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Interpreting services — Healthcare interpreting — Requirements and recommendations

Services d'interprétation — Interprétation dans le domaine de la santé — Exigences et recommandations

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee ISO/TC *37*, *Language and terminology*, Subcommittee SC 5, *Translation, interpreting, and related technology*.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Introduction

Healthcare interpreting services:

a)   enable safe communication mainly between healthcare providers and patients;

b)   provide linguistic access to healthcare services;

c)   enable safe communication.

This document was developed in response to a worldwide growing demand to accommodate the interpreting needs of patients deprived of linguistic access to healthcare services and healthcare professionals, such as physicians, nurses, and healthcare administrative staff, as well as to strive towards patient safety, wellbeing, and dignity during interactions related to the provision of healthcare-related services. In those countries that do not have any recognized healthcare interpreting education in place, this document can serve as a guideline and basis for setting up a suitable legal, administrative and educational system, and as a guideline for all healthcare interpreting stakeholders.

Healthcare interpreting is also referred to as medical interpreting.

The right to health services has been well documented in several international and national documents (see References [6] to [42]). Several countries have also enacted legislation, regulations, or guidelines concerning the provision of culturally and linguistically appropriate healthcare services. These require the provision of qualified interpreting services to linguistically and culturally diverse patients, see References [43] to [48]. Healthcare interpreting services need to be of a sufficiently high quality to ensure patient safety.

Healthcare interpreting is distinct from medical or healthcare-related translation. Translation involves the rendering of various forms of content into another language in written form, requiring a process and the allocation of a certain period of time for the task. Interpreting involves rendering spoken or signed messages in another language to another, either face-to-face or via distance interpreting. Some healthcare interpreters are qualified to provide medical translation while others are not. Likewise, some medical translators may or may not be qualified to provide healthcare interpreting services, as these activities require different skill sets. When documents are not translated, healthcare interpreters sight translate the document into the other language. The provisions herein meet additional requirements that are specific and unique to healthcare interpreting and the healthcare environment.

Healthcare interpreting takes place between three or more participants:

1)   speaker(s) or signer(s) of a language other than the language the healthcare provider speaks or signs;

2)   healthcare providers or staff;

3)   healthcare interpreter(s).

Healthcare organizations procure interpreting services directly or via an interpreting service provider (ISP). Healthcare interpreters, who come into a healthcare organization to interpret for a particular case, whether face-to-face or via distance interpreting (see Annex B), limit themselves to engaging in the communicative events that require their services. Healthcare interpreters who work in an interpreter services department within a healthcare organization perform tasks and take on responsibilities beyond the act of interpreting in communicative events. These tasks can be related to bridging the cultural and linguistic gaps of the healthcare community, can involve intercultural inquiry, cultural or linguistic education of other healthcare staff, contacting patients, written translations, or addressing matters related to the administration and quality assurance of the interpreting department in question, or comply with patient safety responsibilities as required by their employer. Healthcare interpreters follow standards of practice (see References [49] to [54]) and relevant code of ethics.

The objectives of this document are:

a)   to promote market transparency in the field of healthcare interpreting;

b) to provide information and clarification for users of healthcare interpreting services;

c) to establish professional working conditions for healthcare interpreters.

This document benefits all parties involved in the work of healthcare interpreting. They include:

— healthcare interpreters;

— interpreting service providers;

— patients and accompanying persons;

— interpreter departments in healthcare organizations;

— government agencies;

— non-profit organizations;

— community organizations that provide interpreting services;

— employees that provide interpreting services;

— professional associations;

— healthcare organizations;

— educators and researchers;

— healthcare providers and staff;

— healthcare policy writers.

Interpreting services — Healthcare interpreting — Requirements and recommendations

1 Scope

This document specifies requirements and recommendations for healthcare interpreting services in spoken and signed communication. It is applicable to all situations requiring healthcare interpreting, where the parties involved need to communicate using spoken or signed language, to treat a health-related issue. It is intended for interpreting service providers and healthcare interpreters.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

— ISO Online browsing platform: available at https://www.iso.org/obp

— IEC Electropedia: available at http://www.electropedia.org/

3.1 Terms related to people involved in interpreting and to modes of interpreting

3.1.1
interpret
render spoken or signed information from a *source language* (3.4.6) to a *target language* (3.4.7) in oral or signed form, conveying both the *language register* (3.4.4) and meaning of the *source language content* (3.4.8)

[SOURCE: ISO 20539:2019, 3.1.9]

3.1.2
interpreting
interpretation
rendering spoken or signed information from a *source language* (3.4.6) to a *target language* (3.4.7) in oral or signed form, conveying both the *language register* (3.4.4) and meaning of the *source language content* (3.4.8)

[SOURCE: ISO 20539:2019, 3.1.10]

3.1.3
interpreter
person who *interprets* (3.1.1)

[SOURCE: ISO 20539:2019, 3.1.12]

3.1.4
healthcare interpreter
medical interpreter
interpreter (3.1.3) who is qualified to provide *healthcare interpreting* (3.3.3) services

Note 1 to entry: Healthcare interpreters can be required to be authorized.

