RESEARCH REPORT

Healthcare Interpreters' Advocacy for Patients in Japan

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Abstract

The purpose of this study is to discuss the boundary of the healthcare interpreter's role in the conduct of patient advocacy in Japan and consider problems with the healthcare interpreter's role as an advocate for patients with insufficient fluency in Japanese.

Interviews were conducted with people in the healthcare interpreting field relating to the Japanese standards of conduct for healthcare interpreters compared with the Japanese codes of ethics for healthcare providers, with the focus on patient advocacy.

Relating to patient advocacy conduct, some differences were found between the codes of ethics for healthcare providers and the standards for healthcare interpreters. The interviews demonstrated that the healthcare interpreters have not actively performed a patient advocacy role.

Although the standards for healthcare interpreters mention patient advocacy, the standards do not specifically allow positive advocacy by the interpreters. One reason for this lack of enforcement is that, at present, healthcare interpreting is not an officially qualified profession in Japan, and only a limited number of untrained or volunteer interpreters are currently working in various healthcare settings, in Japan. Also, not all healthcare providers have a clear understanding of the healthcare interpreter's multiple roles. The boundary of the healthcare interpreter's role as a patient advocate has been ambiguous. Healthcare providers also need to recognize the boundary of the interpreter's patient advocacy role.

Keywords: advocacy, foreign patients, code of ethics, healthcare interpreting, interviews

1. Introduction

The number of foreigners coming to Japan to seek work or other visas has been increasing since the latter half of the 1980s, and 2.5 million registered aliens, including permanent alien residents, are presently living in Japan (Immigration Services Agency of Japan, 2018). Communication difficulties are often an unavoidable part of daily life of a foreign resident, in Japan. In particular, communication in medical settings is very difficult for patients and family members without basic fluency in Japanese. Due to such communication difficulties, many such patients forgo access to care, even though they want or need medical care (Nishimura, 2011). Language barriers often compel some patients with an insufficient command of Japanese to compromise the quality of healthcare provided them. The fact that these patients cannot sometimes receive good medical care in Japan when their health or life is at risk indicates that their human rights to treatment and consideration are at risk. To overcome the communication problems for such patients in the medical setting, a demand for healthcare interpreters has been increasing, and the Japanese government has striven to establish the position of 'healthcare interpreter' as an integral part of the healthcare setting. The 2020 Tokyo Olympics is thought to be a large contributing factor, further increasing a demand for healthcare interpreting. Healthcare interpreters have to be equipped with sophisticated skills, not only in interpreting different languages, but also by

being sensitive to differing cultures, historical traditions, and expectations of both healthcare providers and patients, and, as a result, healthcare interpreters play a difficult and complicated role in the medical setting (Haffner, 1992).

Some studies demonstrate, through participant observation, discourse analysis, and interview survey, that the healthcare interpreter not only serves as a verbal conduit, but plays various other roles, such as a facilitator, positively participating in the conversations between the healthcare provider and the patient for their mutual understanding, as well as helping participants understand the differences in cultural beliefs and values. (Angelelli, 2004; Wadensjö, 1998; Nadamitsu, 2008). When a healthcare interpreter encounters relevant cultural differences, cases report how a healthcare interpreter explains to a physician the cultural background of a patient and asks the physician some supplementary questions when the interpreter knows that the patient does not understand the physician's explanation, due to differences in cultural beliefs (Kaufert & Putsch, 1997). In a study of Wadensjö (1998) on dialogue interpreting of healthcare interpreters, the healthcare interpreter is recognized not only as a language interpreter, but also as a facilitator of interactions in the communication. In fact, Angelelli (2004) conducted an interview survey with healthcare interpreters who were working for a hospital in California; interviewees described how healthcare interpreters facilitate between Latin-American patients and American healthcare providers. The healthcare interpreters facilitated the differences in medical culture to achieve a smooth communication as a liaison between the two parties. Bischoff (2012) investigated the roles of the interpreters working in a women's hospital. It is pointed out that the interpreters have the function of building and supporting an effective patient-provider relationship by careful intervention, to avoid the conflicts between patient and healthcare provider. Some examples of empirical evidence show that healthcare interpreters provide patients and healthcare providers with supplementary information about cultural backgrounds of each participant and act as facilitators in the conversations between the two parties (Kaufert & Putsch, 1997; Wadensjö, 1998; Angelelli, 2004; Bischoff, 2012). Some research suggests that interpreters and sign-language interpreters can be justified in adding supplementary explanations about the cultural values and practices, in order to obtain mutual understanding among participants in asymmetrical power relationships, such as the patient-provider relationship in the medical setting. Other studies show that the interpreter's roles vary, depending on the purpose of interpreting (Angelelli, 2004; Kaufert & Putsch, 1997; Roy, 2000).

