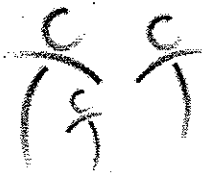


GEORGETOWN UNIVERSITY CENTER FOR CHILD AND HUMAN DEVELOPMENT



# National Center for Cultural Competence Curricula Enhancement Module Series



[Home](#)

## Public Health in a Multicultural Environment

### Process of Inquiry - Communicating in a Multicultural Environment Teaching Tools, Strategies, and Resources, continued

Process of Inquiry - Communicating in a Multicultural Environment  
 • Introduction, Purpose and Rationale  
 • Key Content Areas

Teaching Tools, Strategies & Resources  
 • Awareness, Knowledge, & Skills  
 • Vignettes  
 • Teaching Tools  
 • Resources for the Module Series  
 • Resources for Process of Inquiry Module

[Appendix](#)

[References](#)

[Acknowledgments](#)

[About the NCCC](#)

[Print Modules](#)

#### TEACHING TOOLS

#### THE CASE AGAINST USING FAMILY, FRIENDS, AND MINORS AS INTERPRETERS IN HEALTH AND MENTAL HEALTH CARE SETTINGS

Many systems and organizations continue the use of family, friends, and minors as interpreters in the provision of health and mental health care. Unfortunately, this use continues to be common practice in many settings. It is clearly far from evidence-based and best practice, and may expose the system or organization to serious liability.



This discussion tool can be used to educate policy and decision makers, administrators, providers, and the community at large about making the case against the use of family, friends, and minors as interpreters for health and mental health care encounters. Participants should be encouraged to share their own experiences related to the issues raised in this tool.

#### Family Members and Friends as Interpreters

Sometimes family members/friends are reluctant to ask questions when they do not understand or when they are embarrassed. They may lack medical vocabulary in English and their own language. Family members/friends are often uncomfortable and will not ask for a more qualified interpreter when the situation gets beyond their abilities.

Sometimes family members/friends will not give the patient a provider's full and complete explanations. They may be embarrassed to admit they do not understand or embarrassed by the nature of the conversation. They might not agree with the provider. Conversely, they may miscommunicate the patient's message, preferring that the provider hear their version of the situation.

Family members'/friends' emotional involvement often results in a tendency to protect the patient from bad news; therefore, they edit or change information. Also, sometimes family members/friends will not share with a provider the patient's full message, again because they are embarrassed, do not have what they judge to be the proper vocabulary, or because they make a decision that the provider doesn't need to know "all this extra information."

Finally, aside from interpretation lapses, confidentiality is also a problem when family members/friends serve as the interpreters. Often, the patient does not want to disclose upsetting private information or secret issues in front of a relative. The patient may not feel confident that the family member/friend interpreter will maintain confidentiality and will not disclose private information to others.

### Minors or Children as Interpreters

The Office of Civil Rights, U.S. Department of Health and Human Services, expressly discourages the use of minors in health care interpreting. The following tool provides a selected list for the case against using children as interpreters:



#### Role Reversal

The child ends up having to process information and provide help and support to the parent or other adult.

#### Editing

The child may interpret messages to suit his/her personal view of what is appropriate, convenient, or proper to say to spare parents from suffering embarrassment.

#### Mistakes

It is unlikely that children understand all the intended messages, even when they say (and believe) they do.

#### Guilt

It is easy for children to feel they are the cause of suffering because they said something painful or made a mistake in conveying a message.

#### Omissions

Adult patients often omit mentioning important information because they do not want the child to know sensitive aspects of their lives.

#### Confidentiality

Even when cautioned, children do not understand issues of confidentiality and may inadvertently reveal sensitive material learned during interpreting.

In addition to those reasons cited above, there may be religious, spiritual, and moral prohibitions against engaging minor children in adult situations and discussions (e.g., sexual practices, reproductive health, substance use and abuse, and domestic violence).

Gilbert, M.J. (2005) "The Case Against Using Family, Friends, and Minors as Interpreters in Health and Mental Health Care Settings" in *Process of Inquiry—Communicating in a Multicultural Environment*. From the Curricula Enhancement Module Series. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

← Previous

Next →