

Breast Cancer Physicians Have Limited Access to Trained Interpreters

November 11 2009, By Valerie DeBenedette

In a new survey of physicians who treat breast cancer patients, only one-third said they had good access to trained medical interpreters or telephone language-interpretation systems when they needed it. Poor access to interpreters can compromise physician-patient communication that is critically important in cancer care.

The survey of 348 [physicians](#) took place in the Los Angeles area, where 27 percent of residents — roughly 2.5 million people — have limited English proficiency (LEP) compared with 9 percent in the rest of the United States. Spanish and Asian languages are the predominant first languages for LEP [patients](#) in the LA region, but there are many others, said lead study author Danielle Rose, Ph.D.

Rose worked on the study while at the Cancer Prevention and Control Research in the Jonsson Comprehensive Cancer Center at the University of California, Los Angeles. The study appears online in the journal *Health Services Research*.

Forty-two percent of respondents said they used a trained medical interpreter, 21 percent used a telephone interpreter service (where an interpreter is accessed by phone) and 75 percent reported using untrained interpreters, which could include bilingual office staff or the patient's friends or family.

“Because of the wide diversity of the Los Angeles population, we were not surprised that many physicians used more than one interpreting

option,” Rose said. Physicians at large medical facilities, such as HMOs or large hospitals, were more likely to have better access to trained interpreters or interpreter services.

One of the recommendations of the study is that Medicare reimburse for interpreter services, Rose said. “This way the doctors’ additional costs would be covered.”

The study stressed the importance of interpreters trained in dealing with medical issues.

“Somebody who speaks the language only is not enough. You have to have some medical background to understand the terminology, to explain to the patient what is happening,” said Georgeen Newland, project manager and health educator with Celebremos la Vida - Clinica Nuestra Salud of the Lombardi [Cancer](#) Center at Georgetown University Medical Center.

Although patients and physicians often use family or friends as interpreters, Rose warns of pitfalls. “There is a greater error rate with friends and family or other untrained interpreters,” she said, and there is risk of the family member advocating for one treatment over another or withholding information. Newland, who interprets for Spanish-speaking patients at Lombardi, concurred. “Sometimes the family does not tell the truth to protect the patient. I have witnessed that.”

More information: Rose DE, et al: Use of interpreters by physicians treating Limited English Proficient (LEP) women with breast cancer: results from the provider survey of the Los Angeles Women’s Health Study. *Health Services Research* online, 2009.

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