Issues such as "accuracy," "neutrality," and "confidentiality" are common in the ethical codes of practice for interpreters in various fields, e.g., community interpreting. The ethical code for healthcare interpreters refers to the issue of "advocacy", in addition to the above issues (Mizuno, 2008). In this sense, the ethical code of the International Medical Interpreters Association (IMIA), i.e., an American organization for healthcare interpreters, is typical because it defines the conduct of advocacy not as impairing neutrality, but rather making such advocacy necessary for patients' health and well-being. The term "advocacy (of rights)" is defined as 'proposal', 'support', 'pleading', 'speaking' on behalf of someone. The term "advocacy" in the ethical code refers to a process in which a particular expert stands by the socially disadvantaged person to support actively, when needed, and sometimes speak on behalf of patients, as well as take the initiative in arguing against any potential for social inequalities, unfairness and injustice (Registered Nurses Association of British Columbia, 1995). Namely, advocacy strives to protect the rights and benefits of others such as socially disadvantaged persons who find it difficult to claim and fight for their rights by themselves. In healthcare and welfare settings, special attention has been paid to the conduct of advocacy to protect the rights of the socially disadvantaged, i.e., terminally ill patients, handicapped persons, bedridden elderly persons, older patients with dementia and child patients (Takayama, 2006).

Through discourse analysis of videotaped hospital settings involving native Canadian patients, healthcare providers and interpreters, Kaufert & Koolage (1984) conclude that the healthcare interpreters not only serve as language interpreters and cultural mediators, but also

as patient advocates, by explaining what the healthcare providers say to patients in such a way that the patients can understand. This research is considered to be the first one referring to the patient advocacy role of the healthcare interpreter. Roat (2010) emphasizes that healthcare interpreters should function as patient advocates for deepening mutual understanding between the patient and healthcare provider and providing appropriate healthcare information to the patients.

Mizuno (2005) describes that it is too early to incorporate the role of patient advocacy into the code of ethics for healthcare interpreters, in Japan, because the measures for the relief of the victims of human rights violations are less developed in Japan than in the United State. Mizuno insists that healthcare interpreters should keep their neutral positions and strive to interpret accurately, while patient advocacy should not be added to the ethical codes of conduct for healthcare interpreters. Oshimi (2010) suggests that the issues concerning when and how patient advocacy should be conducted by healthcare interpreters is still under discussion, and the interpreters' additional role of patient advocacy has not yet been established internationally and academically. Hale (2007) states that patient advocacy by healthcare interpreters has not always been positive for patient and medical provider, even though the basic goal of both healthcare provider and healthcare interpreter is the same: to assist and save patients.

On the other hand, according to Takahashi (2009), it is natural that the healthcare interpreter should stand on the side of the patient lacking sufficient fluency in Japanese, to protect the person's rights and benefits, rather than remain neutral. Iida (2012) points out that healthcare interpreters may encounter many medical care situations requiring their intervention and coordination, deviating from "neutrality" and "impartiality." Roat (2010) states that the healthcare interpreter may be justified in being a patient advocate when patient's health, well-being, and dignity are at risk.

As mentioned above, discussion is currently underway for and against the healthcare interpreter's conduct of advocacy (Roat, 2010). The healthcare interpreter's role of advocacy is, indeed, a controversial issue, and knowing how presently active healthcare interpreters in Japan feel about the additional role would be instructive. How do the healthcare interpreters themselves recognize the role of advocacy in the Japanese medical settings? To find out, the author collected and investigated descriptions relating to advocacy in the Japanese standards of conduct for healthcare interpreters. At the same time, the author collected and compared the codes of ethics for healthcare providers dealing with patients of other countries with the standards for healthcare interpreters, focusing on the way of dealing with the issue of advocacy. In addition, the author tried to collect opinions and thoughts about interpreter's advocacy from the people actually involved in healthcare interpretation.

2. Purposes

This study considers the healthcare interpreter's role of patient advocacy as well as the scope and boundary of that role. In addition, the study highlights the problems related to the healthcare interpreter's role as patient advocate for patients without sufficient fluency in the Japanese language, by examining the results of an interview survey the author conducted with people actually currently involved in the medical interpreting field. Finally, codes of ethics for healthcare providers are compared in terms of how such patient advocacy was or was not conducted by healthcare interpreters.

3. Methods

3.1 Comparison of advocacy-related items between codes of ethics for healthcare providers and standards of conduct for healthcare interpreters

For analysis, the author considered the following Japanese codes of ethics for physicians, nurses, and medical social workers as well as the Japanese standards for healthcare interpreters, focusing on the conduct of advocacy.

1) Professional Ethics Guideline for Physicians (Japan Medical Association, 1998)
2) Code of Ethics for Nurses (Japanese Nursing Association, 2003)
3) Code of Ethics for Medical Social Workers

(Japanese Association of Social Workers in Health Services, 2005)
4) Standards for Medical Interpreters (Committee to Review Standards for Medical Interpreters, 2010)

The Standards for Medical Interpreters 2010 were formulated by the Committee to Review Standards for Medical Interpreters (established in May 2010), with the aim of indicating the desired levels of facilitation of the professional healthcare interpreters (Nishimura, 2011). The author paid attention to the codes of ethics for healthcare providers and the standards for healthcare interpreters because clinical ethics is today a required subject for healthcare professionals in Japan, and studying clinical ethics is also essential for the healthcare interpreter trainee. Moreover, three categories of healthcare professionals - physicians, nurses, and medical social workers - were selected because they were found to be most closely related to patients with insufficient fluency in Japanese and healthcare interpreters, as mentioned in the Standards for Medical Interpreters 2010.

3.2 Interviews with people involved in healthcare interpretation

To consider the patient advocacy by the healthcare interpreter, the author found it necessary to collect the opinions from various people actually involved in the healthcare interpreting field.

3.2.1 Subjects

The author sent e-mails to the healthcare interpreting organizations listed on the home page of the National Association for Medical Interpreters (NAMI) to ask for interviews. Then, interviews were individually conducted with the following four persons, (labeled A, B, C, and D), who approved the purpose of this study.

