Intercultural Provision of Healthcare

The Interpreter as the Cultural Mediator/Broker

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The Culture Barrier

Language can be such an obvious barrier to effective understanding in the patient-provider relationship that it can sometimes obscure the more subtle challenges posed by cultural differences.
Coding and decoding

People from different cultures encode and decode messages differently, increasing the chances of misunderstanding.

Each culture varies in communication styles, hierarchy, family structure and normative value systems.
Intercultural communication

Intercultural communication refers to the effective transmission of messages and priorities from members of one culture to another, in a way that preserves mutual respect and minimizes antagonism.

It is not just about language! 60-70% of all human communication is non-verbal! When non-verbal practices or values are not shared, like when communicating across cultures, it takes a lot more than learning a language to achieve effective communication.
The Health Care Encounter

Discuss Cultures at work:
The culture of biomedicine
The culture of the health care institution
The provider’s culture
The patient’s culture
The interpreter’s culture
<table>
<thead>
<tr>
<th>Provider (biomedicine)</th>
<th>Patient (popular)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenced by biomedical culture and provider’s culture</td>
<td>Influenced by patient’s culture</td>
</tr>
<tr>
<td>Based on data, facts, science</td>
<td>Based on cultural beliefs (susto, evil eye, witchcraft)</td>
</tr>
<tr>
<td>What is learned in medical school (body systems, anatomy, physiology)</td>
<td>Influenced by life experiences (family problems, emotions, environment)</td>
</tr>
<tr>
<td>Thinks about “diseases” and what is happening to science, populations</td>
<td>Thinks about “sickness” and what is happening to “me”</td>
</tr>
<tr>
<td>Has most power to make decisions</td>
<td>May think he/she has little or no power</td>
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Interpreter’s Role

Cultural Mediator Role (Interpreter adopts this role when cultural differences are leading any of the parties to a misunderstanding.)

To assume this role, the interpreter must:

• Be competent in the cultural nuances of the specific community he/she interprets.
  ○ Competent in the cultural practices of western medicine and the belief system and medicine practices of the patient.
Intercultural Relations

Platinum rule: Treat others the way they would like to be treated

• When scheduling or registering patients, always ask “Will you or anyone accompanying you will be needing any type of special accommodation or interpretation services?”

• Have a conversation to identify the best way to meet your and the patient’s communication needs (in-person, video, phone, etc.) and document this in the electronic record. This is especially important when planning accommodations for patients with disabilities (blind, deaf or hard of hearing)

• Practice Cultural Humility – learn about people’s cultures and beliefs, and ask appropriate questions

• When appropriate, validate and/or incorporate cultural normative values or practices into your care plan
  o Natural or traditional healing practices
  o Familial or religious values
  o If not appropriate, respectfully explain the conflict and explain benefits and risks
“It is much more important to know what sort of person this disease has than what sort of disease this person has.”

- William Osler