

# Dial-an-interpreter can help docs get patients' consent

February 9 2017

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There is healthy reasoning in installing bedside interpreter-phone systems in hospitals so that patients can be connected to professional interpreters around the clock. It helps bridge the language barrier that often exists between doctors and patients when all-important healthcare procedures have to be discussed and agreed to. This is according to the findings of a study led by Jonathan Lee and Leah Karliner of the University of California San Francisco in the *Journal of General Internal Medicine*, published by Springer.

Doctors are ethically and legally obliged to get informed consent from their [patients](#) before any invasive healthcare procedure can be provided. Clear communication is therefore essential to ensure that the purpose, risk, benefits and alternatives of a procedure are clearly conveyed. Language barriers between doctors and their patients, however, become a problem in countries such as the US where over 25 million people do not speak English very well. Previous studies have shown that such breakdowns in communication lead to more cases of error (and subsequent malpractice litigation). People with limited English have a higher readmission rate back into the hospital, and are less likely to use walk-in healthcare services.

The study took place six months before and after a fixed dual-handset telephone system was installed next to every bed in a large academic medical center in the US. The phones have programmed buttons that allow patients and doctors to connect with professional medical interpreters within a minute in more than 100 languages, 24 hours a day.

The system was tested on 152 older Chinese- and Spanish-speaking patients with a very limited grasp of English, as well as 86 English-speaking patients who were all to undergo invasive cardiovascular or orthopedic procedures, or general surgery. It was compared to the prior state of usual care delivery, which included staff interpreters who were only available with advanced scheduling during office hours, and a mobile dual-handset, interpreter-phone system that is carted around to where there is a need.

Once the bedside system was in place, 54 percent of patients with limited English were notably better able to understand the reasons for the procedures being considered, as well as the risks involved. It also gave them a better chance to get all their questions answered. This is compared to a much lower percent (29) of patients before the bedside system, and a much higher percent (74) of English speakers.

"Implementation of a bedside interpreter-phone system to increase rapid access to professional interpreters should be considered for all hospitals seeking to improve quality and decrease disparities for patients with limited English proficiency," advises Lee.

The continued difference in consent communication for patients with a [language barrier](#) and for English speakers may be in part due to use of ad-hoc family interpreters despite the availability of phone interpreters, demonstrating a need for educational campaigns and cultural shifts to make both doctors and patients aware of the value of using professional interpreters.

**More information:** Jonathan S. Lee et al, Increased Access to Professional Interpreters in the Hospital Improves Informed Consent for Patients with Limited English Proficiency, *Journal of General Internal Medicine* (2017). [DOI: 10.1007/s11606-017-3983-4](https://doi.org/10.1007/s11606-017-3983-4)

Provided by Springer

Citation: Dial-an-interpreter can help docs get patients' consent (2017, February 9) retrieved 23 April 2024 from

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