(A): A physician, holding a position of the director of a healthcare interpreting organization and currently using healthcare interpreters in the medical setting.
(B): A director of a healthcare interpreting organization.
(C): A healthcare interpreter (Portuguese - Japanese), also acting as the chief of an organization for supporting foreign patients.
(D): A healthcare interpreter (English - Japanese) belonging to a healthcare interpreting organization.

3.2.2 Summary of interview survey

The interviews were conducted between August and September 2013. Only the author (i.e., interviewer) and each interviewee gathered at the place designated by the interviewee (i.e., the interviewee's workplace or a meeting room in the community). A semi-structured interview was conducted over a period of 40 minutes to one hour, based on the interview guide, which included the following questions: (1) What kinds of medical settings afford the healthcare interpreter chances to act in the role of patient advocate? (2) What do you think is the purpose of being a patient advocate? (3) How does your organization deal with the challenges of patient advocacy in terms of healthcare interpreter training? and (4) What do you think is the future of patient advocacy by the healthcare interpreter? The dialogues were recorded after obtaining the interviewee's consent. After the recorded data were transcribed, the transcribed data were then confirmed by each interviewee, to ensure accuracy.

The author explained in advance to each interviewee that the interview results would appear in a published article and that the interviewees would be indicated only by the corresponding alphabetical letter, so as not to identify the individuals, the right to privacy would be guaranteed, and the consent to participation in the survey could be withdrawn at any time.

4. Results

4.1 Advocacy stipulated in codes of ethics for healthcare providers and healthcare interpreters

A code of ethics is a guide for the professional because it stipulates how to conduct oneself as a professional. A code of ethics also has social significance because the mission and the role of the professional will become known in the healthcare community and society at large.

The author strove to clarify the scope of the healthcare interpreter's and healthcare provider's patient advocacy, by comparing the standards for healthcare interpreters and the codes of ethics for healthcare providers, such as physicians, nurses and social workers. Those standards of conduct for healthcare interpreters and healthcare providers, each stipulating the mission, duty, and ethics of the professional to indicate what they should aim at and what they should not do to moderate their behaviors, are also significant pledges to the healthcare community and society at large. Thus, the author thought that the comparison of those standards of conduct for healthcare professionals could define and clarify the scope and the boundary of the role in the advocacy conduct of each healthcare professional. Specifically, using the keywords such as "right to self-determination," "rights of patients" and "advocacy," the author extracted the advocacy-related items from the codes of ethics for physicians, nurses and social workers closely related to patients without sufficient fluency in Japanese.

4.1.1 Professional ethics guideline for physicians

Medicine and medical care shall be used to maintain and promote people's health as well as to treat sick people. The physician shall recognize the significance of his/her own responsibilities and serve all people based on a love and concern for humanity.

(Respect for and advocacy of patients' rights)

The physician shall put the highest priority on the patients' benefit and strive to respect and advocate patients' rights. Patients are entitled to receive impartial medical care, to obtain information and choose medical care based on self-determination, to refuse medical care, and to seek a second opinion. Every patient has a right to privacy.

(Explanation of information about a patient's disease and the state of the disease to the patient and the patient's families)

In an accurate, honest, and understandable manner, the physician is obligated to inform patients of the results of diagnosis, including what the disease may be, how the disease will progress, what kinds of examinations, and treatments should be provided.

4.1.2 Code of ethics for nurses

The nurse respects the life, dignity and rights of all human beings.

In an equal and fair manner, the nurse provides care to recipients in need of medical assistance, irrespective of the recipients' nationality, race and ethnic group, religion, belief, age, sex and sexual orientation, social status, economic status, lifestyle, and health problems.

The nurse establishes a relationship of trust with the individual recipient in need of nursing care and provides nursing care based on that trusting relationship.

The nurse respects patients' right to know and right to decide, and acts as an advocate for each patient's rights.

The nurse safeguards recipients in need of nursing care and ensures recipients' safety in cases where nursing care for the recipient is hindered and the recipient is at risk.

4.1.3 Code of ethics for medical social workers

(Dignity of human beings)

The social worker respects the unique and intrinsic worth of all people, irrespective of their origin, race, sex, age, physical and psychological state, religious and cultural background, social status, economic status, and the like.

(Respect for a client's right to self-determination)

The social worker upholds a client's self-determination, and helps individual clients more thoroughly understand their rights and how best to make good use of them.

(Coping with clients' decision-making abilities)

The social worker always finds the best way to advocate the rights and benefit of clients with incomplete decision-making abilities.

(Preventing violation of clients' rights)

The social worker serves as an advocate for clients to prevent clients' rights from being violated in any case.

The social worker always finds the best way to advocate the rights and benefit of those clients

lacking sufficient decision-making capacity. The conduct of advocacy for clients' benefits and rights by medical social workers is widely extended to clients' decision-making situations in healthcare settings (including informed consent and choice of alternatives) to clients' social problems, such as poverty and abuse that may be associated with sickness and disability. The social worker always makes an effort to be well-acquainted with the laws and systems concerning advocacy of those with incomplete decision-making capacity and to protect those clients from suppression and theft as an appropriate advocate. Members of our society may not always be aware of people without sufficient capacity for self-determination. It is not only the legal and healthcare systems, but also the medical social workers' keen sensitivity to human rights and the courage to take action, when necessary, that is needed to advocate for a person's rights and benefits. The social worker always strives to be sensitive to and a guardian of human rights in the healthcare field.

