

Interpreting in New Zealand, the pathway forward

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General practitioners (GPs) face many risks in the course of an average day. These cluster alarmingly when a doctor manages a patient who speaks little or no English. As well as risks to diagnosis, discussion and treatment, impaired communication means there are shadows over informed consent, disclosure of previous history, and how to agree and implement a management plan.

The RNZCGP's practice accreditation document *Aiming For Excellence* is almost silent on how to deal with this problem. Few of us have thought about professional and ethical issues as they might apply to interpreters. They are probably the only mainstream health professional without an agreed training programme, agreed professional ethics or requirement for registration and monitoring of quality.

The Office of Ethnic Affairs has produced a book as a way of informing and encouraging debate on how New Zealand (NZ) addresses these important issues and goes forward as a multilingual country.

This book sets out in more than 20 contributions from NZ and overseas, expertise, insights and experience in interpreting and related fields. The submissions range from the anecdotal (should an interpreter tell a nurse the patient is a former doctor from Russia who feels her ear is not being syringed in the right way?) to ethics, both here and overseas, to a useful chart setting out the difference between the activities undertaken by the interpreter and the translator. There are contributions from educators, interpreting practitioners and from those with long experience in the deaf community.

The book is not an academic text. It is more of a manual enabling someone who wanted to know

about working with an interpreter to do so and to be aware of some of the fish hooks.

Today NZ demographics almost guarantee GPs will have patients with limited English. Almost a quarter of residents were not born here. Though many speak English, others don't. All are entitled to have access to the services offered by GPs and management of health issues will be a very important part of effective settlement for them all.

In the past, children routinely have been used as bilingual helpers with no way of establishing the quality of their language knowledge nor the consistency or accuracy of their interpretations. Grim stories of serious consequences and misunderstandings abound, but it seemed there was no alternative.

If you have felt bewildered, irritated or alarmed at the challenges and risks inherent in diagnosing and providing health care to someone who doesn't speak English, then this book is for you. There is a way forward if we can have accurate, confidential and cost-effective interpreting because this change will affect all of us as our practices become more multilingual.

Language Line, the telephone service and the source of this book, is available to all NZ doctors and medical practices through their membership of PHOs or similar organisations. It offers 40 languages—see www.languageine.govt.nz for more information and to access the book.

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