

Case 2

Rajbir Singh recalls an incident four years ago in which he was asked to serve as a translator when his younger brother was being treated for kidney disease. Only thirteen at the time, the Sikh Indian boy reflects back on that experience, “I didn’t know some of the words in Punjabi. He had a disorder that I just didn’t know how to translate.”

Nonetheless, like so many children of immigrants, Rajbir was the family translator for his parents and relatives who did not speak English. For various developmental reasons, children learn languages more easily than adults. Moreover, since children are required to attend school, they are forced to learn English more quickly than their parents or grandparents who may be able to get along well in their own ethnic enclave.

Hospitals and social service agencies are required by Federal law under Title VI of the Civil Rights Act of 1964 to arrange translators for patients who do not speak English. Costs for translators are deducted from the reimbursement a doctor receives when providing care to a patient who cannot speak English. According to Heather Campbell, a lobbyist for the California Medical Association, “Interpreting services typically cost \$1 per minute. If a doctor has a 15-minute visit with a patient, Medi-Cal (Medicaid in California) pays \$22 for reimbursement.” For doctors who practice in areas with a significant immigrant population, translator fees may represent a considerable portion of their expenses. Rather than hire a medical translator, physicians who treat a high number of non-English-speaking patients often use the patient’s (minor) children to translate.

However, in April of 2003, California State Assemblyman, Leland Yee proposed a bill that would ban the use of children as medical translators. According to Lee, “Asking a child to translate information about medical or legal problems can hurt the parent child-relationship, traumatize the child and can result in a less-than-accurate interpretation of health advice.” Indeed, Yee recalls a case in which a young Cantonese girl had to tell her mother that she had cervical cancer. Unable to translate terms such as “chemotherapy” and “surgery,” she simply communicated that the doctors would “cut into her body.” In reaction to the news, the patient took her anger out on her daughter.

Ineffective communication between English-speaking health care providers and patients with limited English proficiency is a common cause of discrimination in health care settings. Nonetheless, using a child as an interpreter is unfair to both parent and child. In a time of crisis, both parent and child experience significant emotional pressure. Children—especially younger children—may be genuinely unable to accurately translate complex concepts about disease or treatment. This cognitive incapacity diminishes their ability to fully and accurately portray the medical situation, raising questions about the possibility of genuinely informed consent. Moreover, children are often embarrassed by the content of medical conversations. Finally, if health outcomes are not positive, children may feel responsible for and guilty about bad results.

While most would admit that using children as medical translators is not ideal and should generally be avoided, making it illegal may also have serious negative consequences. In particular, some worry that such a law may motivate physicians to stop

taking patients who rely on their children as interpreters. Further, in small or rural settings, finding a translator (or finding a translator in a timely fashion) may literally be impossible. Care would then have to be foregone, or given without any discussion with patients—a terrifying prospect for those already sick and vulnerable.

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