
**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).

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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.

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 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 for 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 from one 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.

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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 — ‘interpretation service provider’ was added as an admitted term, and Note 1 to entry was added.]

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, modified — In the Note 2 to entry, 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* (3.4.3)

[SOURCE: ISO 20539:2019, 3.4.9]

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*

[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 content* (3.4.8) to *target language content* (3.4.9) 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* (3.1.2) equipment

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

[SOURCE: ISO 20539:2019, 3.4.17, modified — In the definition, ‘speaks very quietly,’ was deleted.]

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 owing to a *language* (3.4.1) 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) health-related communication between patients, accompanying persons and treatment providers, or administrators who do not use the same *language* (3.4.1)

[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 (3.1.13) equipment, with battery-operated components, which is lightweight and enables the *interpreter* (3.1.3) and the participants to move around

[SOURCE: ISO 20539:2019, 3.5.2.14]

3.3.6**pre-conference**

pre-session

pre-encounter

briefing

procedure, before the *communicative event* (3.3.1), during which the *interpreter* (3.1.3) outlines information to *end users* (3.1.7) related to how to work with an interpreter, and requests information related to the case at hand, as required

3.3.7**post-conference**

post-session

post-encounter

debriefing

procedure, after the *communicative event* (3.3.1), during which the *interpreter* (3.1.3) outlines information to *end users* (3.1.7) related to the case at hand, as required

3.4 Terms related to language**3.4.1****language**

systematic use of sounds, characters, symbols or signs by which to communicate

[SOURCE: ISO 20539:2019, 3.1.1]

3.4.2**signed language**

language (3.4.1) which uses a combination of hand shapes, orientation and movement of the hands, arms or body, and facial expressions

[SOURCE: ISO 20539:2019, 3.2.3]

3.4.3**spoken language**

language (3.4.1) expressed orally

[SOURCE: ISO 20539:2019, 3.4.4]

3.4.4**language register**

language (3.4.1) variety used for a particular purpose or in an event of language use, depending on the type of situation, especially its degree of formality

Note 1 to entry: Individuals usually have more than one language register in their linguistic repertoire and can vary their use of language register according to their perception of what is appropriate for different purposes or domains.

[SOURCE: ISO 20539:2019, 3.2.1]

3.4.5**content**

information in any form

EXAMPLE Text, audio, video, messages.

[SOURCE: ISO 20539:2019, 3.1.2, modified — In the EXAMPLE, ‘messages’ was added and ‘etc.’ was deleted.]

3.4.6

source language

language (3.4.1) from which content (3.4.5) is interpreted (3.1.1) or translated (3.2.1)

[SOURCE: ISO 20539:2019, 3.1.3, modified — ‘translated or interpreted’ was replaced with ‘interpreted or translated’.]

3.4.7

target language

language (3.4.1) into which content (3.4.5) is interpreted (3.1.1) or translated (3.2.1)

[SOURCE: ISO 20539:2019, 3.1.4, modified — ‘translated or interpreted’ was replaced with ‘interpreted or translated’.]

3.4.8

source language content

content (3.4.5) to be translated (3.2.1) or interpreted (3.1.1)

[SOURCE: ISO 20539:2019, 3.1.5]

3.4.9

target language content

content (3.4.5) that has been translated (3.2.1) or interpreted (3.1.1)

[SOURCE: ISO 20539:2019, 3.1.6, modified — ‘from a source language’ was removed from the end of the definition.]

4 Healthcare interpreter competences

4.1 Patient safety competence

Healthcare interpreters shall have the knowledge about patient safety needed in order to facilitate safe communication between individuals who do not share the same language in the provision of healthcare services. The right to health services has been well documented in several international documents, and are included in the Bibliography. All healthcare professionals, including healthcare interpreters, have such obligations, and are responsible for providing services to patients in a manner that ensures their safety. Therefore, this competence is required not only to achieve the intended communicative results, but in doing so, to also ensure patient safety, with respect to their interpreting services to all parties, within the context of healthcare delivery. The competences set out in 4.2 to 4.10 are required for healthcare interpreting.

4.2 Linguistic proficiency competence

Healthcare interpreters shall have the documented linguistic proficiency competences required for interpreting in professional settings. The language proficiency required for spoken healthcare interpreters shall include speaking, listening comprehension, including the ability to comprehend various regional accents or dialectal differences, and reading comprehension skills.

These skills shall include the ability to comprehend the language being used, and the respective reception, and production of messages. Healthcare interpreters shall recognize various registers, including formal and informal, subject-based vocabulary, idiomatic expressions, colloquialisms, and slangs. They shall have an ability to interpret both formal and informal spoken or signed language. In healthcare, due to the highly technical nature of medical communication, a high enough level of linguistic competence is required for an individual to be able to interpret accurately between two languages.

