

医療通訳者のための倫理規程 —全国標準化に向けての動き—

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Abstract

As Japan faces a sharp increase in foreign residents and foreign visitors, demand for qualified medical interpreters has been rapidly rising. Efforts are under way to standardize medical interpreters' services across the nation through the creation of a national certification system and government-accredited training programs. A code of ethics is an essential part of medical interpreter training, but a nationwide, unified code has yet to be developed for medical or most other types of interpreters for that matter.¹ The paper looks at a US code of ethics for medical interpreters, developed by the National Council on Interpreters in Health Care (the NCIHC), and the NCIHC's efforts to establish a national certification system for medical interpreters and compare those with codes of ethics developed by different parties, and ongoing efforts toward standardization in Japan.

1. Introduction

A code of ethics for medical interpreters is considered essential around the world. In Japan, different organizations have developed their own versions, but harmonizing them into a national code is not an easy task, largely because Japan does not have a national qualification for interpreters, except for national government-licensed guide interpreters.

The Ministry of Health, Labor, and Welfare (MHLW) has made a code of ethics available on its website.² It was developed based on the ministry's 2010 standards for medical interpreting and examples overseas. Furthermore, some academic institutions, medical associations, non-governmental organizations, and municipal international exchange associations have independently attempted to develop or have developed their versions of codes of ethics. Some of them have developed exams that include ethics questions to certify medical interpreters.

In contrast, Australia has a standard code of ethics, developed by the Australian Institute of Interpreters and Translators Inc. (AUSIT). The country's National Accreditation Authority for Translators and Interpreters (NAATI) endorses and promotes the AUSIT code of ethics. The

OKUYAMA Naoko, "In Pursuit of a National Code of Ethics for Medical Interpreters," *Invitation to Interpreting and Translation Studies*, No.21, 2019. pages 77-85. ©by the Japan Association for Interpreting and Translation Studies

AUSIT code is therefore taught and used in exams as the national guidelines for interpreter-training programs. In a new credentialing system NAATI launched 2018³, it introduced a new type of certification called certified “specialist interpreters in the medical and legal” fields. The move underscores the unique qualification that is required for medical interpreters.

In Japan, the demand for medical interpreters is bound to grow, as the government encourages the hiring of foreign workers to help make up for Japan’s labor shortage, and promotes tourism and medical tourism for visitors from abroad. A unified code of ethics for medical interpreters is therefore urgently needed. Such a code is essential not just for interpreters but for their clients and medical professionals they deal with. It would give interpreters unified guidelines to work from when they encounter all sorts of complex situations in the medical setting.

To examine efforts to harmonize codes of ethics, the National Code of Ethics for Interpreters in Health Care developed by the NCIHC in the United States was studied. This particular code was chosen because the United States, like Japan, does not have a national certification system for medical interpreters. More importantly, the NCIHC is in the process of creating one. The presence of a national licensing system and unified exam system would significantly facilitate the development of a unified code. There must be a host of things that Japan could learn from the NCIHC’s work. The NCIHC code was compared against codes of ethics for medical interpreters currently used in Japan.

2. Study on the NCIHC Code of Ethics

Developing a national code of ethics for medical interpreters was the first of a three-step approach taken by the NCIHC. Once the national code of ethics is developed by the NCIHC’s Standards, Training and Certification (STC) Committee, the NCIHC’s next step is to develop the National Standards of Practice based on the code of ethics that has been developed. Then, as a third step, it will work to create a national certification system in the United States. The paper mainly discusses the NCIHC’s first step -- developing a national code of ethics -- but also touches on the subsequent steps, as these steps are interrelated.

To develop a unified code of ethics, the STC Committee first collected and reviewed existing codes of ethics in the United States. The committee identified common denominators and the most divisive or controversial elements in the codes. It then strove to extract from them “what are considered morally appropriate behaviors for its practitioners as they perform their duties.” It conducted national focus groups to review the draft, and elicited feedback through a national survey. It attempted to develop a code of ethics as broad guidelines, not as standard practices or concrete steps to take in difficult circumstances. Consideration was also given in

this step to make the code of ethics not specific to certain cultures, races, genders or ethnic groups or religions. In other words, a code of ethics was so developed to be transcultural. It should be noted that an overarching principle throughout this process is to put the patient's welfare and happiness first.

