



Irish Translators' and Interpreters' Association
Cumann Aistritheoirí agus Teangairí na hÉireann

Submission of the Irish Translators' and Interpreters' Association
to the
Irish Pharmaceutical Society

April 2009

The Irish Translators' and Interpreters' Association/Cumann Aistritheoirí agus Teangairí na hÉireann (ITIA)

The ITIA was founded in 1986 and is a not-for profit organisation. It is the only professional association in Ireland representing the interests of practising translators and interpreters. The ITIA aims to promote the highest standards within the profession and to foster an understanding among translator and interpreter clients of the highly-skilled and exacting nature of the profession. Our individual members hail from many countries and cultures, reflecting the multi-cultural nature of Ireland today and providing a wide range of language combinations to meet the exponential increase in the demand for translation and interpreting services. In addition to providing guidance to our translator and interpreter members the ITIA acts in an advisory capacity to Government bodies, NGOs, the media and others involved in the provision of translation and interpreting services to the general public.

The ITIA welcomes the introduction of the Irish Pharmaceutical Society Code of Conduct which we believe will play a very important role. We would like to make the following submission which addresses the needs of patients who do not speak English. Limited English Proficiency (LEP) patients experience real difficulties in accessing health services and in accessing the medication they need. Deaf people also experience problems. In order to combat this problem we believe that it is necessary to introduce a system of providing interpreters and translations to ensure that communication can take place between pharmacists and customers.

The Irish Pharmaceutical Society Code of Conduct includes 6 principles. We will consider the first four points from the point of view of the needs of an LEP patient:

1. The practice by a pharmacist of his/her profession must be directed to maintaining and improving the health, wellbeing, care and safety of the patient. This is the primary principle and the following principles must be read in light of this principle.

Provide a proper standard of practice and care to those for whom they provide professional services

Encourage the rational and proper use of medicines.

Promote compliance with effective medicine and treatment regimes, and seek to address issues that may impinge on a patient obtaining the best result from his treatment

Ensure that in instances where they are unable to provide prescribed medicines or pharmacy services to a patient they must take reasonable action to ensure these medicines/services are provided and the patient's care is not jeopardised.

If the pharmacist cannot communicate with an LEP patient then it is impossible to 'encourage the rational and proper use of medicines' or indeed to comply with the primary

Irish Translators' and Interpreters' Association, Irish Writers' Centre, 19 Parnell Square, Dublin

1. Website: <http://www.translatorsassociation.ie>. Email: itiasecretary@gmail.com Page 2

principle above of maintaining the 'health, wellbeing, care and safety of the patient.' The LEP patient may well have difficulty understanding what the medicine is for, how often it should be taken, how it should be taken. If the pharmacist cannot communicate with the LEP patient then he or she is failing in his/her duty.

2. A pharmacist must employ his/her professional competence, skills and standing in a manner that brings health gain and value to the community and the society in which he/she lives and works.

Ensure discriminatory practices are not demonstrated towards any class of patient or sector of the community.

If certain groups in society, specifically ethnic minorities, are treated differently from English speaking patients, then it could be argued that ethnic minorities are experiencing discrimination. We believe that is the case because LEP patients are being treated differently from English speakers.

3. A pharmacist must never abuse the position of trust which they hold in relation to a patient and in particular, they must respect a patient's rights including their dignity, autonomy, and entitlements to confidentiality and information.

Ensure the patient is treated with courtesy, dignity, integrity and honesty.

o Ensure that the patient receives all his entitlements.

o Ensure the patient's confidentiality and privacy is respected

Seek to involve patients in decisions regarding their health and should explain options available to help patients make informed decisions regarding service and treatment options

Provide honest, relevant, accurate, current and appropriate information to patients regarding the nature, cost, value and benefit of medicines, health-related products and services provided by them.

o Comply with all relevant laws, regulations, rules, professional standards.

o Recognise the entitlement of the patient to appropriate information and disclose material risks associated with medication therapy.

o Ensure the patient is at all times acknowledged as a person

The issue of confidentiality is an important one. Why should an LEP patient have to ask a family member or friend to act as interpreter? An English speaking patient does not need to ask anyone to accompany them to the pharmacy. LEP patients on the other hand may feel that they have to bring a friend who can act as an interpreter. In these situations there is no guarantee that the friend, family member or even a child will be able to interpret the information given by the pharmacist accurately. It is possible that incorrect information will be conveyed in relation to instructions about how to take medication. Furthermore, if an LEP patient cannot understand what the pharmacist is saying, then they cannot participate in decisions regarding their health.

4. A pharmacist must conduct himself/herself in a manner which enhances the service which their profession as a whole provides to society and should not act in a way which might damage the good name of their profession.

Report and make disclosures to relevant authorities on matters affecting or having the potential to impact on patient safety and wellbeing

Endeavour to ensure that each patient is assisted in a manner which facilitates the care and treatment that they may be receiving from another recognised healthcare professional.

o Not practise under conditions which compromise their ability to exercise their professional judgement and integrity or the quality of their practice

Maintain patient confidentiality unless detrimental to a patient's safety and welfare, and ensure that all persons who operate under their direction and supervision conserve this confidentiality

The issue of confidentiality appears again in principle 4. We believe that at present when pharmacists deal with LEP patients they are in effect practising under conditions which compromise the quality of their service. Patients may be reluctant to ask friends or family members to help because they have to give up their free time to do so. Also, patients may not want others to know about their illness.

What is happening at present? We are aware that pharmacy staff may include pharmacists and sales assistants from other countries who can presumably provide information and advice in some patients' first language. This is very welcome but it probably only helps in a very small minority of situations. Also, most pharmacies do not publicise the fact that their staff speak Polish for example and patients do not know if that is the case before actually entering the shop. If pharmacies have employees whose first language is not English, it would be helpful if this could be indicated in the relevant language on the shop window.

There is no research evidence available at present about what is happening in Irish pharmacies but it is very likely that family members, friends and even children are acting as informal interpreters. This is the situation outlined by Schaafsma et al (2003)¹. Weiss et al² (2007) provide information on the situation in New York pharmacies where many outlets have the facility to provide translations of medicine labels. If patients do not understand

¹ Schaafsma, E.S., Raynor, D.K., de Jon-van den Berg, L.T.W., (2003) 'Accessing medication information by ethnic minorities : barriers and possible solutions *Pharmacy World Science* 25:5, 185-190.

² Weiss, L., Gany, F., Rosenfeld, P., Carrasquillo O., Sharif, I., Beha, E., Ambizas, E., Patel, P., Schwartz, L., Mangione, R., (2007) 'Access to Multilingual Medication Instructions at New York City Pharmacies' *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, Vol. 84, No. 6.
<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2232041>

what their medicine is for or how to take it the likelihood is that they will not comply with the doctor's instructions and may well stop taking the medicine thus affecting their health.

How can the situation be improved?

- ❖ Pharmacists should consider accessing Interpreters either in person or over the phone.
- ❖ Consideration should be given to making medication instructions available in other languages.
- ❖ Translation of labels on medicine should be considered.

In the United States, Polyglot Systems³ have introduced some very innovative ideas including a kiosk in pharmacies that operates using the bar code for medication. The patient inserts the bar code in the kiosk and requests a translation in the relevant language. The kiosk also contains videos in different languages and explanations of how to use certain items such as an inhaler.

We would be very happy to meet up with you to discuss these matters or to provide supplementary information.

Annette Schiller

Chairperson

Mary Phelan

Public Relations Officer

³ Polyglot Systems <http://www.pgsl.com/>