



European
Commission



Studies on translation and multilingualism

Public service translation
in cross-border healthcare —
summary

1/2015

***Europe Direct is a service to help you find answers
to your questions about the European Union.***

Freephone number (*):

00 800 6 7 8 9 10 11

(*) The information given is free, as are most calls (though some operators, phone boxes or hotels may charge you).

LEGAL NOTICE

This document has been prepared for the European Commission however it reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

More information on the European Union is available on the Internet (<http://www.europa.eu>).
Luxembourg: Publications Office of the European Union, 2015

ISBN 978-92-79-49256-3
doi:10.2782/946988

© European Union, 2015

Reproduction is authorised provided the source is acknowledged and the original meaning and message is not distorted. All images © European Union, unless otherwise indicated. Design of the cover by EWORX S.A.

Claudia V. Angelelli, author, Centre for Intercultural Studies, Heriot-Watt University, September 2015

EXECUTIVE SUMMARY

1. Introduction

In the European Union both the mobility of citizens and their access to healthcare are rights guaranteed in the EU Charter of Fundamental Rights. Mobility of citizens is a right exercised with increasing frequency as the distinction between nation states is becoming less significant. When citizens are mobile and travel to, or reside in, another Member State than the MS of affiliation they may at times need access to healthcare services.

In multilingual and multicultural societies such as the EU, patients who are not proficient in the language of the Member State in which they seek care may need different types of language support such as: 1) information in their own language; 2) translation of specific documents (e.g. medical records or documents for reimbursement); or interpreting and/or cultural mediation in order to access safe and high-quality healthcare. This is both the case of patients who reside in a MS and do not speak the societal language yet, as well as patients who cross borders to seek care in a Member State the language of which they cannot access. Neither Directive 2011/24/EU¹, nor any other EU document (except for Directive 2010/64/EU on the right to interpreting and translation in the framework of criminal proceedings) contemplates how EU patients may access information or communicate with healthcare staff and providers in a language that is not their own. In the absence of formal legislation and policy guidance, organizations and patients are left to their own devices to meet communicative needs; this, at times, results in unequal access to the highest level of protection that all EU citizens are guaranteed.

2. Context of the Report

This report examines the language needs of the EU multilingual and intercultural societies as well as the responses provided (or lack thereof) to meet these needs. The European Commission's Directorate-General for Translation (DGT) established the following specific objectives for this report:

- To review the language policies in place that facilitate access to cross-border healthcare from the perspective of language;
- To examine the interplay of language and access to study if language is a right or an enabling factor; if linguistic access is respected, enforced and/or sanctioned;
- To study the cost of language support, and in its absence, the total social cost of failed social and economic integration;
- To review the types of language services, how they are organised, and who provides the services; and
- To examine good practices in language services and make recommendations for language provision in public services

In addition, the DGT established the following two conditions which impact the feasibility, research questions and methodology of this study: 1) a timeline of nine months and 2) a maximum budget of € 55,000. In response to the DGT Call for Tenders, an exploratory study was conducted in areas of Germany, Greece, Italy, Spain and the United Kingdom.

¹ 2011/24/EU acknowledges the patient's right to information and the obligations of the Member States of treatment and of affiliation (see Article 4).

The study uses quantitative and qualitative methods to answer five research questions. It applies questionnaires, documentary analysis, interviews and non-participant observations. Two hundred and nine informants -among them patients and family members, policy makers, city council members, NGO staff, non-profit organization staff, community centre leaders, healthcare administrators and providers, language service providers such as translators, interpreters and language/cultural mediators (both freelance and members of staff), agency owners, presidents of T&I professional associations, cultural mediation cooperatives and software developers participated in the study. In addition we conducted observations and obtained translation and interpreting samples from 128 sites representing rural and urban, public and private healthcare centres, clinics, general and specialized hospitals, accident and emergency departments, ministries of health and NGO offices. Three hundred and thirty-one respondents took part in two questionnaires.