[SOURCE: ISO 20539:2019, 3.4.24]

3.1.5
interpreting service provider
ISP
interpretation service provider
interpreter (3.1.3) or organization making *interpreting* (3.1.2) available to a *client* (3.1.6)

Note 1 to entry: An interpreting service provider can be a for-profit or non-profit organization, an in-house department, or a healthcare organization, such as a hospital that offers interpreting services.

[SOURCE: ISO 20539:2019, 3.4.28, modified — 'interpreter service provider' was added as an admitted term.]

3.1.6
client
customer
person, or organization, who enters into a formal agreement for the provision of a service

Note 1 to entry: The formal agreement can, for example, take the form of a contract or of an interdepartmental service agreement between units of an organization.

Note 2 to entry: The client may coincide with the *end user* (3.1.7), or the requester of services.

[SOURCE: ISO 20539:2019, 3.2.5, Note 2 to entry, modified — the wording 'The client can be the end user but that does not have to be the case' was changed to 'The client may coincide with the end user or the requester of services'.]

3.1.7
end user
person or group of persons that ultimately uses the service delivered

[SOURCE: ISO 20539:2019, 3.2.6]

3.1.8
speaker
person addressing others, using *spoken language* (3.4.2)

[SOURCE: ISO 20539:2019, 3.4.8]

3.1.9
signer
person addressing others, using *signed language* (3.4.2)

[SOURCE: ISO 20539:2019, 3.4.10]

3.1.10
distance interpreting
remote interpreting
interpreting (3.1.2) of a *speaker* (3.1.8) or *signer* (3.1.9) in a different location from that of the *interpreter* (3.1.3), enabled by information and communications technology

[SOURCE: ISO 20539:2019, 3.4.15]

3.1.11
mode
established method for the delivery of *spoken language* (3.4.3) *interpreting* (3.1.2) and *signed language* (3.4.2) *interpreting* (3.1.2)

[SOURCE: ISO 20539:2019, 3.4.11]

3.1.12
consecutive interpreting
mode (3.1.11) of *interpreting* (3.1.2) performed after the *speaker* (3.1.8) or *signer* (3.1.9) pauses

[SOURCE: ISO 20539:2019, 3.4.13, modified — Note 1 to entry was removed.]

3.1.13
simultaneous interpreting
mode (3.1.11) of *interpreting* (3.1.2) performed while a *speaker* (3.1.8) or *signer* (3.1.9) is still speaking or signing

[SOURCE: ISO 20539:2019, 3.4.12]

3.1.14
sight translation
rendering written *source language* (3.4.6) *content* (3.4.5) to *target language* (3.4.7) content in the form of *spoken language* (3.4.3) or *signed language* (3.4.2)

[SOURCE: ISO 20539:2019, 3.4.16]

3.1.15
note-taking
technique in *consecutive interpreting* (3.1.12) used by *interpreters* (3.1.3) for remembering, conceptualizing and summarizing information

Note 1 to entry: Note-taking is highly individual and can involve a mixture of symbols, abbreviations, words and diagrams.

[SOURCE: ISO 20539:2019, 3.4.29]

3.1.16
chuchotage
whispered interpreting
simultaneous interpreting (3.1.13) where the *interpreter* (3.1.3) sits or stands in close proximity to the listeners and uses no interpreting equipment

Note 1 to entry: Chuchotage is used for *interpreting* (3.1.2) to a very small number of listeners, ideally one or two.

[SOURCE: ISO 20539:2019, 3.4.17]

3.1.17
protocol
rule, official procedure, or common practice that guides the conduct of members of a profession

[SOURCE: ISO 20539:2019, 3.4.30]

3.1.18
relay interpreting
interpreting (3.1.2) that occurs when an *interpreter's* (3.1.3) input comes from another interpreter's rendition and not directly from the *speaker* (3.1.8) or *signer* (3.1.9)

[SOURCE: ISO 20539:2019, 3.4.14]

3.2 Terms related to translation

3.2.1
translate
render *source language content* (3.4.8) into *target language content* (3.4.9) in written form or *signed language* (3.4.2)

[SOURCE: ISO 20539:2019, 3.1.7]

3.2.2
translation
rendering *source language content* (3.4.8) into *target language content* (3.4.9) in written form or *signed language* (3.4.2)

[SOURCE: ISO 20539:2019, 3.1.8]

3.3 Terms related to interpreting settings and specializations

3.3.1
communicative event
encounter between two or more parties during which information is transmitted

[SOURCE: ISO 20539:2019, 3.4.8]

3.3.2
community interpreting
public service interpreting
interpreting (3.1.2) that enables people to access services available to society as a whole, and which they would otherwise be unable to access due to a language barrier

EXAMPLE   Social services, tourist services, disaster victim support services.

[SOURCE: ISO 20539:2019, 3.4.21]

3.3.3
healthcare interpreting
medical interpreting
interpreting (3.1.2) of health-related communication between patients, accompanying persons and treatment providers, or administrators who do not use the same language

[SOURCE: ISO 20539:2019, 3.4.23]

3.3.4
patient safety
prevention of harm caused by errors of commission and omission

[SOURCE: ISO/TS 18864:2017, 3.23]

3.3.5
portable interpreting system
simultaneous interpreting (3.1.14) equipment, with battery-operated components, which is lightweight and enables the *interpreter* (3.1.3) and the participants to move around

[SOURCE: ISO 20109:2016, 3.6]