Linguistic competence is not the same as interpreting competence. It is recommended that interpreting service providers, or educators, document linguistic proficiency competence and interpreting competence separately.

4.3 Intercultural competence

Healthcare interpreters shall use culturally appropriate language and behaviour, and shall be aware of and able to convey cultural nuances in order to render them in their linguistic output, gestures, and tone. When necessary, healthcare interpreters shall bridge the cultural and conceptual gaps separating participants. They shall recognize and address cultural issues, via intercultural inquiry, to ensure accurate and complete understanding.

4.4 Interpersonal competence

Healthcare interpreters shall be professional in their interactions with others. They shall behave appropriately, both verbally and non-verbally. They shall be flexible and patient with others, and be able to work in a team, with multiple healthcare providers or with those involved in relay interpreting. They shall possess problem-solving skills. Healthcare interpreters contend with interactions in stressful and difficult life circumstances amid cultural and linguistic diversity. These situations are not always amicable and require interpersonal skills. Healthcare interpreters shall be able to build therapeutic rapport with the main participants and to exhibit self-control in all communicative events.

4.5 Technical competence

Healthcare interpreters shall be able to use the interpreting technology required for each particular interpreting situation, including distance interpreting. Healthcare interpreters shall demonstrate competence to use interpreting equipment (such as microphone, audio- and video-conferencing technology). Competences and skills also include image management, volume control, microphone etiquette, and signals for meta-communication.

4.6 Competence in health-related terminological research

In order to stay up to date with current healthcare terminology glossaries, healthcare interpreters shall research relevant terminology databases or resources, and have the ability to retrieve the information collected and knowledge acquired using suitable aids.

4.7 Healthcare related competence

Healthcare interpreters shall:

- a) understand the organizational systems involved in the delivery of healthcare services;
- b) be aware of the most common cultural health traditions and beliefs of their patient populations;
- c) follow the protocols and norms of working in different medical specializations (e.g. mental health, emergency care, end of life);
- d) utilize medical terminology in a variety of specialties in two or more languages;
- e) be able to ensure their own safety;
- f) be familiar with the appropriate protocols and mechanisms of difficult case post-conferences.

4.8 Communicative competence

Healthcare interpreters shall understand, reorganize, recreate and convey messages clearly. This includes communication in the pre-conference, related to introductions, and positioning. This also includes explanations of concepts, discussions related to turn taking when and how to intervene, whether to ask for a clarification, or for other reasons. Healthcare interpreters shall physically position themselves in such a manner as to maximize the quality of the interpreting and directness of communication between the parties and to ensure that the interpreter is able to hear, and also see (if related to sign language or by video), all the parties communicating.

4.9 Interpreting competence

Healthcare interpreters shall have the ability to convey a message from the source language into the target language in an interpreting mode appropriate for the given situation (see [Annex A](#) for guidance on the selection of the interpreting mode). The interpreting competences necessary for healthcare interpreting include recognizing complex language and spoken or signed structures and their functions, carrying these over accurately into the target language, and reliably applying situation-specific interpreting strategies of clarification and intervention to ensure the understanding of all parties. This skill includes interpreting in consecutive mode, simultaneous mode, and performing sight translation accurately and completely.

Interpreting competence is not the same as linguistic competence. It is recommended that interpreting service providers or healthcare organizations use third party testing for non-certified interpreters, and not rely on an interpreter's self-declared competence, for liability and patient safety reasons.

4.10 Entrepreneurial competence

Healthcare interpreters shall be familiar with the practical, financial and legal background to set up, plan, market, and run their professional activity.

5 Healthcare interpreting qualifications

Healthcare interpreters shall keep on file, and produce upon request, evidence that attests to their qualifications (as appropriate under national rules or legislation which govern healthcare interpreting), such as one of the qualifications below:

- a) official certification in healthcare interpreting; or
- b) a recognized degree in healthcare interpreting from an institution of post-secondary education; or
- c) a recognized degree in interpreting, linguistics, or language studies, which includes at least one year of healthcare interpreting training from an institution of post-secondary education; or
- d) a recognized degree in any other field from an institution of post-secondary education, obtained at any time, and two years of continuous experience in healthcare interpreting, in the last ten years, in cases where a) to c) cannot be met (e.g. in a country where healthcare interpreting is just emerging). In the case where only a diploma from an institution of post-secondary education and experience are provided, interpreting service providers and healthcare organizations are recommended to document third-party testing to ensure healthcare interpreting competences, in order to decrease liability and to protect patients from risk.

6 Linguistic assistance

Healthcare interpreting service providers shall only work with healthcare interpreters who meet the requirements listed in [Clause 5](#). This effort shall be documented. In exceptional circumstances, when no other alternative is available, either face-to-face or via distance interpreting, the assistance of a bilingual individual may be considered as a last resort. A bilingual individual is not a healthcare interpreter.

