INFORMED CONSENT AND PATIENTS WITH LIMITED ENGLISH PROFICIENCY

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Outline

• Growth and characteristics of the LEP population

• Overcoming language barriers in informed consent

• Moving forward

• *Important caveat:* little national or multicenter data
Defining Limited English Proficiency

- 60.6 Million (21%) people speak language other than English at home

- Spanish overwhelming majority
  - Spanish: 62%
  - Chinese: 4.8%
  - All other languages <2%

- English less than “very well”: 42% or 24M

- English “not well” or “not at all”: 23%

- 14 million LEP, of which 11 million are Spanish speakers
Figure 4.
Percentage of the Population Speaking a Language Other Than English at Home Who Spoke English Less Than “Very Well” by State: 2007

Note: Population 5 years and older. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <www.census.gov/acs/www/>.
Source: U.S. Census Bureau, 2007 American Community Survey.
Percent of Population 2000
Hispanic or Latino

Hispanic or Latino population as a percent of total population by county

- 25.0 to 100
- 10.0 to 24.9
- 5.0 to 9.9
- 2.5 to 4.9
- 0 to 2.4

Source: U.S. Census Bureau, Decennial Census, 2000
Figure 5.
Hispanic or Latino Population as a Percent of Total Population by County: 2010

(For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2010/doc/sf1.pdf)

Source: U.S. Census Bureau, 2010 Census Summary File 1.
LEP Patients: Informed Consent Challenges Include More Than Language

- Less educated
  - 60% LEP less than HS
  - Third grade education for patients with diabetes at SFGH

- Poorer
  - 6.6 million under poverty line

- Less acculturated to US health practices
  - Includes informed consent practices
  - Less questioning of physicians
Need An Interpreter?

HOP? JIG? DANCE? YOU'RE A DANCER?
SOUNDS LIKE? PRANCER? CANCER?
CANCER! I GOT CANCER!
Options for Navigating Language Barriers

• Getting By: Use of limited language skills and gestures

• Untrained Interpreters: Family and Untrained Staff

• Professional Interpreters

• Bilingual Clinicians

• No national data on what happens in formal IC conversations
### Informed Consent Discussions

- SFGH Study of Bedside Invasive Procedures: A Best Case Scenario?

<table>
<thead>
<tr>
<th></th>
<th>LEP (n=74) %</th>
<th>English (n=74) %</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure note documenting IC discussion, n (%)</td>
<td>59%</td>
<td>58%</td>
<td>0.9</td>
</tr>
<tr>
<td>Consent Form - any language, n (%)</td>
<td>70%</td>
<td>85%</td>
<td>0.03</td>
</tr>
<tr>
<td>Consent Form - pt’s language n (%)</td>
<td>22%</td>
<td>85%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Fully Documented Informed Consent n (%)</td>
<td>28%</td>
<td>53%</td>
<td>0.003</td>
</tr>
</tbody>
</table>

Schenker / Fernandez, JGIM, 2007
Interpreter use among resident physicians for common hospital encounters

Shen/Fernandez, JHCP, in press
Use and Underuse of Interpreters

• Drivers of Underuse
  • Physician culture
  • Perception of communication importance
  • “Time and Hassle”

• Increase use of Interpreters
  • Easy access to phone/video technology
  • Training MDs in interpreter use

Untrained Interpreters

• Physicians may be unaware of evidence on communication errors
• Convenience drive use even when interpreters available

“A lot of times, it wasn’t an intentional ‘I am going to use this [family member] as a translator,’ but more ‘This person speaks Spanish and wow, this person that is with them is bilingual, we’ll use them as a translator,’ it was never a conscious decision, I am going to use them over this person, but ‘wow, this is convenient, let me do this,’ until, like I said, I realized it was a bad idea.”

Flores G, Pediatrics, 2005; Karliner L, Health Serv Res 2007; Diamond L/Fernandez A JGIM, 2009
Professional Interpreters

- Substantial Evidence for Professional Interpreters
  - Analyses of audiotapes show substantial fewer errors than ad hoc interpreters
  - Increased patient satisfaction over ad hoc or no interpreters
  - Increased satisfaction for clinicians

- Certification and supply problem
  - No mandatory national standards
  - California mandates interpreter training; Joint Commission mandate in hospitals
  - Quality of interpreters highly variable
  - Limited data on actual interpreter use or availability

Karliner L, JGIM, 2007
Professional Interpreters And Quality Concerns


- 55% chance that an alteration would occur: additions, omissions, substitutions, and editorializations.

- ¾ clinically significant; 93% likely negative effect.

Pham K, Chest, 2008
Professional Interpreters: Quality Concerns

Example 1

Family: But, what we want to know is that after his lungs get better and when he wakes up will his brain suffer and affect his ability to recognize people?