4.1.4 Standards for Medical Interpreters 2010

4.1.4.1 Roles of the healthcare interpreter

The healthcare interpreter stands as a language interpreter and a cultural mediator between the healthcare provider and the patient who often does not share the same language and may come from different cultural and social origins. As well, the healthcare interpreter supports patients so that patients can make decisions based on their own intention and be provided with information in a culturally sensitive and easy-to-understand manner.

The healthcare provider sometimes communicates with the healthcare interpreter as if the interpreter were one of the patient's family members. As well, the patient sometimes implicitly expects the healthcare interpreter to act as an advocate for the patient. However, advocating either for the healthcare provider or the patient is not an inherent, but an acquired, role of the healthcare interpreter.

4.1.4.2 Healthcare interpreter's role as advocate

The fundamental role of the healthcare interpreter is to serve as a language mediator. The healthcare interpreter, however, may act as an advocate for the patient, when aware of the fact that the patient's human rights are flagrantly violated.

The healthcare interpreter acts as an advocate for the patient when some problem remains unsolved and the patient's rights are subject to suppression, even after the interpreter assists in bridging the cultural gap between the patient and the healthcare provider by means of "accurate interpreting" and "explanation in consideration of cultural differences."

4.2 Interviews with people involved in healthcare interpretation

Various ideas about the healthcare interpreter's conduct of advocacy were extracted from the semi-structured interviews with the four persons (A, B, C, and D). The author classified the transcribed data into the following three categories: 1) interpreter's conduct regarded as patient advocacy; 2) negative views of the interpreter's advocacy; and 3) prospects for the interpreter's advocacy.

4.2.1 The interpreter's conduct regarded as patient advocacy

- (A): "The interpreter may act as an advocate in settings where the physician cannot understand the patient's situation without receiving vital information about the patient through the interpreter. In our organization, for example, interpreters are trained to obtain the patient's consent and tell the physician that the patient is, for instance, obligated to fast during to the month of Ramadan" as a requirement of Islamic faith.
- (C): "After a physician saw a Japanese woman infected with HIV, the physician said in Japanese to her partner, who was a South American, 'You must have infected her with AIDS.' I promptly asked the physician for confirmation, 'May I translate what you said?' The physician answered, 'You may not translate what I said.' I usually try to ask physicians for confirming what they mean if their words imply prejudice about the patients, the patients' nationality, and the like. I think it may be ... an example of patient advocacy, although it's trivial."
- (D): "I ask the male physician to leave his seat when the female patient is prohibited from contact with the male physician for religious

reasons. The interpreter also pays attention to the patient. If the patient does not say anything, I always try to be attentive."
- (D): "The healthcare interpreter is admitted when the patient has some different cultural background or such a situation may be disadvantageous to the patient. This is the conduct of patient advocacy, I think."

4.2.2 Negative views of the interpreter's advocacy

- (B): "In addition to interpretation, the interpreter is allowed to confirm only the patient's and his/her family's statements, and the physician's statements. The interpreter should not speak or act on the interpreter's own initiative. Most of our interpreters are not at a professional level [of proficiency], and they need some assistance or support in the actual settings. That is the reason why patient advocacy is not committed to the interpreter."
- (A): "The interpreter should neither persuade nor induce the patient to do something because such actions will not necessarily be advantageous to the patient. The interpreter should support what the patient is going to do. It is strange that the interpreter should take the initiative in the conduct of advocacy. Properly, the interpreter should cope with the advocacy of the patient in accordance with the patient's intention."
- (A): "The interpreters… [in] our organization are not able to cope with patient advocacy without the social worker. Our organization does not deny patient advocacy, but it prevents interpreters from acting as the advocate, at the individual interpreter's discretion."

4.2.3 Prospects for the interpreter's advocacy

- (A): "Our organization requests interpreters to introduce the patient to the person in charge of advocacy, that is, the social worker, when necessary."
- (A): "Definitely, patient advocacy is very important. I wonder how to divide patient advocacy between the healthcare interpreter and the healthcare provider. The healthcare provider should know how to use the healthcare interpreter. Advocacy of foreign patients' rights is an important problem. So, it's difficult to determine how the two parties share the task of advocacy. The presence of the interpreter is in itself the conduct of advocacy, I think."
- (B): "We should first pay attention to accurate interpretation and then think of patient advocacy. In light of the current situation of healthcare interpretation, this argument is too premature in Japan. To talk about patient advocacy now may confuse the priority."
- (C): "With certain practical training of how to act as the advocate, specifically for patients with HIV and terminal cancer or infant patients, not all, but some, of the trainee interpreters can learn to act as advocates, I think.

5. Discussion

5.1 Advocacy by healthcare providers

The code of ethics for physicians stipulates that they should assign top priority to the benefits of the patients, and they should be responsible for patients' self-determination, by explaining matters to the patients in plain language. The codes of ethics for nurses and medical social workers also stipulate not only that they should respect and advocate the patients' self-determination, but also that they should advocate for the patients when patients are at risk. According to the ethical code for social medical workers, social workers shall listen to the suppressed cries of the patient which are too faint to hear and advocate for the patient's benefit and rights. The ethical code for medical social workers also stipulates that they shall continually make an effort to maintain a keen awareness of human rights and be guardians of human rights in the healthcare field.

