LETTERS TO THE EDITOR

Letter to the Editor Regarding Aranguri et al.

To the Editor:—"Patterns of Communication through Interpreters: A Detailed Sociolinguistic Analysis,"¹ seemingly addresses the important issue of interpreters and their impact on provider-patient communication. The authors state, "many of the structural difficulties exist regardless of who is interpreting for whom, based more in the nature of interpreter discourse itself and the time constraints of a medical interaction than through the specifics of the interpreter." This is an alarming, and false, conclusion based on the data. This study only documents the negative impact of untrained interpreters on health communication. Immigrant patient advocates and the health care system are working hard to ensure that Title VI of the Civil Rights Act² is enforced to decrease immigrant health disparities. Published data, used to help inform such service delivery, need to be scientifically rigorous. This study, with its sweeping conclusions based on untrained interpreters, could be potentially misleading. There are marked differences between trained, professional interpreters and the ad hoc interpreters they studied. Because of this, the Department of Justice "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons"³ strongly discourages the use of untrained interpreters. The Center for Immigrant Health has conducted a randomized controlled study of outcomes by various interpreting modalities, as well as in same language encounters. In fact, our audiotape analyses of 214 encounters reveal that in visits using a trained remote simultaneous interpreter, physicians give an equal number of instructions per visit as they do in Spanish language concordant encounters (mean # per encounter 14.29, SD 6.9; 14.33, SD 6.33). Usual and customary interpreting, however, results in significantly fewer instructions (mean # per encounter 11.9, SD 6.17). Trained, professional medical interpreters are key to the elimination of health care disparities.—**Abraham Aragonés, MD and Francesca Gany, MD, MS, Center for Immigrant Health, New York University School of Medicine, New York, NY, USA.**

REFERENCES

1. **Aranguri C, Davidson B, Ramirez R.** Patterns of communication through interpreters: a detailed sociolinguistic analysis. *J Gen Intern Med.* 2006;21:623–29.
2. Civil Rights Act of 1964, Title VI. 42 U.S.C. 2000d et seq.
3. **Department of Justice Federal Register.** Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons. 2002 Vol. 67:117.

Letter to the Editor Regarding Aranguri et al.

To the Editor:—The article "Patterns of Communication through Interpreters: A Detailed Sociolinguistic Analysis"¹ offers many valuable insights into the problems that language barriers may pose for the medical interview. The use of discourse analysis grounded in sociolinguistic theory provides an exciting view of what happens in medical encounters involving

language barriers. For example, Elderkin-Thompson et al.² used qualitative discourse analysis to describe problems arising when untrained bilingual, bicultural nurses were used as interpreters. More recently, Garces has used institutional discourse analysis to study differences between medical encounters involving language concordant providers and encounters using trained [professional] and untrained [ad hoc] interpreters.³

Unfortunately, this study repeats a common methodologic error by not differentiating between untrained and trained "interpreters" http://www.ncihc.org/NCIHC_PDF/TheTerminologyofHealthCareInterpreting.pdf.⁴ Consequently, the article appears to be about the pitfalls of medical interpretation when it is really about problems that arise when using untrained interpreters. The errors that the untrained interpreters in this study make are the very ones that training aims to prevent: summarizing, altering meaning, and interfering with the relationship between the patient and physician. Studies involving trained, qualified interpreters have demonstrated that they outperform untrained interpreters and offer a means to reduce language-based disparities in health care in as varied realms as satisfaction, access, quality, time, and cost.^{5–10} Unfortunately, the article, as currently titled, may serve to perpetuate the belief that there is no difference between trained and untrained interpreters. It would have been more appropriate for this article to have been titled: "Patterns of Miscommunication through Untrained Interpreters," in order to more accurately convey what the research is about.

We encourage the authors to continue this important work, but to study the performance of professional interpreters. Many hypotheses come to mind: Might the "coldness" in the interview abate as professionals facilitate "small talk?" Do trained medical interpreters adequately transmit the "meaning" of messages while conserving valuable time in the interview? As the field of medical interpretation matures, our research community should partner prospectively with these fellow professionals to design studies that clearly study the performance of trained, professional interpreters.

Finally, all research involving medical interpreting should explicitly address the qualifications of the interpreters as well as how LEP patients are identified. Only then can we be assured that we are measuring the true impact of medical interpreters.

Respectfully,

Policy and Research Committee, National Council on Interpreting in Health Care—**Eric Hardt, MD, Boston Medical Center, Boston, MA, USA, Elizabeth A. Jacobs MD, John H. Stroger, Jr. Hospital of Cook Co., Chicago, IL, USA, Alice Chen, MD, San Francisco General Hospital, San Francisco, CA, USA.**

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1. **Aranguri C, Davidson B, Ramirez R.** Patterns of communications through Interpreters: a detailed sociolinguistic analysis. *J Gen Intern Med.* 2006;21:623–9.
2. **Elderkin-Thompson V, Silver RC, Waitzkin H.** When nurses double as interpreters: a study of Spanish-speaking patients in a U.S. primary care setting. *Soc Sci Med.* 2001;52:1343–58.