Interpreter (translating): Okay, she wants to know about the lungs, when he wakes up, so about his lungs, and so, what about after, so it will not affect him?

Doctor: Yeah. Right now, it’s very, it’s very interesting to us because we don’t understand exactly what the problem is in his lungs…

Example 2

Doctor: I don’t know. Um, this is a very rapidly progressing cancer.

Interpreter (translating): He doesn’t know because it starts gradually

Pham K, Chest, 2008
Interpreter Perspective

- National survey of interpreters on end of life discussions
- 85% multiple discussions per week; experienced, certified
- Only half reported these discussions usually went well.
- 80% would like additional training in end of life interpreting
- 81% feel physicians need more training in working with interpreters

Professional Interpreters Mitigate But Do Not Eliminate Comprehension Barriers

- In ED study comparing two excellent interpreter systems, far fewer patients understood key points than with bilingual MD

<table>
<thead>
<tr>
<th></th>
<th>Interpreter System A</th>
<th>Interpreter System B</th>
<th>Language Concordant MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understood MD explanation Dx</td>
<td>35%</td>
<td>39%</td>
<td>59%</td>
</tr>
<tr>
<td>Understood Rx instructions</td>
<td>33%</td>
<td>38%</td>
<td>63%</td>
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</tbody>
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Language Barriers: Suboptimal Communication

Multiple studies of language discordant (LD) care demonstrate
- Less comprehension
- Less patient satisfaction
- Less trust in physician

<table>
<thead>
<tr>
<th></th>
<th>English-proficient N=8116</th>
<th>LEP N=522</th>
<th>P value</th>
<th>LEP-LC N=210</th>
<th>LEP-LD N=153</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of trust in MD</td>
<td>26%</td>
<td>25%</td>
<td>0.37</td>
<td>16%</td>
<td>35%</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Treated poorly because language</td>
<td>2%</td>
<td>12%</td>
<td>&lt;0.001</td>
<td>9%</td>
<td>20%</td>
<td>0.001</td>
</tr>
<tr>
<td>MD not showing respect</td>
<td>28%</td>
<td>30%</td>
<td>0.31</td>
<td>29%</td>
<td>39%</td>
<td>0.04</td>
</tr>
<tr>
<td>MD not listening</td>
<td>33%</td>
<td>28%</td>
<td>0.02</td>
<td>26%</td>
<td>32%</td>
<td>0.24</td>
</tr>
</tbody>
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Bilingual Physicians

• Communication more likely to be patient centered
  • LEP patients using interpreters are 4 times less likely to report
  • MD elicited their point of view on treatment
  • MD explained condition

• Observational studies: fewer open ended questions and less elicitation of questions or values in interpreter mediated conversations

• Better clinical outcomes for some outcomes, i.e. glycemic control; not others i.e. lipid control or MI treatment

Improving Informed Consent For LEP Patients

- Among the most vulnerable of all patients

- Multiple considerations
  - Language
  - Literacy
  - Cross cultural communication

- State of current IC practice is unknown
How Improve IC for LEP Patients?

• Mandatory use of certified professional interpreters for high risk treatments and procedures, including outpatient

• Set minimal standard requiring documented use of interpreters for hospitalized patients.
  • The SFGH Rule: one-conversation-a-day

• Improve IC for all with structured forms; incorporate professional interpreter signature. Audit.

• Consider literacy level for all translated materials
Improving IC Through Training for Interpreters and Providers

- Need national standards for interpreter competence

- Additional interpreter training in difficult conversations
  - Training for interpreters in end of life is available from California Endowment/CHIA

- Training for medical students/residents in working with interpreters.

- Patient education on right to free professional interpretation and why professionals often better
Improving IC: Harnessing Technology

- Use of video narratives to standardize conveyance of information and use patient stories to convey options

- Use of video mediated interpretation (VMI) to improve quality over phone interpreters

- Banks of qualified telephone interpreters i.e. Australian solution
SFGH Hospital Response to IC Study

- New consent forms in 5 languages that prompt MD to call for interpreters.
- Repeated study in 1 year >>> no change in results
- Latest study (2013) shows increase in resident self-report of interpreter use for informed consent. Audit still pending.
- Physician practice patterns can change. Often slowly.
Summary and Next Steps

- Most patients have trouble with complex communication
  - Study on benefits of angioplasty among English speakers who had undergone IC demonstrated widely held mistaken beliefs

- Improving care for LEP may help all patients

- Need ongoing commitment from all leadership

- Convening innovation and state of art meeting would be helpful. Also: Summary of recent work and best practices.

Rothberg MB; Ann Intern Med 2010; Fernandez, A; Ann Intern Med. 2010
Thank You
Mahalo
Kiitos
Toda
Thank
Thanks
Merci
Grazie
Obrigado
Takk
谢谢你
谢谢你
 cảm ơn bạn
UCSF
SF GH