



The One Source for a World of Translation Services

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The Healthcare Industry and Accuracy in Translation

The health care bill passed by Congress, a subject of much discussion, could dramatically change the way language services are procured in the health care industry. According to Common Sense Advisory, "Buyers of language services in health care need to pay close attention to the legislation, because the government is looking at the issue of linguistically appropriate care with a more watchful eye than ever." The push for accuracy in translation and interpretation services in health care comes with good reason, as the consequences of a poor translation could be fatal.

In January 2009, California became the first state to pass a law requiring that health insurance organizations provide interpretation and translation services to patients with limited English proficiency. Similar legislation was also passed in New York City, requiring pharmacies to post signs letting customers know they offer translation services, which must include interpretation and translation of medication labels, guidance on how to take the prescription and information on warnings. These services can be provided over the phone, in person, or by a third-party contractor. The languages included are Spanish, Chinese (Mandarin and Cantonese), Russian, Korean, Italian and Polish. If a pharmacy does not comply with the law, it could face a fine of up to \$2,500 for a first offense, and up to \$5,000 for subsequent violations.

In order to satisfy the requirement, some New York pharmacies decided to use unedited computer translation output, resulting in potentially harmful errors. According to a recent study performed by the journal *Pediatrics*, examples of such errors include translating "once a day" into "eleven times a day" -- an error resulting from the fact that "once" is also a Spanish word meaning "eleven" -- replacing "by mouth" with "by the little", and translating "two times" into "two kiss". Unfortunately, mistakes like these are rampant.

In the same study, Dr. Iman Sharif and Julia Tse surveyed 286 pharmacies in the Bronx, New York -- where 44 percent of the population speaks Spanish -- about whether they provided prescription labels in Spanish to their customers who needed them. About three-quarters did so. Among these pharmacies, 86% used computers to translate labels from English into Spanish, 11% used staff members, and only 3% used professional translators. Sharif and Tse then looked at 76 prescription labels which they had generated using thirteen of the fourteen computer programs pharmacists had reported using for translation. They found that half of the labels contained serious

mistakes: 32 of the labels included incomplete translations, and six contained major spelling or grammatical errors.

Another study, published by the American Academy of Pediatrics in 2003, revealed that two out of every three mistranslations in health care have clinical consequences. In an article published in the New England Journal of Medicine, Dr. Glenn Flores gave a couple of powerful real-life examples of the effects of these kinds of mistakes. He told of a Spanish-speaking 18-year-old who collapsed on his girlfriend's floor after telling her he felt "intoxicado". When the girlfriend and her mother repeated the word to English-speaking paramedics, they took it to mean "intoxicated" rather than "nauseated" and treated the patient for drug overdose. Thirty-six hours later, the patient was reevaluated and it was found that he was suffering from hematomas (blood clots) around his brain. Tragically, the misdiagnosis resulted in quadriplegia, and the hospital paid \$71 million in the ensuing malpractice suit. In another example, Indiana-based Mead Johnson Nutritionals recalled 4.6 million cans of Nutramigen Baby Formula in 2001 due to misleading Spanish directions on bilingual labels. Fortunately, the problem was caught before any infants were adversely affected, but the cost of recalling and re-labeling the cans was exorbitant. Although hiring a translator or interpreter may have seemed unnecessary to these institutions beforehand, they paid dearly for the resulting mistakes.

According to the National Health Law Program, each state now has at least two laws related to language access in health care, and many new initiatives are underway, such as professionalization of health care interpreting in Oregon, a medical interpreting bill in Utah, a Texas health care interpreting bill, and a number of others. Nationally, the Children's Health Insurance Program (CHIP) Reauthorization Act of 2009, which was signed into law in February, brought increases in federal CHIP and Medicaid payments to states for language services.

Clearly, the demand for language services in health care is rising as federal, state, and even local governments mandate that information be available to persons with limited English proficiency. As the examples above demonstrate, accurate rendition of health care information into foreign languages is essential. Health care providers who make use of professional language services can protect both themselves and their consumers from the costly -- and potentially deadly -- consequences of a poor translation.

The Language Center has excellent screened and tested resources available together with expert project management and customer service to provide written translation, on-site and over the phone interpretation services. Call today to discuss how we can be of service.

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