Improving Communication Barriers in the Health Care

Christina Sentelle

Kaplan University

Professor Tsagarsi

 October 14th, 2017

Improving Communication Barriers in Health Care

**Introduction**

It is no doubt that communication between a patient and a doctor constitutes to healthcare service. Thus, irrespective of whether the health caregiver eventually provides medically acceptable treatment or a correct diagnosis, the patient has not been given an equal chance to take part in health care services if they are unable to successfully communicate medically important information with the medical personnel. It is not conclusive that the patient received the much-needed treatment which would have been attained even if he or she was not deaf. This implies that deaf people have the right to take part in their care with the same degree as those who can hear, this includes receiving and conveying medical information from other hospitals and doctors.

The outcome of the treatment is not as important as being able to understand the treatment process. The existing barriers to the delivery of healthcare service have been overcome using live person interpretation in some cases and the use of video remote interpretation. The paper seeks to distinguish between a live person interpreter and a video remote interpreter, which works best in helping deaf patients take part in the delivery of their care. The supply, as well as the quality of deaf interpretation services should be improved in US hospitals to boost communication in healthcare provision for deaf patients or patients with hearing impairment as well as to enhance a better patient-doctor relationship.

**Video Remote Interpretation**

Video remote interpretation is the provision of qualified interpretation services to guarantee effective communication with people who are unable to hear. It employs the video conferencing technology to offer interpreter services, often situated in call centers or at different locations. Video Remote Interpreter (VRI) is beneficial because it provides communication that is instant. It eliminates the long waiting times in live-saving situations that deaf people have to experience while waiting for an interpreter in a remote area. VRI is also very convenient and can be adopted in times of emergency while a live interpreter is being sought (Wilson & Schild, 2014).

VRI is not short of drawbacks as it faces huge differences in regional signs this means that interpreters from one area may use one sign that is interpreted differently by another one. Another challenge is that many interpreters are concentrated in one location thus creating a shortage of freelance interpreters to satisfy the personal demands when called upon. There some patients who have ended up being misdiagnosed because of VRI. The services of a video remote interpreter vary in terms of quality. This is of the major causes of misdiagnosis. With VRI, the competency of an interpreter cannot be ascertained and thus leading to doubts in the quality of service being provided. VRIs is often coupled with issues such as freezing screens, firewall and even low pixel, therefore, flawing the whole process (Ramos et al., 2014). Deaf patients have the liberty of using good faith judgment to refuse inadequate video interpreter services (Greene, 2013). In an incident in 2004 at Kingwood Hospital, Ferndale, Henry Ford was charged with a fine of $70000 for failing to provide effective interpreters of sign language to a deaf patient. VRI has led to the re-evaluation of the regulations that which control how pharmacies, physicians, and hospitals provide interpretation services to the hard of hearing and the deaf (Greene, 2013).

**Live Person Interpretation**

Live person interpretation in healthcare service provision is where the deaf or a hard on hearing patient has a one on one interaction with an interpreter during the provision of the service. The mode has many merits and some limitations. One of the major advantages of healthcare providers gain by providing the services of a live person interpreter is that they are able to receive 50% tax exemption on every deaf patient they serve. This is in accordance to the American with Disabilities Act and the Internal Revenue Service. This helps in the reduction of costs associated with the employment of the services of a live person interpreter. In cases where information is complex and needs an extensive explanation, live person is always preferable. This can be instances that involve multifaceted medical procedures where benefits or risks need to be fully comprehended by the patient.

The nature of information is also crucial in determining the mode of interpretation. For instance, end of life decisions or information can only be effectively delivered in a live person interpretation. There are interpretations sessions that call for the use of visual cues such as body language and thus make live person interpretation a preferred mode. A Florida woman by the name Margaret Weiss, sued her local hospital, Bethesda Hospital East, for giving her a VRI instead of a live person interpreter in the delivery chamber. She asserts that VRI is not enough in such times (The Mighty, 2015). The National Association for the Deaf is of the view that, live person interpreters are more likely to offer communication that is effective as opposed to VRI. This is because they have a great access to auditory and visual signs as well as the information in such contexts are physically flexible, do not encounter technological glitches and are in a position to quickly respond to events that may arise as regards to communication (National Association of the Deaf, 2017).