The following are the main body of the NCIHC's code of ethics:

- 1) The interpreter treats as confidential ... all information learned during the professional performance of duties.
- 2) The interpreter strives to render the message accurately ...
- 3) The interpreter strives to maintain impartiality and refrain from counseling, advising and projecting personal biases and beliefs.
- 4) The interpreter maintains the boundaries of the professional role...
- 5) The interpreter continuously endeavors to develop awareness of her/his own and other ... cultures in the performance of their professional duties.
- 6) The interpreter treats all the parties with respect.
- 7) When the patient's health, well-being, or dignity are at risk, the interpreter may be justified to act as an advocate...
- 8) The interpreter continually strives to further his/her own knowledge and skills.
- 9) The interpreter must at all times act in a professional and ethical manner.

The aforementioned items that make up the NCIHC code of ethics largely correspond with codes of ethics studied in the paper, except for the advocacy clause described in (7). Only three codes⁴ out of those studied in the paper list advocacy as a role of medical interpreters.

The NCIHC code defines advocacy as follows:

“Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes.

“In the course of their practice, interpreters will sometimes see injustices or ethically inappropriate behavior that may jeopardize one or more persons in the encounter or that may negatively impact different groups within the medical institution. In such cases, interpreters may find it ethically necessary to take an advocacy role, that is to speak out in their own voice in order to plead a cause or attempt to right a wrong.” (the NCIHC 2004)

The NCIHC describes the idea of advocacy in relation to medical interpreting a “controversial” one. In its first draft of the code, it ruled out a principle that calls for advocacy. However, advocacy was eventually included after responses in focus groups clearly indicated

interpreters' need for guidance on advocacy.

3. Study on codes of ethics in Japan with a focus on advocacy

A few Japanese codes of ethics list advocacy as a role of interpreters. Advocacy is one of the 12-point principles in a code of conduct for medical interpreters in the MHLW online textbook on medical interpreting. The textbook was written by an expert panel⁵ in line with the ministry's 2017 revised curriculum guidelines and compiled by JME, a Japanese medical education foundation. The code of conduct says advocacy may be undertaken only when the patient's dignity or life is at risk. It says interpreters must use appropriate knowledge and judgement in undertaking advocacy.

Japan Association of Medical Interpreters (JAMI) includes advocacy of rights in its Code of Ethics for Professional Medical Interpreters (2011). It says that professional medical interpreters respect the dignity and rights of all people to live a healthy cultural life and to respect patients' independence in pursuing it. The clause does not specify the patient as an object of protecting the rights of but cautions that interpreters respect a patient's independence in pursuing it.

Some medical interpreters follow a Japanese translation of the Code of Ethics developed by the International Medical Interpreters Association (IMIA), a US-based, not-for-profit organization. The code also has advocacy as one of its 12-point principles. It allows interpreters to engage in patient advocacy "only when (deemed) appropriate and necessary for communication purposes, using professional judgement." It is noteworthy that the code limits the practice of advocacy to communications, whereas the NCIHC defines advocacy as actions that "go beyond facilitating communication."⁶

The descriptions in the aforementioned codes are much simpler than the NCIHC's. Making judgment on whether action that the interpreter is to take is regarded as forms of advocacy permitted by each code would be difficult if what is written in these codes are the only guide. It is not clear what sorts of scenarios were assumed when these codes were developed to include advocacy as one of the principles.

