



To Advocate (or not to Advocate) as a Medical Interpreter *by Andy Beggs*

Whenever we as medical interpreters talk about advocacy in a health care encounter, we are likely to find ourselves engaged in a lively discussion. This is in part because advocacy is often misunderstood and thought to involve the individual “stepping outside of the role of the medical interpreter.” However, according to a recent paper by the National Council on Interpreting in Health Care, “When healthcare interpreters appropriately engage in an act of advocacy, they are not stepping outside the healthcare interpreter role. Rather, they are acting within the accepted range of behaviors and expectations for their role as they interact with the roles of patient and healthcare provider.” (NCIHC, 2021)

The paper goes on to say that “When the patient’s health, well-being, or dignity is at risk, the interpreter may be justified in acting as an advocate. 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.” (NCIHC, 2021) If an interpreter has a valid and verifiable reason to suspect that a patient’s physical or emotional health is at risk, the interpreter may consider engaging in advocacy, while maintaining transparency (so that both provider and patient know what is being said), identifying who has the responsibility and authority to address the interpreter’s concern, and explaining the concern “in terms of the shared goal of the encounter – the health and wellbeing of the patient.” (NCIHC, 2021)

Gustavo, one of our Spanish medical interpreters, mentions a recent case in which a Physical Therapist was assisting a patient with limited mobility with their food tray. “I noticed that... the utensils were in the back and kind of hidden. In her condition, the patient wouldn’t be able to find them easily and might not eat for that reason.

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As I interpreted, I waited for the PT to notice that and reposition the utensils. When it didn’t happen and the provider was ready to leave the room, I discreetly mentioned that the patient still needed her utensils.” Thankful for Gustavo’s input, the therapist corrected the situation.

Gustavo took some important steps: (1) He determined that the patient’s well-being was at risk if he didn’t speak up, (2) He was reasonably certain that no one else

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would recognize and correct the problem, and (3) He waited for an appropriate time to bring up the issue. He also followed the ethical principle of “beneficence...a moral obligation to act for the benefit of others.” (NCIHC, 2021)

Jonathan, another of our Spanish medical interpreters, says that “I interpreted for a patient who was desperately trying to contact her cardiologist to get the green light for orthopedic surgery. The patient was persistent, she left several voicemails and was told someone would get in touch with her. Time was running out as her surgical date was quickly approaching. The second time we spoke yet another coordinator told her that her provider’s assistant had stepped away from the desk and that she would receive a call back. Instead of having the patient wait for a call back, I asked if we could kindly wait on the line for the coordinator to come back. We did so, and the patient was able to get the answer that cardiology had cleared her for surgery.”

Jonathan did not simply facilitate communication between the two parties, he actively pursued, on behalf of the patient, the direct conversation with the provider’s assistant, and it worked out to the patient’s benefit. So, this too could be considered advocacy, following the ethical principal of beneficence.

Claudia, another of our Spanish medical interpret-

ers, mentions an interesting case. “In a previous interpretation session, I had asked the patient how far he went in school and found out he was illiterate and had very limited knowledge of numbers and letters. The doctors wanted him to go home with IV antibiotics and they were going to give him education on how to do it. When asked about wanting to go home with IV antibiotics, he just nodded and said he might need some help. Knowing about the patient’s level of literacy, I pulled the provider aside and explained that the patient did not know how to read and write and maybe they might consider other options than having him and his family do this at home.”

The situation that Claudia was in was a tricky one, but the aforementioned NCIHC paper says this: “Healthcare interpreters who interpret for the same patient across multiple encounters may occasionally be the only ones in the encounter aware of relevant information... (which) may lead them to be concerned about a potential for serious imminent harm if that information is not made known and addressed in a timely manner.” (NCIHC, 2021)

The right time for the medical interpreter to advocate will continue to be debated, but the recent NCIHC paper sheds new light and analysis on this topic.

Source: NCIHC, “Interpreter Advocacy in Healthcare Encounters: a Closer Look”, February 2021.

Written Translation by the Office of Quality and Patient Experience

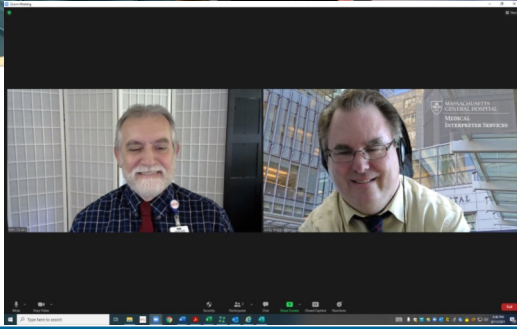
MGH has had the fortune of having a Translation office for at least the past two decades which is currently run by our Translation Specialist, Anna Pandolfo. Throughout the years Anna has received requests from across the Mass General Brigham (MGB, formerly Partners) system. It has always been a challenge to balance the internal and external requests being one of the only translation specialists in the entire system. In response to the number of health care disparities that were uncovered during the COVID-19 pandemic, MGB chose to put equity at the forefront of its mission and establish a new office to meet translation demands.