Challenges are not an exception with live person interpretations as it sometimes compromises confidentiality. This can be the case in places where there is a rare language that has a very small local population which understand that language. In such occasions, the interpreter and the patient might know each other and thus jeopardize confidentiality. Live person interpretation is costly since the session are sometimes brief therefore individuals choose to go for VRI.

 **Conclusion**

The two modalities have benefits and provide alternatives which a health caregiver needs to put into consideration when making a choice of the modality to adopt but simply put, live person interpretation is more advantageous compared to video remote interpretation in as much as it is subject to limitations. Generally, live person interpretation services are not faced with many of the challenges experienced in VRI and as such, VRI should only be a choice when live person interpretations are not accessible. In so doing, the healthcare will be in line with the American Disability Act stipulated directive, that healthcare programs and services should offer effective communication for patients, family, and visitors who suffer impaired hearing or are deaf. There is an urgent need to improve the quality of sign language interpretation services in the US healthcare systems. Due to increasing demand for sign language interpreters in US hospitals, there is a need to ensure that hired interpreters meet a certain threshold of quality interpretation (Pöchhacker, 2016). Diamond (2016) also documented the sudden increase in sign language interpreters interested in specializing in medicine ranking it as second overall in popularity among interpreters. Despite this massive exodus to the medical field, there is still no framework or qualification standards set for medical interpreters as the case is in other professions, such as law.

Enhanced communication will help improve patient-doctor relationship as that will improve healthcare for the deaf and hence cut down on the number of lawsuits against doctors. There has been a sharp rise in the number of lawsuits filed against doctors by deaf patients in the last ten years, in fact, there have been more than 10 cases in the state of Minnesota alone (Improving Healthcare: Specialization for Sign Language Interpreters, 2017). All these cases are related to poor communication improvable with the help of deaf and sign language interpreters.

Critics of this move argue that poor healthcare provision to the deaf rely on the competence of the doctor rather than the quality of communication. I will, however, argue to disclaim this line of thinking since most of these doctors have never received any lawsuits from patients with adequate hearing ability. (Pöchhacker, F.2016). There are few pending cases out there on lawsuits, but here is one of an example that has been settled in Texas where this couple sued he hospital for failing to provide effective communication for their daughter who had cancer. <https://www.justice.gov/usao-sdtx/pr/doctors-hospital-agrees-settle-claim-alleging-failure-provide-effective-communication>

 Healthcare today affects every stage of life whether for the physically fit individual or the disabled. We are all healthcare consumers’ right from the beginning of our lives to the day we die. One rapidly growing concern in healthcare however, is interpretation for the deaf based on the recommendations of Joint Commission of 2008. There has also been an increase in the number of lawsuits filed by deaf patients against doctors which is a sign of inadequate health provision to this group of people. It is therefore high time to improve the supply as well as quality of health interpretation services to improve healthcare provision to the deaf community (Pöchhacker, 2016).

References:

GREENE, J. (2013). **Deaf community backs stiffer regs for interpreters**. *Crain's Detroit Business*, 29(48), 0001.

The Mighty. (2015). **Why This Deaf Woman Is Suing the Hospital Where She Plans to Give Birth.** [Online]. Retrieved from [https://themighty.com/2015/06/margaret-weissdeaf-woman-sues-hospital-where-she-plans-to-give-birth/](https://themighty.com/2015/06/margaret-weissdeaf-woman-sues-hospital-where-she-plans-to-give-birth/%20)

National Association of the Deaf. (2017). ***Position Statement on VRI Services in Hospitals*.** [Online] Retrieved from <https://www.nad.org/about-us/position-statements/position-statement-on-vri-services-in-hospitals/>

Pöchhacker, F. (2016). **Introducing interpreting studies.** Routledge.

R. (2013, July 29). **Improving Healthcare: Specialization for Sign Language Interpreters.** Retrieved October 06, 2017, from <https://www.streetleverage.com/2013/07/improving-healthcare-specialization-for-sign-language-interpreters/>

Ramos, R., Davis, J. L., Antolino, P., Sanz, M., Grant, C. G., & Green, B. L. (2014). **Language and communication services: a cancer center perspective.** *Diversity & Equality in Health and Care*.

Wilson, J. A., & Schild, S. (2014). **Provision of mental health care services to deaf individuals using telehealth**. *Professional Psychology: Research and Practice*, *45*(5), 324-331.