Other codes of ethics that were studied this time, however, do not include advocacy. The NPO Center for Multicultural Society Kyoto is one of the Japanese organizations that develop materials for training medical interpreters, educating users, and enhancing social recognition of this profession. The NPO has created what it calls Standards for Medical Interpreters in collaboration with another NPO, Multilingual Society Resource Kanagawa (MIC Kanagawa). The standards are divided into three categories – knowledge, skills, and ethics. The following are 11 items under the ethics category:

1. Respect for basic human rights
2. Confidentiality
3. Respect for privacy
4. Neutrality and objectivity
5. Accuracy
6. Maintenance and improvement of expertise
7. Building a good relationship
8. Avoidance of establishing personal relationships with users
9. Collaboration and cooperation with health professionals, support association and professionals.
10. Maintenance and improvement of health
11. Maintenance of good behavior

All items listed above largely correspond to ideas incorporated in the NCIHC code of ethics except for advocacy. Mizuno and Naito (2019) state that act of advocacy goes against the principle of neutrality and impartiality required for interpreters, but the treatment of advocacy in the code of ethics for medical interpreters is different among countries and organizations. Mizuno (2005) also states that there is no wonder why advocacy is stressed in medical interpreting, where the patient's health and welfare comes first, even though it is outside the roles of interpreters. Given the situation like this, whether to include it in a national code of ethics, if established, would be controversial.

International codes of ethics for general interpreters were also studied as a reference. The AUSIT Code of Ethics, the Australian unified guidelines, specifically rules out advocacy from the boundary of the interpreters' roles, as explained in "Code 6: Clarity of Role Boundaries."

"The focus of interpreters and translators is on message transfer. Practitioners do not, in the course of their interpreting or translation duties, engage in other tasks such as advocacy, guidance or advice." (AUSIT 2012)

The International Association of Conference Interpreters (AIIC)'s code of ethics, which is not specifically designed for medical interpreters, does not explicitly ban advocacy, but there is no mention of advocacy either.

Based on these existing codes, therefore, it is presumed that if advocacy is to be required as a role of interpreters, it would be uniquely for medical interpreters. Even in that field, whether interpreters should argue for the patient's rights on their behalf to protect their health and rights is apparently still debatable. The following strict conditions the NCIHC attached to the

undertaking of advocacy by medical interpreters suggest the controversial nature of this role.

“Advocacy must only be undertaken after careful and thoughtful analysis of the situation and if other less intrusive actions have not resolved the problem.” (the NCIHC 2004)

4. Path to a National Certification System

The NCIHC has already completed its second step after having developed a code of ethics for medical interpreters as general guidelines. It created the National Standards of Practice for Interpreters in Health Care in 2005 based on the code of ethics, using available state-level standards as a reference. The National Standards of Practice equip interpreters with the best practices that they should follow based on the principles in the code of ethics. It says the standards are to be used for training, hiring, and performance monitoring. It also says the standards provide the basis for discussion on the merit of the certifying process of professional interpreting competence. The development of the standards enabled the NCIHC to move onto its third and final step of establishing a national system to assess qualification of interpreters.

Japan’s approach to a unified medical interpreting code of ethics and a broader standardization of the service appears to be less organized than the NCIHC’s approach. However, it covers most elements that are required in achieving the objectives. Activities equivalent to the NCIHC’s second step have also taken place in Japan, such as discussing best practices in the field but not in a way to build consensus for their nationwide application.

Pioneering activities are being undertaken by the International Society of Clinical Medicine (ICM), a Japanese corporation that promotes international cooperation in clinical medicine. It is presently spearheading an effort to create a national certification system for medical interpreters in Japan. It aims to start registering certified medical interpreters in January of 2020. It has been working with the MHLW in line with the MHLW’s study on the creation of a national medical interpreter certification system. There are three conditions that interpreters must meet in order to become registered as government-certified medical interpreters. First, applicants must pass an exam conducted by organizations designated by the ICM. Second, applicants must have taken a medical interpreting course that is developed based on the curriculum guidelines provided by the MHLW. The guidelines call for allocating at least ten 90-minute classes on ethics and communications out of a course consisting of at least fifty 90-minute classes. Heavy emphasis is placed on the ethical conduct of medical interpreters. Exams required for certification, therefore, would test whether applicants are capable of responding to various challenging situations based on one code of ethics. Third, they must take a seminar held by the ICM at the time of registration.

