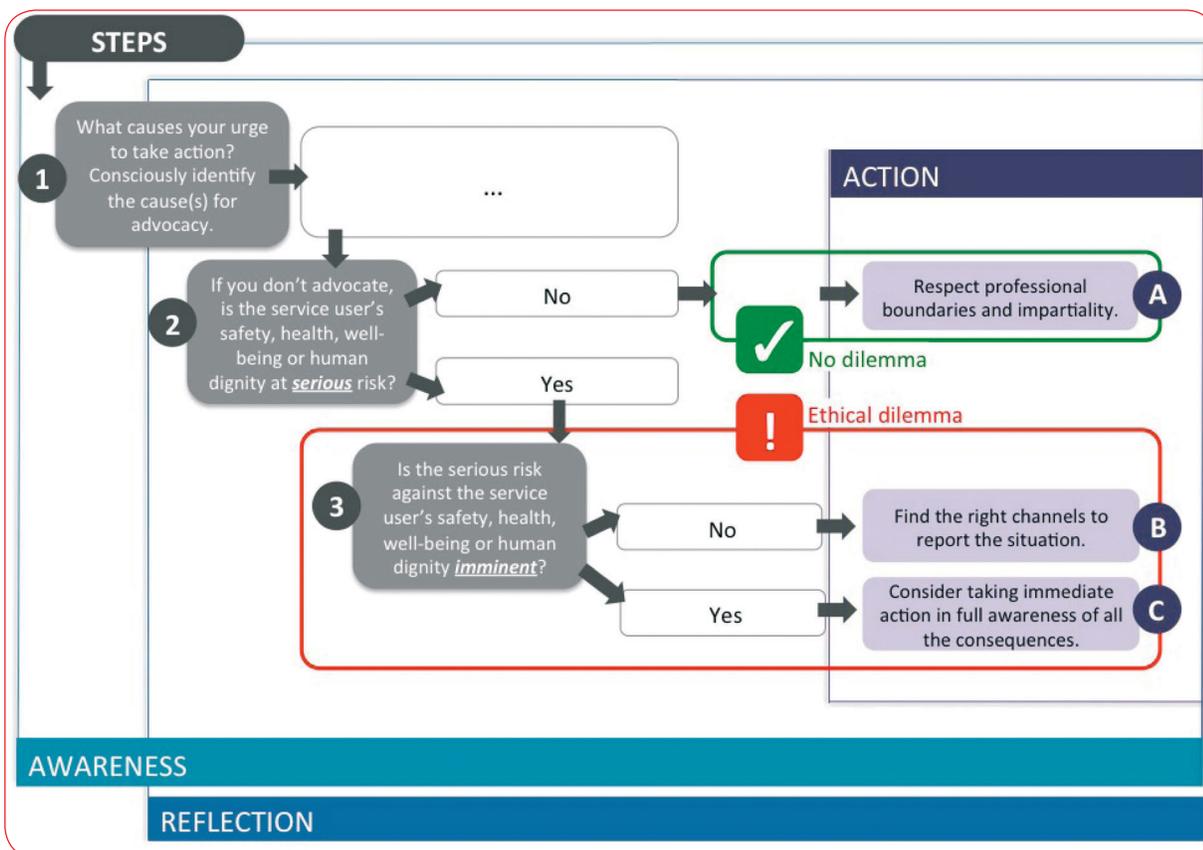


Figure 5-C: A Road map for Advocacy. Source: García-Beyaert (2015).

## How to advocate

### Action A: Continue interpreting

As you answer the questions in the Advocacy Road Map for steps 1, 2 and 3, you face different choices. If the risk of harm is not serious, simply act as a professional interpreter.

### Actions B and C: Ethical dilemma zone!

If you do take action, it could be immediate, if the risk is imminent, or you could take action after the session. Whatever you decide to do, remember to always consider all your options carefully. You are in the ethical dilemma zone!



### Action B: The risk is serious but not imminent

#### Use the system in place

If the risk of harm is serious, but not likely to happen very soon, consider taking action after the session, but try to work within the system in place. In other words, don't take a big burden on your shoulders or try to correct the situation alone. Taking action for nonurgent situations usually means reporting the problem to the appropriate person or office.

#### Reporting a problem

Let's say that a provider insulted a patient by making racist remarks that you interpreted. The patient was too timid to speak up. You think the provider might act the same way with other patients. After the session, you could find the right channels to report the situation. Depending on your employment status, what you decide to do could be quite different.



### Employed interpreters

If you are a staff interpreter employed by the institution, or a bilingual employee who interprets as an extra duty, you could speak to the provider directly. If you don't think you can do so, instead you could report the situation to someone within the institution. When you make that report, you would try to follow established rules for reporting critical incidents. If you don't know the rules, you could report the incident to your supervisor. You might be asked to write a report. Respect patient confidentiality.

### Self-employed and agency interpreters

If you are a self-employed interpreter (a freelance interpreter or a contract interpreter) or an agency interpreter (an interpreter who works for a language service as an employee), you usually should not report to the institution where you interpreted (e.g., a health department). Instead, report to the agency that hired or contracted you. That agency assumes legal liability for your conduct. The agency will need to decide what to do about the situation you report. As a contract or agency interpreter, be especially careful before you reveal any details. Which information is confidential? Which is not? Think carefully.



### Action C: The risk is serious and imminent

#### Liability

If the risk for the patient is not only serious but also imminent, then and only then consider taking action on the spot. Keep in mind that you are now acting not as an interpreter but as a human being. The consequences are your responsibility. Yet the legal liability for your actions could affect many parties—including the agency you work for (if you are an employee) or the agency that hired you (if you are self-employed). Think hard about the potential consequences of your advocacy—good and bad—because they could affect many other people and also organizations.

#### The penicillin example



Let's go back to the penicillin story. Imagine that a nurse is about to administer a drug to which you know the patient is allergic because it contains penicillin. What would you do? You might suggest that the provider ask, again, if the patient is allergic to any medication. If that doesn't work, you could step out of role to suggest that the nurse ask about allergies to penicillin. If at all possible, you would want that information to come from the patient, but if all else fails you could consider disclosing the allergy to prevent harm. Note that in its code of

ethics, NCIHC specifically states that advocacy should be engaged in *only* after trying other options: "Advocacy must only be undertaken after careful and thoughtful analysis of the situation and if other less intrusive actions have not resolved the problem" (NCIHC, 2004, p. 3).

## Review of Section 5.3

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Human situations in medical interpreting can be extreme. If you see an individual at risk of harm, especially a risk to a patient's safety, health, well-being or human dignity, you might want to advocate for that person. Yet each time you do, you are stepping out of your role as a professional interpreter. Situations that call for advocacy create an ethical dilemma. Two or more ethical or moral demands compete with each other.

The Advocacy Road Map included in this section offers a visual tool to guide your decision-making about advocacy. It includes a simple three-step process. The main criteria for decision-making are: 1. Decide why you want to advocate. 2. Assess the seriousness of the risk. 3. Determine how imminent a serious risk is. By walking yourself through these steps, you can decide whether or not to take action outside your role as a professional interpreter. Always remember that if you do, you are acting as a human being with a conscience. Sometimes advocacy is the right thing to do. Sometimes it is the *only* right thing to do.