

STANDARDS OF PRACTICE

■ ACCURACY

OBJECTIVE:

To enable other parties to know precisely what each speaker has said.

Related ethical principle:

Interpreters strive to render the message accurately, conveying the content and spirit of the original message, taking into consideration the cultural context.

1. **The interpreter renders all messages accurately and completely, without adding, omitting, or substituting.**

For example, an interpreter repeats all that is said, even if it seems redundant, irrelevant, or rude.

2. **The interpreter replicates the register, style, and tone of the speaker.**

For example, unless there is no equivalent in the patient's language, an interpreter does not substitute simpler explanations for medical terms a provider uses, but may ask the speaker to re-express themselves in language more easily understood by the other party.

3. **The interpreter advises parties that everything said will be interpreted.**

For example, an interpreter may explain the interpreting process to a provider by saying "everything you say will be repeated to the patient."

4. **The interpreter manages the flow of communication.**

For example, an interpreter may ask a speaker to pause or slow down.

5. **The interpreter corrects errors in interpretation.**

For example, an interpreter who has omitted an important word corrects the mistake as soon as possible.

6. **The interpreter maintains transparency.**

For example, when asking for clarification, an interpreter says to all parties, "I, the interpreter, did not understand, so I am going to ask for an explanation."

STANDARDS OF PRACTICE

CONFIDENTIALITY

OBJECTIVE:

To honor the private and personal nature of the health care interaction and maintain trust among all parties.

Related ethical principle:

Interpreters treat as confidential, within the treating team, all information learned in the performance of their professional duties, while observing relevant requirements regarding disclosure.

7. The interpreter maintains confidentiality and does not disclose information outside the treating team, except with the patient's consent or if required by law.

For example, an interpreter does not discuss a patient's case with family or community members without the patient's consent.

8. The interpreter protects written patient information in his or her possession.

For example, an interpreter does not leave notes on an interpreting session in public view.

IMPARTIALITY

OBJECTIVE:

To eliminate the effect of interpreter bias or preference.

Related ethical principle:

Interpreters strive to maintain impartiality and refrain from counseling, advising, or projecting personal biases or beliefs.

9. The interpreter does not allow personal judgments or cultural values to influence objectivity.

For example, an interpreter does not reveal personal feelings through words, tone of voice, or body language.

10. The interpreter discloses potential conflicts of interest, withdrawing from assignments if necessary.

For example, an interpreter avoids interpreting for a family member or close friend.

STANDARDS OF PRACTICE

RESPECT

OBJECTIVE:

To acknowledge the inherent dignity of all parties in the interpreted encounter.

Related ethical principle:

Interpreters treat all parties with respect.

- 11. The interpreter uses professional, culturally appropriate ways of showing respect.**

For example, in greetings, an interpreter uses appropriate titles for both patient and provider.

- 12. The interpreter promotes direct communication among all parties in the encounter.**

For example, an interpreter may tell the patient and provider to address each other, rather than the interpreter.

- 13. The interpreter promotes patient autonomy.**

For example, an interpreter directs a patient who asks him or her for a ride home to appropriate resources within the institution.

CULTURAL AWARENESS

OBJECTIVE:

To facilitate communication across cultural differences.

Related ethical principle:

Interpreters strive to develop awareness of the cultures encountered in the performance of interpreting duties.

- 14. The interpreter strives to understand the cultures associated with the languages he or she interprets, including biomedical culture.**

For example, an interpreter learns about the traditional remedies some patients may use

- 15. The interpreter alerts all parties to any significant cultural misunderstanding that arises.**

For example, if a provider asks a patient who is fasting for religious reasons to take an oral medication, an interpreter may call attention to the potential conflict.

STANDARDS OF PRACTICE

■ ROLE BOUNDARIES

OBJECTIVE:

To clarify the scope and limits of the interpreting role, in order to avoid conflicts of interest.

Related ethical principle:

The interpreter maintains the boundaries of the professional role, refraining from personal involvement.

16. The interpreter limits personal involvement with all parties during the interpreting assignment.

For example, an interpreter does not share or elicit overly personal information in conversations with a patient.

17. The interpreter limits his or her professional activity to interpreting within an encounter.

For example, an interpreter never advises a patient on health care questions, but redirects the patient to ask the provider.

18. The interpreter with an additional role adheres to all interpreting standards of practice while interpreting.

For example, an interpreter who is also a nurse does not confer with another provider in the patient's presence, without reporting what is said.



STANDARDS OF PRACTICE

PROFESSIONALISM

OBJECTIVE:

To uphold the public's trust in the interpreting profession.

