



Advanced Medical Interpreting: Substance Use Disorders 101

Case Examples

Case Example #1:

- ✧ Jessica, a 17 year old soccer athlete, experiences a severe injury requiring surgery. Jessica was prescribed opioids post-operatively for 10 days following surgery. She had some complications that required additional prescriptions of pain medication. Jessica speaks English well, but her parents do not. An Interpreter is engaged for the parents at most points of care. The family is from Oaxaca, Mexico. The Dad speaks Spanish well, but Mom does not. Mom speaks an Indigenous language. It can be difficult to secure an indigenous interpreter when Mom accompanies Jessica to appointments, and sometimes providers rely upon Jessica to interpret. An added challenge is that Dad is permanent resident but Mom is undocumented, so there is risk of deportation.

Case Example #1: Questions

- Will it be easy for miscommunication to occur in this case? Why?
- Is it possible for the provider to miss information related to Jessica's pain medication use (misuse)?
- Are there other implications in this case to be aware of?
- In what ways can the interpreter be aware or alert for these kinds of complexities?

Case Example #2: Mohamed

- ✧ 28 year old male, recently arrived refugee from Sudan. His primary language is Arabic. Client had spent approximately 8 years living in Refugee Camp prior to arriving to the US. He has travelled across several countries by foot to arrive to refugee camp in Kenya. Client had experienced multiple close family members murdered by violent conflict in his home country. He travelled to camp and the US alone, with no close family.
- ✧ Mohamed presented multiple times to the ER over the course on his first year in the US complaining of generalized body pain. After multiple rounds of tests, they could not determine the source of pain, as all his labs/tests returned normal. Over time, Mohamed began to use alcohol and street drugs to calm symptoms, however continued work up did not yield any medical issues.

- ✧ Eventually Mohamed was diagnosed with mental health issues and was “labeled” as drug seeking as his visits to ER increased over time. Interpreters were quite “judgy” of him because they did not believe his symptoms and also believed he was seeking substances.
- ✧ During an inpatient stay, a young resident physician in collaboration with the Arabic Interpreter, completed some additional interviewing with Mohamed to determine better understand his pain symptoms. The resident asked the attending physician if there had ever been a sickle cell test. Mohamed was eventually diagnosed with Sickle Cell Anemia and placed on a more appropriate medication regimen.

Case Example #2: Questions

- Could the healthcare providers have done something differently?
- How could the Interpreter have contributed to the misunderstanding?
- What could the Interpreter do differently to improve transparent communication?