Working with Interpreters in palliative and end of life care: Policy and practice briefing

Key message

Medical students and trainee doctors may not be adequately prepared for working with interpreters especially in complex communication such as 'breaking bad news'

It is proposed that the GMC updates its Outcomes for Graduates framework to ensure undergraduate curricula for all doctors in training include specific learning outcomes on demonstrating competence and confidence in delivering culturally safe care, including = practical aspects of working with interpreters when a patient's understanding of English limits effective communication.

Providence of Evidence:

This briefing document is a culmination of research carried out since 2018 at the LOROS Centre for Excellence for applied research in palliative and end of life care in partnership with the University of Leicester Evidence is drawn from: a literature review, an audit of IMT doctors, and workshops with stakeholders including health professionals, interpreters, families and patients co-developing solutions to working with interpreters.

Rationale: Communication is pivotal for patient safety, equity and outcomes that are aligned with patient wishes

Doctors regularly hold clinical consultations where language may be a barrier to understanding. Effective communication is essential in palliative and end of life care for sharing diagnosis, disease trajectories, treatment choices and end of life care preferences. However evidence shows that patients with limited English proficiency often experience communication difficulties and healthcare staff over rely on translation through family and friends.[1,2] Census data highlights the scale of the problem. When people who do not have English as a main language (English or Welsh in Wales) language reported how well they spoke English nearly a quarter could not speak English well.

17.1% (880,000) report they do not speak English well

3.1% (161,000) report they do not speak English at all[3]

Effective communication is also blocked when Doctors have:

1) limited knowledge and understanding of cultural and religious determinants in patient choices including advance care planning and ceilings of care discussions,

2) limited consideration of the emotional impacts of discussing deterioration and dying on patients, families, interpreters and doctors,[4]

3) limited understanding of when and how to work with interpreters.[5]

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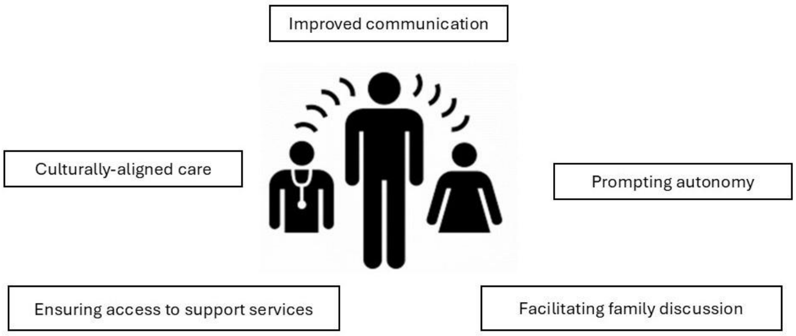
Limitations of NOT using interpreters

1. Relying on families to interpret may lead to misinformation and misunderstanding, family distress, lack of informed choice and inequity in care and outcomes
2. Digital Translation applications do not have appropriate nuanced terminology especially for concepts important in palliative and end of life care
3. Interpreters can work with clinicians to agree appropriate terms for non-translated concepts such as palliative care

The importance of interpreters

Interpreters play a crucial role in facilitating effective communication between healthcare providers, patients, and their families when language barriers exist. The importance of interpreters in ensuring personalised and equitable end-of-life care is summarized as :



- **Improved Communication:**
  Interpreters help bridge language gaps, enabling patients to express their needs, concerns, and preferences, fostering a more thorough understanding of the individual's wishes and goals in palliative care. Interpreters help minimize misunderstandings that may arise due to language barriers and conceptual translatability (such as what palliative care is, what a hospice is, intentions in use of morphine), ensuring that accurate information is conveyed and understood.
- **Culturally aligned Care:**
  Interpreters contribute to cultural competence by understanding and respecting the diverse backgrounds and beliefs of patients and their families. They help doctors navigate cultural nuances.
- **Promoting Autonomy:**
  Interpreters play a critical role in ensuring patients fully understand their medical condition, treatment options, and potential outcomes, thereby promoting patient autonomy.