Initiatives by the ICM have finally paved the way for creating a platform for providing

standardized, quality medical interpreting services in collaboration with the government. What is important at this stage is to make sure the ICM's initiatives have the support of all stakeholders involved.

Some stakeholders have contributed to the process. The MHLW online textbook that covers a code of ethics was written by JME, and compiled by an expert panel advising the MHLW, whose chairperson is the head of NPO Center for Multicultural Society Kyoto. The ICM invited public comments in 2017 on its planned introduction of the certification system. Fifty-one people who contributed comments included 23 who belonged to medical interpreting organizations, seven from higher education institutions, and six from hospitals and clinics. The contributors had only a few active interpreters and no municipal government officials. Since municipal governments are on the front line of dealing with foreign residents in their communities, they would have to be involved in this process.

The fact that the current ICM board members do not include active practitioners is also a concern. The board is headed by Yoshiki Sawa, a professor of cardiovascular surgery at Osaka University Graduate School of Medicine. It also includes nine other academia in the medical field. The remainder of the board are medical researchers. One of the members on board is St. Luke's International University Professor Tsuguya Fukui, who is also the head of St. Luke's International Hospital in Tokyo. The hospital provides free telephone interpretation services although medical interpreters are not available on site except for an English-speaking staff to assist foreign patients.

The concern about who should be in charge of a medical interpreter certification system stems from the NCIHC's experience of changing the party to lead its standardization initiatives, after it found out the party that had led the efforts until then was inappropriate. In 2009, the NCIHC set up the Commission for Medical Interpreters because it determined that the committee structure at that time would not be able to deliver a proper national certification system. It instead formed the committee "by interpreters and for interpreters." The NCIHC cites neutral leadership as one of the guiding principles in the development of a national certification system. It says it is "imperative" that a national dialogue be led by a neutral party whose primary interest is the well-being of those in need of interpreting services."

Similar calls have been made in Japan and Australia. In a 2016 research report on certification of medical interpreters by the MHLW⁷ also recommends that a third-party body with no conflict of interest in certification be set up to run a medical interpreters certification system. It also suggests that a certification exam be developed by experienced medical interpreters. In Australia, NAATI also separated training delivery from certification testing in the new credentialing system.

At a certain point in near future, this issue should be revisited to make sure any of the

stakeholders' interest is placed ahead of the others.

4. Summary

The NCIHC code of ethics for medical interpreters has been studied in comparison with codes of ethics that are being used in Japan. The paper focused on advocacy as a role of medical interpreters, as it is outside the traditional job description for interpreters. The research suggests the issue remains debatable and that further study will be needed to determine whether advocacy should be included in the event a unified code of ethics is developed.

The ongoing effort to establish a national certification system reinforces the need for a code of ethics that applies to all medical interpreters in the nation. It is hoped the work toward standardization will facilitate harmonization of the current codes of ethics and best practices developed by different organizations. Under the leadership of the ICM, the registration of nationally certified medical interpreters is set to start in 2020. It is hoped a unified code of ethics will be developed in time. In the meantime, the interests of all stakeholders should be considered before the plan is finalized so that the standardization would benefit all stakeholders including the patients, health professionals and medical interpreters.

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Notes:

- 1) Sign language interpreters have the Ethical Guidelines of Japanese Sign Language Interpreters developed by Japan Association of Sign Language Interpreters since 1997.
- 2) The MHLW code of ethics is contained in its online textbook on medical interpreting (2017, p.99).
- 3) NAATI shifted from the accreditation system to a certification system.
- 4) The three codes that included advocacy are the MHLW code of ethics (2017), “Standards for Medical Interpreters” by NPO Center for Multicultural Society Kyoto, and the Code of Ethics developed by International Medical Interpreters Association (2016).
- 5) The chair of the committee was Aguri Shigeno, the head of NPO Center for Multicultural Society Kyoto.
- 6) NCIHC (2004, p. 3, paragraph 7)
- 7) 厚生労働省(2016)「医療通訳の認証の在り方に関する研究」

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