As mentioned above, the Japanese ethical codes for physicians, nurses and medical social workers deal with advocacy in different expressions. This is because the position, the role, and the relation with patients vary, depending on the profession. In particular, medical social workers act as consultants and advisors about patient's everyday concerns and economic problems. Medical social workers stand so close to patients that they can become the most familiar advocate for the patients. Medical social workers have a role in protecting patients with an insufficient fluency in Japanese when their human rights are suppressed or violated.

5.2 Advocacy by healthcare interpreters

5.2.1 Advocacy stipulated in the standards

The standards for healthcare interpreters formulated by the Japanese Association of Medical Interpreters do not specify advocacy as the healthcare interpreter's role and mention that it is left to the judgment of individual healthcare interpreters, whether to act as an advocate or not.

The Japanese standards of practice for healthcare interpreters do not recommend that interpreters play an active advocacy role. One of the reasons for this view is that the current healthcare interpreters have not yet reached professional levels, as a whole, in Japan. There is no official qualification system for healthcare interpreters and many untrained interpreters and volunteer interpreters are currently working in various medical settings. As indicated by Roat (2010), there is also an idea that the primary role of the interpreter is to interpret accurately, while the advocacy of patient's rights is not included in the occupational scope of the interpreter.

The healthcare interpreter has not yet been recognized as a professional position in Japan, and the Japanese standards of practice for healthcare interpreters stipulates that the healthcare interpreter should avoid serving as an active advocate for patients. In contrast to this, some healthcare interpreter organizations outside of Japan stipulate the role of advocacy for patients as one of the interpreter's roles, consistent with his or her professional ethical code. The ethical code formulated by the National Council on Interpreting in Health Care (NCIHC), one of the organizations for healthcare interpreters in the United States, stipulates that when the patient's health, well-being, or dignity is at risk, the interpreter may be justified in acting as an advocate. The ethical code (1986) by the International Medical Interpreters Association (IMIA), another American organization for healthcare interpreters, specifies advocacy as the interpreter's role, stipulating that the interpreters will engage in patient advocacy and in the intercultural mediation role of explaining cultural differences or practices to healthcare providers and patients only when appropriate and necessary for communication purposes, using professional judgment. Although there is a subtle difference in the way of viewing the conduct of advocacy between the two codes, these two ethical codes similarly describe that the healthcare interpreter may, and even should, act as the advocate, depending on the medical setting.

Using an example of patient advocacy by a medical interpreter, let us consider the guideline described by the NCIHC suggesting the interpreter may advocate on behalf of a party or group to correct mistreatment or abuse. For example, an interpreter may alert his or her supervisor to patterns of disrespect towards patients. The above-mentioned interpreter's conduct of advocacy is to alert the authority, on behalf of patients, to protect them when patients' human rights are violated. In this case, the interpreter stands on the side of the patient, that is, on the opposite side of the healthcare providers. Judgment in such a case is considered difficult.

In the United States, there are facilities for training healthcare interpreters and official qualifications for professional healthcare interpreters. Further, the professional healthcare interpreters in the United States are requested to attend ongoing training programs to keep their knowledge and skills up to date and at the desired levels. While training, healthcare interpreters learn when, where, and how best to conduct themselves as advocates in a professional manner. Thus, in the United States, healthcare interpreters can work as medical professionals, together with other healthcare providers. Accordingly, healthcare interpreters in the United States are expected to conduct themselves as advocates, as would other healthcare providers, when the patients are found to be at a disadvantage.

In contrast to the United States, healthcare interpreters in Japan are not recognized as professionals. The Japanese standards for healthcare interpreters describe that the healthcare interpreter acts as an advocate for the patient when the problem remains unsolved and the patient's rights are subject to suppression, even after the interpreter assists in bridging the cultural gap between the patient and the healthcare provider. As mentioned above, when acting as the advocate for the patient without sufficient fluency in Japanese, the interpreter's neutral stance with respect to the healthcare provider will, inevitably, be broken. Namely, the conduct of advocacy conflicts with the

interpreter's role of "neutrality." Therefore, professional training is needed, to learn when, how, and in what manner the healthcare interpreter should act as an advocate. According to the report of Hale (2007), an untrained healthcare interpreter acted as an advocate for a patient without regard to "neutrality" and "accuracy," and consequently, the interpreter's conduct did not help the patient; in fact, the relationship of trust with the healthcare provider was impaired, leading to a medical mistake. Hale (2007) shows that a healthcare interpreter's *ad hoc* patient advocacy that compromises neutrality and accuracy may place the patient at a disadvantage.

5.2.2 Healthcare interpreter's advocacy conduct found in interviews

In the interview survey, the interviewee (C) said: "After a physician saw a Japanese woman infected with HIV, the physician said in Japanese to her partner, who was a South American, 'You must have infected her with AIDS.' I promptly asked the physician for confirmation, 'May I translate what you said?' The physician answered, 'You may not translate what I said." Interviewee (C) regarded the above-mentioned actual interpreter's conduct as advocacy for the patient. Interviewee (C) acted as a Portuguese interpreter and was the leader of an organization supporting HIV patients. Interviewee (C) thought that patient advocacy was essential for the interpreters belonging to his organization because they specialized in interpreting for HIV patients. All the interpreters of his organization were experts with 10 years' or more experience in this field, and they had a common understanding of cases where active advocacy was needed, through the training system his organization had prepared. In the case given by interviewee (C), the interpreter advocated for the patient by raising his voice against the physician's discriminatory remarks to the patient. This kind of advocacy by the interpreter is regarded as similar to the advocacy of the medical social worker who actively advocates for the patient, to protect the patient from the physician's accusatory remarks, and the like.

