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COMMENTARIES

Failures of Interpreting and the Impact on Immigrant Healthcare in the United States

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This is a first hand account on the failure of virtual interpreting systems as a means of communication with non-English speaking patients. The story focuses on the experiences of two medical students who found themselves having to intervene during medical encounters that utilized virtual interpreting systems due to frequent inaccuracies. Furthermore, it explores the research surrounding the importance of language concordance for accurate and safe medical communication, patient satisfaction and mitigation of already existing healthcare disparities, especially with a rapidly growing Hispanic population.

Our pediatrics rotation was one that we will never forget. We were two third-year bilingual and Hispanic medical students rotating at the Inova Fairfax Medical Campus Hospital, where a significant amount of our patients were Hispanic. Each morning, as we embarked on our rounds, our attending would bring along an iPad for the virtual interpreter, one of the standard protocols that can be used for interpretation in medical facilities that lack enough staff interpreters on-site.[1] We would attentively listen as the interpreter relayed the doctor's message to the patient and their family. Little did we anticipate that this seemingly helpful system, designed to aid non-English-speaking patients, would inadvertently hinder their care. During this rotation, we witnessed firsthand the detrimental impact of virtual interpreting on patient care. It became apparent that the efforts we poured into our club, the Medical Spanish Initiative (MSI), with the aim of enhancing medical students' proficiency in the Spanish language patient interviews, examinations, and patient education, could significantly change the quality of care that Hispanic patients receive nationwide.

Throughout our rotation, almost invariably, we found ourselves having to intervene to correct the interpreters' inaccuracies. What they conveyed to the patient and their family often diverged significantly from the intended message of the provider. For example, there was one instance where the interpreter miscommunicated the correct dosage and timing of a prescribed treatment for an infection. Such misunderstandings could potentially lead to patients not adhering to their treatment regimen or experiencing treatment failure, thereby increasing the risk of complications from bacterial infections. Without our intervention, the parents of our patient might have walked away with a completely different understanding of their child's condition and the

proposed treatment plan. It fell upon us to step in and alleviate the confusion and anxiety of our patients and their families. We ensured comprehension of the treatment plan by documenting it for parents and verifying their understanding of their child's diagnosis and treatment regimen through a recap session before concluding rounds in the patient rooms.

Our experience in this rotation demonstrated the increasing need for Spanish speaking physicians, so that virtual interpreting can be relied on less and less. It has been shown that "patients without language-concordant health care providers are more likely to experience miscommunication and adverse events, are less likely to comply with medications and medical advice and are less likely to come to follow-up appointments".[2] Moreover, two studies recently demonstrated that there is a "benefit of having Spanish-speaking physicians over using interpretation services".[3] In one study, "Spanish-speaking patients with cancer were randomly" divided into two groups: one group received care from Spanish speaking doctors, while the other group received care from English speaking doctors with interpreters.[4] This study showed "that the patients receiving care from the Spanish-speaking physicians self-reported significantly higher general patient satisfaction compared to patients receiving care through interpreter services".[4] Moreover, another study showed that diabetic patients who received care from Spanish-speaking physicians (as opposed to an English-speaking physician and an interpreter) "experienced more significant changes in glycemic control".[5] It is evident that receiving care from a Spanish speaking physician (as opposed to an English-speaking physician and the use of interpreters) leads to higher patient satisfaction and more optimal health outcomes for Hispanic patients.

A study comparing virtual (via telephone and videoconference) to in-person interpreters found that "encounters with in-person interpretation were rated significantly higher by providers and interpreters, while patients rated all methods the same".[6] Virtual interpreting can be disrupted by technical issues and may lead to increased wait times due to equipment setup. Given these challenges, in-person interpreting should be preferred over virtual methods.[5] However, there is limited data comparing the impact of different interpreting methods on patient satisfaction and outcomes. Ultimately, interpreters, whether virtual or in-person, address a critical but temporary solution to the larger systemic issue of the shortage of Spanish-speaking and/or Hispanic physicians.

We developed the Medical Spanish Initiative because we had seen firsthand the effects of language discordance on Spanish speaking patients through the volunteer and clinical work we have done. By developing this initiative, we hoped to increase the number of physicians (who already have a strong foundation in the Spanish language) that are comfortable using medical Spanish during visits with their patients. In doing so, virtual interpreters

would have to be relied on less, leading to less confusion and inaccuracy in conveying diagnoses and treatment plans to Hispanic patients, higher patient satisfaction, and more optimal health outcomes.

Since developing the club in our first year of medical school, a robust curriculum has been established and the program has been integrated into the second-year curriculum as a selective at the Georgetown University School of Medicine. Our curriculum for medical Spanish has been developed to closely align with the medical school curriculum. Lessons in medical Spanish during each block or semester mirror the concurrent study of organ system pathology and pharmacology in the medical school. Moreover, along with interactive lectures where the vocabulary and principles are taught and learned, our curriculum includes sessions with standardized patients and cases so that students are able to apply the skills that they are learning. Our initiative has also developed fruitful partnerships with volunteer organizations such as HOYA Clinic and the Arlington Free Clinic. These partnerships provide students the opportunities to apply their skills in clinical settings and patient interactions.

According to a 2015 survey, there are approximately 56.5 million Hispanic/Latino residents in the United States and that number is "projected to grow to 107 million by 2065", with only 69% reporting English proficiency.[7] The Hispanic population in this country is increasing annually, yet the number of Spanish-speaking physicians fails to keep pace.[2] Six percent of all physicians in the United States are Hispanic, and "only two percent of the non-Hispanic physicians are Spanish-speaking".[2] Meanwhile 18.9 percent of the United States' population is Hispanic.[8] This glaring discrepancy erects a formidable language barrier for Hispanic patients; a barrier that, as we have experienced firsthand, virtual interpreting struggles to surmount.

Language concordance between patients and physicians is pivotal in ensuring safe and effective healthcare delivery. A recent case study conducted in February 2023 on "the impact of language concordance on patient care" underscored its significance.[3] It revealed that language-concordant care facilitates emotional connection between physicians and patients, thereby enhancing perceived care. Spanish-speaking providers can foster greater comfort and satisfaction among patients compared to relying solely on interpreters.[3]

Health disparities disproportionately affect individuals who face racial, cultural, linguistic, educational, economic, and social barriers to care. Addressing social determinants of health, such as language and cultural barriers, holds promise in mitigating these disparities, reducing costs, and advancing value-based care objectives, such as curbing readmission rates and enhancing medication adherence.[9]

Our overarching objective is to instill in MSI students the confidence to employ medical Spanish independently and communicate effectively with their future patients. We realize the value that our background has on the care our patients receive, as the last words we once heard before exiting a patient room were: “Ah que bueno que hablas español mija, muchas gracias por todo. Que Dios te bendiga”, meaning: “I am so grateful you speak Spanish. Thank you so much. May God bless you”. It is in moments like these that we realize why we came into medicine and why we will continue to work to optimize care for patients that look and sound just like us.

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