Related ethical principle:

Interpreters at all times act in a professional and ethical manner.

19. The interpreter is honest and ethical in all business practices.

For example, an interpreter accurately represents his or her credentials.

20. The interpreter is prepared for all assignments.

For example, an interpreter asks about the nature of the assignment and reviews relevant terminology.

21. The interpreter discloses skill limitations with respect to particular assignments.

For example, an interpreter who is unfamiliar with a highly technical medical term asks for an explanation before continuing to interpret.

22. The interpreter avoids sight translation, especially of complex or critical documents, if he or she lacks sight translation skills.

For example, when asked to sight translate a surgery consent form, an interpreter instead asks the provider to explain its content and then interprets the explanation.

23. The interpreter is accountable for professional performance.

For example, an interpreter does not blame others for his or her interpreting errors.

24. The interpreter advocates for working conditions that support quality interpreting.

For example, an interpreter on a lengthy assignment indicates when fatigue might compromise interpreting accuracy.

25. The interpreter shows respect for professionals with whom he or she works.

For example, an interpreter does not spread rumors that would discredit another interpreter.

26. The interpreter acts in a manner befitting the dignity of the profession and appropriate to the setting.

For example, an interpreter dresses appropriately and arrives on time for appointments.

STANDARDS OF PRACTICE

PROFESSIONAL DEVELOPMENT

OBJECTIVE:

To attain the highest possible level of competence and service.

Related ethical principle:

Interpreters strive to further their knowledge and skills, through independent study, continuing education, and actual interpreting practice.

27. The interpreter continues to develop language and cultural knowledge and interpreting skills.

For example, an interpreter stays up to date on changes in medical terminology or regional slang.

28. The interpreter seeks feedback to improve his or her performance.

For example, an interpreter consults with colleagues about a challenging assignment.

29. The interpreter supports the professional development of fellow interpreters.

For example, an experienced interpreter mentors novice interpreters.

30. The interpreter participates in organizations and activities that contribute to the development of the profession.

For example, an interpreter attends professional workshops and conferences.

ADVOCACY

OBJECTIVE:

To prevent harm to parties that the interpreter serves.

Related ethical principle:

When the patient's health, well-being or dignity is at risk, an interpreter may be justified in acting as an advocate.

31. The interpreter may speak out to protect an individual from serious harm.

For example, an interpreter may intervene on behalf of a patient with a life-threatening allergy, if the condition has been overlooked.

32. The interpreter may advocate on behalf of a party or group to correct mistreatment or abuse.

For example, an interpreter may alert his or her supervisor to patterns of disrespect towards patients.

APPENDIX A

GLOSSARY⁸

ADVOCACY: 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.

CERTIFICATION: A process by which a certifying body (usually a governmental or professional organization) attests to or certifies that an individual is qualified to provide a particular service. Certification calls for formal assessment, using an instrument that has been tested for validity and reliability, so that the certifying body can be confident that the individuals it certifies have the qualifications needed to do the job.

HEALTH CARE INTERPRETING: Interpreting that takes place in health care settings of any sort, including doctor's offices, clinics, hospitals, home health visits, mental health clinics, and public health presentations. Typically the interpretation occurs during an interview or encounter between a health care provider (doctor, nurse, lab technician) and a patient (or the patient and one or more family members).

INTERPRETER: A person who renders a message spoken or signed in one language into a second language. (*See Professional Interpreter*)

INTERPRETING: The process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately, and objectively in another language, taking the cultural and social context into account. [Within the language profession, the term translation is restricted to the process of converting written messages.]

INTERPRETING ASSIGNMENT: A period of time during which an interpreter performs his or her duties. An interpreting assignment may involve multiple encounters with patients and providers.

LIMITED ENGLISH PROFICIENCY (LEP): The inability to speak, read, write or understand the English language at a level that permits an individual to interact effectively with health care providers and social service agencies.⁹

PARTIES: Individuals present during an interpreted encounter.

PROFESSIONAL INTERPRETER: Those who abide by a code of professional ethics.

REGISTER: A stylistic level of language used by a speaker. A speaker's choice of register is generally adapted to a particular topic, the parties spoken to, and the perceived formality of the situation.

⁸ These are selected definitions from Terminology of Health Care Interpreting: A Glossary of Terms. National Council on Interpreting in Health Care, 2001, 2005.

⁹ US Department of Health and Human Services: Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons. Federal Register. August 8, 2003; Volume 68 (153):47311-47323.