7 Authorization as healthcare interpreter

The healthcare interpreter shall keep on file and produce, on request, evidence of their authorization as healthcare interpreter, including education, national authorization, accreditation, license, certification, or membership in a registry confirming the interpreter's right to provide healthcare interpreting services. Authorization can be granted by e.g. government, an inter-governmental, regional, national or international non-profit organization, or a non-profit professional body.

8 Professional development — Continuing education

Interpreters shall:

- a) regularly seek feedback on their healthcare interpreting performance;
- b) continue their specialized professional development (training, education, mentoring) as required;
- c) provide documentation of all relevant training courses and seminars attended;
- d) remain abreast of new medical treatments and respective terminology;
- e) remain abreast of the neologisms in their working languages.

9 Responsibilities of interpreting service providers and interpreters

9.1 Responsibilities of the interpreting service providers

The interpreting service provider shall:

- a) clearly establish and document the terms and conditions of the working relationship;
- b) provide the interpreter with detailed information about the assignment, for example:
 - background materials as applicable about the requested service, including general information, level of sensitivity;
 - texts to be sight translated, together with a case or medical record number, if required;
 - administrative details such as complete address of the venue, the time the interpreter is expected to be at the venue, contact information, including patient and healthcare provider names, and the date and time of briefing meetings;
 - specific topic of discussion, and terminology resources, if available;
 - possible risks the assignment might pose to the interpreter's health or safety;
- c) ensure appropriate working conditions for the interpreters:
 - provide an appropriate distance interpreting working environment with respect to noise or visual interferences, technology quality and adequate ventilation;
 - request the appropriate number of interpreters or teams of interpreters;
 - check, where possible, that the working environment is safe for the interpreters to carry out their work within safety guidelines, including the provision of protective gear;
 - allow interpreters to leave a dangerous assignment or situation where their personal safety is at stake, without penalty, due to lack of protection or other factor that the interpreter has no control over;
 - reserve adequate time for the service, taking into account that consecutive interpreting involves a longer service time than simultaneous interpreting;
 - inform the interpreter of any known risks;
 - provide written information about safety measures needed to protect the interpreter from potential harm;
 - plan for and provide the interpreter with appropriate breaks;
 - plan for and provide psychological support for healthcare interpreters;

- d) pay within the timeframe specified in the agreement;
- e) inform the interpreters beforehand if the interpreting is to be recorded or broadcast (e.g. by streaming), in order to obtain their authorization and to factor in any additional cost, if applicable;
- f) exempt interpreters from any liability arising from the misinterpretation of content or, in the event of a dispute between the parties, if technical conditions are not those requested by the interpreters or set out in the relevant ISO standards (e.g. ISO 20109:2016);
- g) provide a portable interpreting system, when requesting interpretation with groups, such as in group therapy sessions, or pre-surgery preparation presentations; such equipment is not required when interpreting for up to two individuals via chuchotage;
- h) provide an appropriate distance interpreting working environment; for distance simultaneous interpreting, see ISO/PAS 24019:2020;
- i) provide interpreters with access to patient identity and health information, as needed.

With regards to the client of the interpreting services, the interpreting service provider shall:

- a) be informed of the relevant laws, regulations, as they relate to the provision of healthcare interpreting services, language access in healthcare, and patient rights;
- b) clearly establish and document the terms and conditions of the working relationship;
- c) obtain detailed information for the assignment required for the interpreter;
- d) provide the client with information regarding the interpreter's qualifications, when requested;
- e) disclose when a certified healthcare interpreter cannot be secured, if a certified healthcare interpreter is requested;
- f) disclose when a relay interpreter is or may be required for an assignment.

9.2 Responsibilities of healthcare interpreters

Healthcare interpreters shall:

- a) furnish proof of qualifications in healthcare interpreting, when requested;
- b) adhere to the applicable relevant standards of practice and code of ethics;
- c) follow the medical ethical tenet of doing no harm to health;
- d) advise the client to contract other interpreters, if needed;
- e) ask for information in advance regarding the logistics and the nature of the assignment in order to be able to research and adequately prepare for it;
- f) be punctual;
- g) properly introduce themselves to all the parties and explain the interpreter's role in the assignment;
- h) respect the privacy of the patient, when necessary;
- i) abide by the relevant confidential patient information regulations in their country of practice;
- j) interpret accurately, and completely, abiding by the relevant code of ethics;
- k) rely on note-taking as needed, disclosing reason and procedure for guaranteeing confidentiality and information security or disposal;
- l) seek to ensure understanding of all parties to avoid miscommunication;

