Ethics for Community Interpreters
By M. Eta Trabing

The following article is based on the author’s presentation at the Carolina Association of Translators and Interpreters “Ethical Aspects of Community Interpreting” seminar at Durham Tech on November 1, 2003. It is reprinted with permission from the Fall 2003 CATI Quarterly. For more information on CATI, visit www.catiweb.org.

The following definitions were taken from Webster’s International Dictionary and Webster’s New Universal Dictionary:

**Ethics**—The rules of conduct recognized in respect to a particular class of human actions or a particular group, culture, etc. (medical ethics, Muslim ethics); or the principles of conduct governing an individual or a profession: standards of behavior; or moral principles of an individual.

**Professional Ethics**—Characterized by or conforming to the technical or ethical standards of a profession or an occupation: manifesting fine artistry or workmanship based on sound knowledge and conscientiousness: reflecting the results of education, training, and experience [emphasis is mine].

**Community Interpreters**

Community interpreters are those who work with clients in the community (e.g., social and basic healthcare services, education/schools, local government, and, very occasionally, legal and medical situations). Usually bilingual people who start out their interpreting careers in this manner or those who are coerced/begged into interpreting because there is no one else. Community interpreting requires much personal interaction with the client. It also requires knowledge of the client’s cultural background. Community interpreters, more than any other kind of interpreter, need to act as a cultural bridge between service providers and clients.

In the course of their jobs, community interpreters must adhere to various professional codes of conduct and practices or ethics, including:

1. Their **employer’s** general code of professional conduct and practices.

2. Their **job’s** code of professional conduct (if you are primarily a bilingual nurse, physician, technician, support personnel, etc.). When you are a bilingual staff member, you are not an interpreter unless you are in a triadic situation.

3. Their **personal** code of ethics and morals (religious/cultural beliefs).

4. The **interpreter’s** code of professional conduct (see below).

As mentioned above, community interpreters also sometimes have to do medical and/or legal interpreting, whether they have the specific training and vocabulary or not. Thus, they should also become familiar with the codes of professional conduct for both...
medical and legal/court interpreters. There are some similarities between these two codes, but there are also some significant differences, so that’s why it is a good idea to be knowledgeable about the rules that apply to both situations. For medical interpreter ethics, see the Massachusetts Medical Interpreters Association at www.mmia.org or the California Standards for Healthcare Interpreters at www.chia.ws. For court interpreter ethics, see the National Association of Judiciary Interpreters and Translators at www.najit.org.

Community Interpreters’ Code of Professional Conduct

As a community interpreter, you:

- Must maintain **confidentiality** at all costs.
- Must discuss a case only with the staff directly involved, as appropriate, not with friends in other departments, relatives, or anyone else.
- May **never** give medical advice (no herbal teas, no aspirin, no health foods or herbs, no “healers,” no referrals). To do so is considered “practicing medicine without a license” in this country, and you could be prosecuted in a court of law (and some already have!).
- May, of course, make suggestions to contact other **public service agencies** if the client requests your help.
- May **not** recommend a friend or someone you know if the client asks for a referral to a doctor, lawyer, or nurse. Help them look in the *Yellow Pages* for a health professional of their own choosing.
- Must remain **totally** impartial. If there is even the perception of bias, excuse yourself and get someone else to do the job (if your client turns out to be your best friend’s daughter, she won’t want you to interpret what may get back to her mother).
- Must interpret everything **faithfully** and **accurately** to convey the content and spirit of what is being said, and do it in the speaker’s register.
- Must monitor yourself. If you find you made a mistake, go back and correct it.
- May **not** simplify or paraphrase, add or delete anything to what is said; do not give clarifying explanations.
- Must always use the first and second person (Do you…?; I do…), never the third person (he says…; she says that…).
- Should interpret **everything** that is said. (When a client says, “Oh, please don’t tell anyone this but…,” is ethically unacceptable). The session starts when the
interpreter is in the presence of the client and/or the provider, whether in a triadic situation, in a waiting room before a session, or upon leaving the building or area. Interpreters may not keep secrets from providers or clients.

- Should pursue ongoing education and training—new terminology of all kinds, new medical technology, new idioms, new cultures, new dialects, etc.—forever! Things are changing very quickly and interpreters must keep up.

- May not accept tips or gratuities or gifts from clients (gifts of food can be shared with the whole office). You need to explain to clients that you are not allowed to receive gifts from anyone related to your work.

- Should not accept assignments for which you know you are unqualified or insufficiently prepared (whether for language reasons or due to the complexity of the subject matter).

- Should inform the provider and the client if a word was used that you do not know, or if you did not understand something. It is better to be safe than sorry.

- Should inform the provider and client if they are giving you too much information at one time, thus making it difficult for you to interpret it accurately and completely. Ask that shorter sentences be used, or less jargon, or fewer acronyms, or whatever.

- Should settle any differences with staff members, providers, and clients in a professional and appropriate manner. Don’t get into petty arguments and don’t lose your temper.

- May not use your employer’s Internet connection for your personal needs or entertainment.

- Should refrain from actions that will discredit the interpreter profession.

- Should not be critical of other interpreters to providers or make disparaging remarks about providers to clients.

- Should show respect for all involved, addressing them in a professional and usually formal manner.

- Should share professional knowledge with colleagues to improve the profession and your work.

- Should explain cultural differences or practices to providers and/or clients when appropriate.
• Should ask for and insist upon working conditions that will enable you to perform with efficiency and dignity (respect, fatigue, etc.).

• Should not take on assignments that violate your personal or religious beliefs. You cannot stop interpreting in the middle of a session just because you don’t like the turn the conversation has taken. If you go against your personal and religious beliefs, your interpretation will almost certainly be biased.

• Should keep ties with relevant professional organizations.

• Should establish a pre-session mini-conference with the provider (if at all possible) and with the client. Explain your role, explain how the interview will function, and explain cultural differences when appropriate. Prepare a little one-minute speech on how things will work, one in English for the provider and one in your other language for the client.

Occasionally, you may be asked to take on another “role” that does not encompass your traditional duties as an interpreter. You must decide (based on the situation at hand, your own common sense, and your knowledge of the consequences of doing so) just how far you wish to step out of the interpreter’s role. Because when you do, you are bound by a different set of ethics that you may not be willing to take on.

When you take it upon yourself to simplify what a provider says because you don’t think the non-English speaker will understand, this is called editing. By simplifying what is said, you won’t be transmitting the full concept of what the provider meant. It is much more appropriate to ask the English speaker to adjust his or her language register to a level that the non-English speaker will understand, just as she or he would if the conversation were taking place in English only. As the interpreter, you can always say, “Interpreter believes XXX has not understood completely, so could you please repeat that in simpler terms.”

Occasionally, you may be cast in the role of “advocate.” If your advocacy gets in the way of communications between provider and client, then it helps no one and your impartiality is at risk. If after a session or interview, a client requests help with other information, you may provide it, if this will ensure the quality of the care received or the health of the patient/client. But be prepared to accept responsibility when something goes very wrong because of some advice you may have given. People do not always listen to or comprehend all that is said. When the client is asked who told them this or that, they will quickly say “the interpreter,” and this is something you may wish to avoid!

If your regular job has to do with guiding and informing people on how, where, and what information and services are available, and you can do it in two languages—so much the better for the client/patient and your employer! But then you are not “interpreting,” either; you are just doing your job bilingually. Remember, you represent your employer and your employer is liable for what you say and do, as are you, personally.