Interviewees (A) and (D) mentioned advocacy challenges related to a patient's religious affiliation. Interviewees (A) and (D) identified a justified advocacy role where some cultural gap between the healthcare provider and the patient was thought to be disadvantageous to the patient. The healthcare interpreter is actually required to work as an advocate for the patient without sufficient fluency in Japanese, by alerting the healthcare provider of communication difficulties relating to language and cultural differences, to ensure that the patient receives appropriate medical care.

As demonstrated by the interview results, interviewee (B) pointed out that support of the coordinator was necessary in the actual settings for the majority of interpreters belonging to B's organization, and accurate interpretation was a top priority for those interpreters at the present stage. Interviewee (B) insisted that *ad hoc* patient advocacy by untrained healthcare interpreters should not be conducted. Interviewee (B)'s remarks can be supported by the fact that B's interpreting organization is composed largely of non-Japanese staff who are adequately fluent in Japanese, living expat communities in Japan, a situation that also applies to other healthcare translation organizations. In Japan, a considerable number of foreigners from expat communities have a good command of Japanese and play a vital role in interpreting in their communities in Japan. Yet some of them have little experience of working as the interpreters and others undergo little training for accurate interpreting. Even children of the expat communities are often recruited as interpreters, because of their command of Japanese. The interviewee (B) insisted that it was still too soon to argue over the advocacy conduct by untrained interpreters who still had difficulty in translating verbatim. In light of the interpreters of (B)'s organization, the interviewee (B)'s opinions seem reasonable.

The results of the interviews show the ambiguous scope of the healthcare interpreter's advocacy conduct. Specifically, the advocacy conduct of the healthcare interpreter varies, depending on the interpreter's organization, for example, whether to interpret a healthcare provider's statement or not, explain or fill in the cultural gap, or act as a patient advocate.

5.2.3 Different views on the healthcare interpreter's advocacy conduct

Roat (2010) describes that the healthcare

interpreter should not conduct advocacy when the point in question is based on the physician's professional opinion, such as diagnosis, when there is no oversight or misunderstanding; when the patient no longer wants advocacy; when the conduct of advocacy may lead to abuse of confidentiality; or when the interpreter's agent or organization specifically prohibits the interpreter from serving as an advocate. Further, according to Roat (2010), it is most important that the healthcare interpreter be recognized as one of the professional members of the medical team, not an outsider, so that the healthcare interpreter can learn when and how to conduct advocacy. Hale (2007) states that the healthcare interpreter can understand cultural differences between the healthcare provider and the patient to cope with diversity in the medical setting, if the interpreter is entitled to participate in the team conference as a member of the medical team and obtain information about the patient in advance.

As stated by interviewees (A) and (B) in the interview survey, one of the reasons why they do not approve healthcare interpreters' advocacy for patients is that the majority of existing healthcare interpreters are still insufficiently trained to judge by themselves. An unskilled healthcare interpreter's actions as an advocate for a patient without sufficient fluency in Japanese may help to cause medical mistakes and entail a risk to the patient's health. For this reason, Japanese standards for healthcare interpreters do not admit the interpreter to conduct advocacy.

Even so, even extensive training cannot always adequately prepare interpreters for patient advocacy. Hattori (2017) conducted a questionnaire survey of healthcare providers' awareness and healthcare interpreters' awareness of the interpreter's roles. According to the survey, the healthcare providers were aware that healthcare interpreters had the function of speaking on behalf of patients and explaining, in simple terms, physicians' intended meaning to patients (Hattori, 2017). As demonstrated by the survey results, the healthcare providers ask the interpreters not only to interpret the dialogues accurately, but also act as advocates. There is a gap in awareness of the healthcare interpreter's roles between the healthcare providers and the healthcare interpreters. Therefore, it becomes unclear in the medical setting who should conduct advocacy for patients without sufficient fluency in Japanese or when and how such advocacy should be performed.

In some cases, healthcare providers ask healthcare interpreters to act as advocates for patients without sufficient fluency in Japanese. According to the Japanese standards, on the other hand, the interpreter's advocacy is left to each interpreter's discretion. Moreover, according to interviewees (A) and (B), for instance, the directors of the healthcare interpreting organizations insist that advocacy for patients with insufficient fluency in Japanese should be avoided and done only at each interpreter's discretion. In brief, the healthcare interpreter's advocacy is viewed differently, depending on the healthcare provider, the standards of conduct for healthcare interpreters, and the persons concerned in healthcare interpretation.