The Office of Quality and Patient Experience (QPE) at MGB, under the efforts of the United

Against Racism campaign, has been overseeing the written translation of upwards of 5,000 documents into six languages just this year. This includes not only translation of Patient Gateway into Spanish, Portuguese, Haitian Creole, Traditional Chinese, and Arabic, but also translation of the messages and letters that go out to the patients through Patient Gateway, and the questionnaires on the tablets that we as interpreters have become accustomed to filling out together with the patients, perhaps most notably in Orthopedics.

Ferney Munera, Program Manager for Language Access in Quality and Patient Experience (QPE), was the perfect person to manage this effort. Ferney worked for years in medical interpreting at Brigham and Women’s Hospital, between 2006 and 2020. During that time, he held the roles of medical interpreter, dispatcher, and

Some Familiar Faces!



We have all been spread out a bit more than usual during the pandemic, and we thought it would be good to see some familiar faces all in one place!

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finally Coordinator of Interpreter Services. He also brings to the job the experience he gained as Operations Manager of the Burn and Trauma ICU under COVID-19 during 2020. He took on his current position in January of 2021.

As interpreters we have all, at one time or another, wondered if the information on those tablets was ever seen or used by anyone. Ferney admits that when he was an interpreter, he had the same doubts. However, in his current role he has learned that the information on everything from housing to health issues is fully analyzed by the office of Digital Health and generates calls to patients, as well as being shared with the patients' physicians. Some of the information is also used in research.

The office is expanding. In addition to Ferney as the Program Manager, there is a full time Spanish translator and a full time translation specialist, who is at the same time working as Portuguese translator, while the department is recruiting a full time Portuguese translator and 10 more per diem translators for the Russian, Haitian Creole, Arabic and Chinese positions. In the future, Ferney foresees 5 FTEs working on translation at

the MGB level. And, QPE is currently extending their written translation to the Patient Gateway team, to translate all messages from patients to the providers and vice versa, while the services are growing and the department is hiring the staff that is needed.

Our patients with LEP are very fortunate to have two allied groups working for them: The medical interpreters at the various MGB hospitals, and those working specifically on written translation at the MGB level.

On a final note, many of us as interpreters have struggled with the issue of patients with LEP not having active Patient Gateway accounts or the knowledge base to use them to participate in virtual visits. To resolve the issue of patients with LEP not having digital access, Ferney says, MGB will soon be sending 2,000 IPADs into patients' homes, so that "If patients don't come to us, we will go to them." So far, the efforts of MGB to reach out to our patients with LEP to sign them up on Patient Gateway have yielded some success. Currently about 58% of patients who have appointments scheduled in Epic show that they have activated Patient Gateway accounts. While this is progress, much ground needs yet to be covered.

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Interpreter Profile: Elsa Benavides

Language: Spanish

Country of Origin: Mexico

At MGH Since: May 2020

Elsa was born in Manuel Benavides, Chihuahua, Mexico, a small town named after her great grandfather who fought and died in the 1910 Mexican Revolution. The funny part of her story came about when her father, named after him, was the Justice of the Peace and signed her birth certificate. The town, her father, and the judge had the same name on the certificate! Elsa lost count of how many times she had to confirm “yes, it is correct”.

Elsa has an educational and professional background in the sciences and in Quality Systems. In Mexico, she obtained her bachelor’s degree in the Sciences with a focus on Microbiology and Hematology and began working as a Medical Technologist, supervising hospital laboratory activities. After some time, she got married and God blessed them with three healthy and beautiful babies. Later, she would pursue both a Master and a Doctoral degree in Engineering Administration.

In 1994, Elsa and her family moved to Texas and she continued her work in Quality Systems. She spent a sabbatical year in the École Nationale Supérieure des Mines de Nantes teaching Management and Optimization of Supply Chains. In 2007 the family moved to Massachusetts. Elsa worked for four years with Marsh & McLennan as a bilingual representative. She learned about the diversity in New England and realized the important role interpreters have as the voice of the community and the

The MIS Newsletter was created in response to the need for a new and improved mode of inter-departmental communication. The information shared in this publication is intended for the use of MGH MIS staff and freelance interpreters.

We are always looking for information and ideas for articles that would interest our readers. Please submit any contributions that you might have to Andy Beggs at the email address given to the left.

Whether you have an important event that impacts our profession, an article that might be of interest, or general information that the department might find useful, please help to make this instrument an effective method of communication.

Thank you!

enormous difference they can make in a person’s life.

In 2014, she completed her training in medical interpreting and worked for four years at UMass Memorial Hospital. One year into that job, she became a Certified Healthcare Interpreter (CHI™). She also has experience interpreting in agencies focusing on Department of Children and Families, disability services, adolescents and children with autism and mental health clinics. Elsa became a Bulfinch temp at Spaulding, and when the pandemic hit, she worked at The MGH Chelsea Revere COVID Isolation Center under the direction of Dean Xerras, MD.



Following this experience, Elsa joined the MIS team. The impact interpreters have on patients and providers has always made an immense impression on Elsa: “To be able to convey the message with transparency, knowledge and kindness and be appreciated by the provider is breathtaking. When the patients compliment my service, it means I made a difference in their lives”.

The leadership of our Director Chris Kirwan makes Elsa recall her doctoral dissertation which proved that only the best leaders get this chain of behaviors among the employees:

Motivation<->Involvement<->Commitment<->Total Participation

Elsa is certain this is a heartening, continuously improving & maximum productivity process at work in our department and concludes: “I’m proud of being part of this team.”