- **Facilitating Family Discussions:**
  Interpreters assist in conveying sensitive and complex information in a way that is fully understood by all and facilitating inclusive discussions between professionals and family members.
- **Ensuring Access to Support Services:**
  Interpreters can assist in connecting patients and their families with support services, such as counselling, spiritual care, and social services, ensuring that they receive comprehensive and holistic palliative care.

New, tried and tested learning resources

Learning resources have been co-produced and evaluated by palliative care consultants with interpreters, clinical specialists in palliative care, patients and their families

Resources include role play scenarios which practitioners and families highlighted as particularly challenging such as breaking bad news over the telephone, consultation and consultations where families are leading decisions.

All resources are freely available on the LOROS Centre for Excellence Research site

Provenance of evidence in the briefing

This briefing document is a culmination of research carried out since 2018 at the LOROS Centre for Excellence in partnership with the University of Leicester. Our NIHR Funded study which explored experiences of families and patients from ethnically diverse groups as they considered end of life care planning actively demonstrated the anxiety and distress families experience when there is poor communication due to language challenges.[1] This led to an MedEd student completing a systematic review identifying good practice, barriers and educational opportunities to improve skills in 'breaking bad news'. [6] An audit undertaken by an IMT doctor who worked with us on this project identified that in a city hospital while 90% of palliative care patients stated English was their primary language other primary languages were: Gujarati Punjabi, Hindi, Persian, Romanian, Turkish.[7] In Autumn 2022 Marie Curie awarded us a grant to develop and test resources with the aim of informing policy and practice. Key to the development of the resources were two facilitated workshops with 29 stakeholders. These provided experiential data on the challenges clinicians and families experienced when working with patients who had limited English. Importantly within the workshops we developed real life strategies which could address those challenges.

The resources have been piloted within a teaching session for IMTs and the 28 doctors who completed the evaluation all found the session useful: '*Excellent new topic I was previously unfamiliar with*' '*Good practical advice on how to approach these challenging situations.*'

Final message

We are happy to discuss this work further and work with you to consider how this important element of practice may form part of the offer to doctors in training.

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References

1 Islam Z, Pollock K, Patterson A, Hanjari M, Wallace L, Marurajani I, *et al*. Thinking ahead about medical treatments in advanced illness: a qualitative study of barriers and enablers in end-of-life care planning with patients and families from ethnically diverse backgrounds. *Health Soc Care Deliv Res* 2023;11(7)

2 Calanzani N, Koffman J, Higginson I. *Palliative and end of life care for Black, Asian and Minority Ethnic groups in the UK: Demographic profile and the current state of palliative and end of life care provision*. London: King's College London, Cicely Saunders Institute 2013.

3 Office for National Statistics. Language, England and Wales: *Census 2021Main language, English language proficiency, and household language in England and Wales, Census 2021 data. 2022*. Available https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/language/bulletins/languageenglandandwales/census2021#english-language-proficiency

4 McDermott E, Selman LE. Cultural Factors Influencing Advance Care Planning in Progressive, Incurable Disease: A Systematic Review With Narrative Synthesis. *J Pain Symptom Manage*. 2018;56(4):613-636. doi:10.1016/j.jpainsymman.2018.07.006

5 Watts KJ et al. Communicating with patients from minority backgrounds: Individual challenges experienced by oncology health professionals. Eur J Oncol Nurs 2017; 26:83–90

6 Archer, J. Good practice, barriers and educational opportunities to improve skills in breaking bad news about life-limiting illness with UK minority ethnic patients: a qualitative study of UK medical students and professionals in Leicester. Available from Dr Chris Williams: Uni.Leicester

7 Jaitly, J & Bronert, R. Spoken languages of patients known to a hospital specialist palliative care team and access to interpreting services *Supportive and Palliative Care* 13(Suppl 3):A52.2-A52 March 2023 DOI:10.1136/spcare-2023-PCC.138

Report authors:

Professor Christina Faull while Academic Director LOROS Centre for Excellence and Consultant in Palliative Medicine cf229@leicester.ac.uk

Dr Linda Birt Associate Professor of Palliative care and Frailty linda.birt@leicester.ac.uk

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