

# The interpreter hasn't turned up and I'm tempted to proceed anyway. What should I consider before asking a family member (FM) to interpret?

A tool for clinicians treating patients who require interpretation services.



## Examples

<b>clinical outcomes</b>	? How will clinical outcomes be affected if you delay?	→ How long will they have to wait?	? How will clinical outcomes be affected if the FM misunderstands?	→ What could they misunderstand?	Treatment adherence can suffer if a patient hasn't understood the severity of their diagnosis or what the next steps are.	
<b>accuracy</b>	? Will the FM feel able to say the words?	→ Is the subject matter too intimate to speak of? → Will the FM want to 'cushion the blow'?	? Does the FM even know all the words?	→ Are they proficient in BOTH languages? → Is the vocabulary commonplace?	Imagine a second generation person who learned Gujarati in the home. Do you think he knows the Gujarati word for gallstones?	
<b>An unwanted role?</b>	? Is the FM offering to interpret?	→ If not, think twice before asking them to.	? If they do want to interpret, would they still want to if they knew what was coming?	? Is the FM too young to consent to this role?	Children often embrace the role of interpreter – it makes them feel grown up. They may not realise what they are letting themselves in for.	
<b>patient autonomy</b>	? Could they be subject to coercive control?	💡 Not only husbands and not only male relatives can be party to this.	? Do you need the patient's informed consent?	→ If the patient does not fully understand, they cannot give consent	Some cultures have a 'whole family approach' to care. However, being involved in care and being the interpreter are two quite different things.	
<b>patient dignity</b>	💡 Consider the age, gender and relationship of the FM.	? If you are asking the patient questions, can they disclose everything and still maintain their dignity?	→ How squeamish will they feel about this topic? → Is this subject matter taboo in their culture?		Taboo words can feel impossible to say out loud, especially to the opposite sex, to your parent or to your offspring.	
<b>emotive content</b>	? Is it bad news?	→ If yes, it's natural for the FM to want to 'cushion the blow.'	→ If they filter out distressing information, your full message does not reach the patient.	💡 This might include the side effects of treatments, the attendant risks of procedures, or the severity of a diagnosis.	Pronouncing a terminal diagnosis can feel sacrilegious to a Muslim person. Only Allah knows who will live or die.	
<b>legacy</b>	💡 If the FM interprets once it sets a precedent.	? Will you regret that later?	💡 If you proceed and it goes wrong	→ You may have to explain your choices → The patient could lose trust in medical professionals	A family member who gives bad news to a loved one might regret the way they handled it for the rest of their life.	
<b>alternatives</b>	? Telephone interpreter?	? Reschedule for a later date?	? Give some information now and the rest later?	? Speak directly to the patient?	→ How complex is the information? → How well do they understand English? → What is the minimum you could do today?	If you do proceed without an interpreter, state that prominently in your notes. Whoever sees this patient next should take special care.

This tool was produced by



with



Read more advice on this topic



Read our tips on getting a good interpreter service

© Shelley Purchon 2022

English Unlocked provides training and advice on how to work with interpreters (and other ways to overcome a language barrier.)  
Get in touch: [info@englishunlocked.co.uk](mailto:info@englishunlocked.co.uk)