3. Key Findings

3.a. Legislation and Policy

None of the documents constituting the EU framework (i.e. the Directive, the Charter of Fundamental Rights of the European Union, the Treaty on the Functioning of the European Union or the Regulation 833/2004) explicitly refer to language provision for EU citizens or legal residents pursuing healthcare in Member States in which they cannot access the information. In the absence of a clear EU legislative guidance, the pertinent legislation of each MSs that participated in this study varies considerably. In most cases there is not any legislation that guarantees comprehensive language services to patients. Legislation that guarantees professional language services (e.g. United Kingdom) was found to be a good practice. Findings highlight the following:

- There is not any legislation in place at the EU level that defines the responsibility for who is to provide language services in the healthcare setting.
- In Germany, the only reference to language in legislation is in regard to obtaining consent from patients in a language that patients understand.
- Neither in Germany nor in Greece is there evidence of legislation that contemplates the provision of language services to patients who cannot access the national language.
- In the United Kingdom Equality legislation compels institutions to provide language services so that patients can access healthcare services. Not providing language services is considered discriminatory and institutions must provide professional services.
- In both Italy and Spain regional languages are protected by law. Therefore information must be offered in these languages.

3.b. Language Services

Across the participating Member States of this study language support for cross-border healthcare patients is not provided in an even and consistent manner. In most cases professional language support is not provided at all. This calls into question the right to access safe and high-quality healthcare. Cross-border patients in most cases are responsible for the translation of documents and medical records. Language provision is perceived as costly and not always essential. Findings highlight the following:

- With alarming frequency, healthcare institutions do not provide any formal language services and ad-hoc language brokers are called upon to perform translation, interpreting and language/cultural mediation without compensation.
- Family members or friends of the patient, as well as bilingual staff or volunteers translate and interpret since professional services are not offered.
- The responsibility of translating documents to seek reimbursement under the Directive in most cases falls on the patient.
- When provided, professional interpreting services are offered across a range of modalities. Face-to-face, telephone and videoconference interpreting have all been documented.
- In both Germany and Greece professional language services are limited and were only observed in relation to consent forms and videoconference interpreting in private clinics, respectively.
- In Italy institutions frequently call upon intercultural mediators to provide language services.
- In Spain bilingual medical service is offered in regional languages. This includes the provision of bilingual forms and documents as well as the employment of bilingual staff and providers. Thus, no translation or interpreting is needed between the national and regional language
- In the United Kingdom public healthcare institutions routinely offer professional language services to patients who do not understand written or spoken English. These institutions have Equality and Diversity departments in charge of guaranteeing equal access.

3.c. Cost

In the participating Member States language provision in healthcare is not included as a line item in any national budget. When professional services are available individual healthcare institutions, regional healthcare trusts or the patients themselves pay these costs. In many cases the alleged cost of service was cited to be a deterrent for the provision of professional language services. In other cases healthcare administrators reported that the cost for providing professional language services is recouped in the medium to long-term and that not providing such services prohibits social integration and actually costs healthcare institutions more in the long-term.

4. Key Recommendations

In light of the observed and reported practices across the Member States of this study the report makes the following recommendations:

- Since language support is needed to allow equal access, professional language support should be accounted for in legislation. Improvised practices, ad hoc bilinguals performing language brokering *in lieu of* professional services do not constitute a responsible way to address the language needs of a diverse population in the EU.
- Information provided by National Contact Points should be available at least in all the official languages of the EU (including sign-languages). This would ensure effective access to information and observe non-discriminatory practices.
- Bilingual staff whose degree of proficiency in both languages and translation/interpreting skills cannot be verified should not be required to perform

the duties of translators, interpreters or cultural mediators. They should first be afforded appropriate professional development opportunities.

This report should be of interest to all EU citizens and residents pursuing healthcare in a MS other than their own, as well as policy makers, healthcare organizations and providers, language providers (individuals and companies) and NGOs working with linguistically and culturally diverse patients.

HOW TO OBTAIN EU PUBLICATIONS

Free publications:

- one copy:
via EU Bookshop (<http://bookshop.europa.eu>);
- more than one copy or posters/maps:
from the European Union's representations (http://ec.europa.eu/represent_en.htm);
from the delegations in non-EU countries
(http://eeas.europa.eu/delegations/index_en.htm);
by contacting the Europe Direct service (http://europa.eu/europedirect/index_en.htm)
or calling 00 800 6 7 8 9 10 11 (freephone number from anywhere in the EU) (*).

(*). The information given is free, as are most calls (though some operators, phone boxes or hotels may charge you).

Priced publications:

- via EU Bookshop (<http://bookshop.europa.eu>).

Priced subscriptions:

- via one of the sales agents of the Publications Office of the European Union
(http://publications.europa.eu/others/agents/index_en.htm).