5.2.4 Future tasks related to the healthcare interpreter's advocacy

With the increase in demand for healthcare interpreting in Japanese society, healthcare interpreters will likely encounter a greater need for advocacy in the medical setting. Coping with this situation requires strengthening the official qualification system and improving the training system for healthcare interpreters as well as guaranteeing and upgrading their levels and skills in all relevant areas. As pointed out by Ohno (2014), if the current Japanese standards for healthcare interpreters are supplemented with the items relating to the professionalism and scope of the role, such as existing standards of various countries, the Japanese standards will be more consistent with the international community's standards. Doing so would contribute to the recognition of healthcare interpreting as a profession, which in turn would improve the healthcare interpreter's standing in the Japanese healthcare system and society at large. Also, healthcare providers should cooperate to meet these challenges. Even when the current healthcare interpreters reach a professional level, through the introduction of an official qualification system and an effective training system, advocacy for patients without sufficient fluency in Japanese may still be compromised. To counter this possibility, healthcare providers must understand the healthcare interpreter's roles

and how best to utilize the healthcare interpreter in the medical setting. Kumamoto (2006) insists that advocacy in healthcare settings should be conducted by some professionals, in relation to a patient's rights. Such advocacy should be done in consideration of the following three points: (1) what the patient's rights are; (2) how the patient's rights may be violated under the current circumstances; and (3) what kind of action should be taken to advocate the patient's rights.

In addition to the obligatory training to be designed for healthcare interpreters, certain training programs are also necessary for healthcare providers so that the providers can learn how to use the healthcare interpreter in the medical settings and understand the scope of the healthcare interpreter's role. After that, healthcare professionals, including healthcare providers and healthcare interpreters, should discuss and decide how best to share the conduct of patient advocacy.

5.2.5 Advocacy for patients with insufficient fluency in Japanese

The author believes that advocacy should benefit the patient without sufficient fluency in Japanese in such a way that the thoughts, concerns, and questions of the patient reach healthcare providers and that the voice of the healthcare provider is adequately understood by the patient. In this manner, the patient can enjoy the same level of medical care and the implicit right of self-determination and other rights afforded patients with sufficient fluency in Japanese.

The healthcare provider's advocacy for patients without sufficient fluency in Japanese is intended to provide patients with the best medical care and benefit, by making the best use of all the healthcare provider's knowledge and skills. The author argues that advocacy for patients without sufficient fluency in Japanese should not be committed to healthcare providers only; the healthcare interpreters as well should be advocates. Ishikawa (2010) mentions that all medical staff in contact with a patient are implicitly regarded as advocates for the patient, so long as they respect and pay attention to the patient and the patient's needs. As well, the physicians and the nurses should tackle the patient's health problems in cooperation with other professionals, to decide what is in the best interests of the patient.

Although accurate interpretation and maintaining a neutral position are important for the healthcare interpreters as a matter of course, healthcare interpreters are also required to consider patients' needs and protect patients' rights and dignity in the medical setting. In this sense, healthcare interpreters are implicitly regarded as advocates. Unlike the healthcare providers' advocacy, however, the healthcare interpreters' advocacy is to fill the cultural gap between healthcare providers and patients lacking sufficient fluency in Japanese by eliminating patients' language barriers and providing information about patients' cultural backgrounds to healthcare providers. The author contends that healthcare interpreters should be advocates for such patients by siding with the patient and protecting a patient from any reduction, avoidance, or suppression of any of a patient's full array of rights in the context of Japanese society. Although the manner of acting as an advocate may differ, healthcare providers and healthcare interpreters are required to cooperate for the same purpose, that is, for the best interest of the individual patient in their care.

6. Conclusions

Healthcare providers and healthcare interpreters approach the advocacy for patients without sufficient fluency in Japanese in different ways. In respecting patients' intentions, supporting patients' right to self-determination, and protecting the patients' rights generally, healthcare providers should conduct advocacy, with a focus on the best benefit to the individual patient. In particular, medical social workers engage in advocacy to protect the patient from anyone who may want to reduce, avoid, suppress, or actively violate the patient's rights. Healthcare interpreters, for their part, fill the cultural gap between healthcare providers and patients and conduct advocacy, when required. Further, healthcare interpreters can raise concern and protect a patient from a healthcare provider, for example, when recognizing the patient's rights as being reduced, avoided, suppressed, or actively violated that may lead to compromised medical care. However, active advocacy by healthcare interpreters has not yet been officially permitted

in Japan. The reasons for this are the following: the healthcare interpreter has not been officially certified and a considerable number of untrained interpreters are currently working in various medical settings; the scope of the advocacy conduct by the healthcare interpreter is currently not clearly defined in the Japanese standards of conduct for healthcare interpreters; and the healthcare providers do not recognize what the healthcare interpreter's advocacy for the patient entails.

For patient advocacy, the healthcare interpreters need sufficient knowledge, skills, and experience as professionals in their field. In light of the current circumstances of the healthcare interpreters, the author concludes that it may be premature for the healthcare interpreters to be tasked as patient advocates for patients. Most importantly, we need to establish an official qualification system for creating professional healthcare interpreters and improve the training systems for increasing the professional skills of healthcare interpreters. Training is necessary, not only for the healthcare interpreters, but also for healthcare providers. Healthcare providers are also required to understand the roles of the healthcare interpreter, learn how to use the healthcare interpreter in the medical settings, and explore the challenges of advocacy of patients. It is an urgent challenge for all professionals treating patients without sufficient fluency in Japanese, and it is incumbent on all parties to discuss and cooperate, to recognize each other's respective roles relating to advocacy for such patients. We will then need a further discussion on the role of advocacy, to be shared by healthcare providers and healthcare interpreters, specifically concerning the boundaries of the role between the two parties and the respective manner of advocacy for patients.