- m) interpret all side conversations, including the interpreter's messages to the parties involved;
 - n) maintain a professional appearance and behaviour;
 - o) follow the protocols, terms and procedures agreed upon with the interpreting service provider or the organization on whose behalf the interpreting services are rendered;
 - p) debrief the client on any serious issue related to the communicative event [e.g. complaints, vicarious trauma (see [Annex C](#)), or discrimination];
 - q) alert the parties in the communicative event if distance interpreting is not allowing accurate interpreting, so that solutions can be found or alternative arrangements made;
 - r) take the appropriate measures to ensure personal protection in situations where their safety or health is at risk;
 - s) address acts of discrimination with the appropriate parties in a post-conference;
 - t) sight translate documents of up to one page on the spot without proper preparation time; for documents over one page, request proper preparation time or the translation into a bilingual format so that all parties are clear as to what is contained in such a document during a communicative event;
- NOTE Automated translation systems or similar services do not provide accurate translations, and mistranslations can cause negative health outcomes.
- u) document the interpreted communicative event, as required;
 - v) disclose when a relay interpreter is or may be required for an assignment.

Annex A (informative)

Selection of the interpreting mode

Healthcare interpreting requires competence in all modes of interpreting in order to ensure accuracy in healthcare related communications. The healthcare interpreter shall adapt the interpreting mode according to the specific situation at hand, unless previously determined by contractual agreement. The situation can require varying or blending modes, between consecutive interpreting [with or without note-taking (3.1.15)], simultaneous interpreting and sight translation within the same communicative event (3.3.1). Below is a description of some situations requiring simultaneous interpreting.

When a patient:

- is too emotional, nervous, or upset to stop speaking;
- conveys uninterrupted incongruent speech (psychiatry, emergency room);
- is a minor (pediatrics) discussing the care with the healthcare provider; alongside the parent(s); the interpreter switches to whispered interpreting so the parents of the patient understand what is being discussed;
- brings family members to participate in a communicative event, and they start having a side discussion about the patient's care in front of the healthcare provider; the interpreter switches to whispered simultaneous interpreting so that the healthcare provider is aware of what is being discussed.

When healthcare providers:

- do inpatient rounds, accompanied by several medical students, and discuss the case with the students and the patient; the spoken language interpreter switches to whispered interpreting so that the patient is aware of what is being discussed (transparency);
- give a presentation to patients who are going to undergo a surgical intervention;
- lead a group therapy or a patient education group session; the interpreter interprets for the patient(s), via chuchotage, when one or two of the patients require(s) services; when three or more patients participate in the same therapy session and require interpreting services in the same language, portable interpreting system is necessary; when each patient speaks to the group, the spoken language interpreter switches to the consecutive mode to interpret the patient's message to the other participants;
- carry out an exam or surgical intervention, so that their messages are interpreted without any delay.

Annex B (informative)

Selection of the interpreting modality

Interpreting services may be provided in several modalities: face-to-face interpreting, or via distance interpreting (telephonic or video). Healthcare providers and patients can prefer one modality over the other for a variety of reasons. There are countries where there are laws stating that one modality needs to be attempted first, over another, or that patients who use signed language are the ones to decide which modality works for them. In patient-centred care, whenever there is a choice, patients shall be asked which modality they prefer. Even when there is a choice, the communicative needs of the patient must be considered. This document does not advocate one modality over the other. However, these guidelines inform stakeholders when there is a clear need for one modality over the other. This list does not cover benefits, or characteristics of each modality. It lists when there is a clear need for one modality over another.

Face-to-face interpreting in healthcare should be requested:

- before and after an operation;
- when the patient has a faint voice and cannot be heard by an interpreter who is not in the room, such as in an intensive care unit, or emergency room;
- when the distance interpreting equipment is not accessible;
- when the patient or healthcare provider has communicative issues and is difficult to understand, such as a patient on a respirator;
- for onsite group therapy meetings;
- for appointments lasting over 30 min; when these appointments require distance interpreting, the interpreters shall request replacement every 30 min;
- when the telephone speakerphone used for distance telephonic interpreting does not have full-duplex loudspeakers;
- when no interpreter is available for distance interpreting in the required language pair needed.

Distance interpreting in healthcare should be requested:

- when the patient or healthcare provider cannot wait for an interpreter to attend in person;
- when no interpreter is available in the language pair to attend in person;
- when the patient and the healthcare provider want added privacy by not having the interpreter in the room;
- for short conversations, such as inpatient nurse or nurse assistant inpatient bed checks, or when the inpatient has a question to ask;
- for the scheduling or re-scheduling of appointments;
- for calls from patients to a healthcare organization;
- for calls from healthcare providers or administrators to patients;

- for infectious patients, so long as distance interpreting is available and communication is possible; when not available, face-to-face healthcare interpreters are held to the same standards as all the other healthcare personnel.

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