References

[1] Angelelli, C. V., *Medical Interpreting and Cross-Cultural Communication*. Cambridge: Cambridge University Press, 2004.

[2] Bischoff, A. & Kurth, E. & Henley, A. "Staying in the Middle: A Qualitative Study of Health Care Interpreters, Perceptions of their Work." *Interpreting,* Vol.14, No.1, 2012, pp.1-22. John Benjamins Publishing Company.

[3] Code of Ethics for Medical Social Workers., Retrieved August 20, 2019, from https://www.jaswhs.or.jp/images/pdf/rinri_2007.pdf

[4] Committee to Review Standards for Medical Interpreters, 2011, Retrieved August 20, 2019, from http://www.jami-net.jp/htdocs//index.php?page_id=17

[5] Common Standards for Medical Interpretation, Retrieved August 20, 2019, from https://www.mhlw.go.jp/file/06-Seisakujouhou-10800000-Iseikyoku/0000057158.pdf

[6] Guidelines for Occupational Ethics of Doctors, Retrieved August 20, 2019, from http://www.med.or.jp/nichikara/kairin11.pdf

[7] Haffner, L., "Translation is not enough: Interpreting in a medical setting." *Western Journal of Medicine,*1992, pp.157, pp.255-259.

[8] Hale, S. B., "*Community Interpreting: Research and Practice in Applied Linguistics*." Hampshire, Palgrave Macmillan. 2007.

[9] Hattori, K., "Difference in Recognition of the Healthcare Interpreter's Role between Healthcare Professional and Healthcare Interpreters: From the Results of Questionnaire to Healthcare Providers and Healthcare Interpreters," *Interpreting and Translation Studies*, No.17, 2017. P.187-202.

[10] Iida, N., "Analysis of deviant behaviors in community interpreting at human support scenes through case study conversation and reports." *Core Ethics,* Vol.8, 27-38, Ritsumeikan University. 2012.

[11] IMIA., Retrieved August 20, 2019, from https://www.imiaweb.org/default.asp

[12] Immigration Services Agency of Japan. Retrieved August 20, 2019, from http://www.moj.go.jp/housei/toukei/toukei_ichiran_touroku.html

[13] Ishikawa, Y., "Is Advocacy a Role of the Nurse?" *The Japanese Association for Philosophical and Ethical Researches in Medicine*, Vol.28, 2010, pp.1-9.

[14] Ito, M. et al., "Present Situation and Challenges of Medical Interpreters in Japan: Results of a Questionnaire Survey" *Journal of International Health*, Vol.27, No.4, 2012, pp.387-394.

[15] Kaufert, J. M. & Putsch, R. "Communication through interpreters in healthcare: Ethical dilemmas arising from differences in class, culture, language and power." *The Journal of Clinical Ethics,* Vol.*8,* No.1, 1997, pp.71-87.

[16] Kaufert, J. M. & Koolage, W. W., Role conflict

among 'culture brokers': The experience of native Canadian medical interpreters. *Social Science Medicine,* Vol.18, No.3, 1984, pp.283-286.

[17] Kitayama, A., *Creating the New Health Care: A Nursing Perspective*. Nurses Association of British Columbia Press. 1995.

[18] Kumamoto, K., *Nurse Learns `Patient Rights' Course*. Nurses Association of Japan Press, 2006.

[19] Mizuno, M., "Interpreter Code of Ethics and Basic Philosophy: Comparison of Codes of Ethics for Conference Interpreter, Community Interpreter, Court interpreter." *Interpreting and Translation Studies,* No.5, 2005, pp.152-172.

[20] Nadamitsu, Y., "The Status, Roles, and Motivations of Medical Interpreters." *Interpreting and Translation Studies,* No.8, 2008, pp.73-95.

[21] NCIHC, Retrieved August 20, 2019, from https://www.ncihc.org/assets/documents/publications/NCIHC%20National%20Code%20of%20Ethics.pdf

[22] Nishimura, A., "Background and Contents of Common Standards for Medical Interpretation." Local Government Internationalization Forum, Vol.258, 2011, pp.16-18.

[23] Nurse Code of Ethics, Retrieved August 20, 2019, from https://www.nurse.or.jp/home/publication/pdf/rinri/code_of_ethics.pdf

[24] Ohno, N., & Nojima, F. "Standards of Practice for Community Interpreting: Insights from a Review of Five Standards," *Interpreting and Studies*, No.14, 2014, pp.243-257.

[25] Oshimi, T. "Language barriers in accepting foreign patients." *Japanese Medical Journal*, Vol.69, No.5, 2010, pp. 282-286.

[26] Roat, E. C. "*Healthcare Interpreting in Small Bites: 50 Nourishing Selections from the Pacific Interpreters Newsletter." 2002-2010*. North America & International, Trafford, 2010.

[27] Roy, B.C. *Interpreting as a Discourse Process,* Oxford: Oxford University Press, 2000.

[28] Takahashi, M. "Interpreter Role: From the Viewpoint of Community Interpretation-Discussion of Consultation for Foreigners." *Multilingual Multicultural Collaboration Research, separate* Vol.2, pp.50-62. Tokyo University of Foreign Studies Multilingual Multicultural Education Research Center, 2009.

[29] Takayama, N. "*Welfare Keyword Series: Advocacy.*" Chuo Hoki. 2006.

[30] Wadensjö, C. "*Interpreting as Interaction."* New York, Addison Wesley Longman Inc, 1998.