

Navigating Ethical Dilemmas in Patient Counseling and Spiritual Care: To Recuse Myself or Not to Recuse Myself, that is the Question

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ABOUT THE PRESENTER

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PRESENTATION OVERVIEW

- Learning Objectives
- Patient Counseling
- Pastoral Counseling
- Pastoral Care
 - Emotional
 - Spiritual
- The Interpreter

LEARNING OBJECTIVES

- To gain an understanding of the nature of interpreting in patient counseling and spiritual care
- To learn useful tips and strategies for effective interpreting in these settings
- To learn when to and how to navigate ethical dilemmas and gracefully decline assignments

Navigating the U.S. healthcare system is a challenge in and of itself. For many healthcare interpreters, patient counseling and pastoral care are especially difficult settings in which to interpret.

There are many aspects of patient counseling: cultural, theological, psychological, and sociological, the majority of which are not clinical in nature, but are part of patient care in clinical contexts.

SOME OF THE TERMINOLOGY USED FOR THIS TYPE OF SERVICE

- Pastoral Care
- Spiritual Care
- Chaplaincy
- Patient Counseling
- Patient Counseling and Pastoral/Spiritual Care

Patient Counseling

Consists of: providing information, advice, and assistance to patients to improve their health, ensuring that they adhere to their treatment, medications, and providing guidance on improving the patient's overall quality of life.

PASTORAL CARE

Includes: providing spiritual and emotional care to both patients and their families/loved ones over the course of their hospital stay, including end-of-life situations.

Spiritual Counselors

Many pastors receive training in behavioral sciences to offer support in clinical settings, especially to patients who seek psychotherapy that can reflect their spiritual beliefs and address their emotional needs.



INTERPRETERS' DILEMMA

To interpret or not to interpret?

“What if I don’t know
scripture?
Do I interpret
anyway? What if I find
myself in the deep end of
a lived experience?
Then what? How do I
graciously say no and
withdraw?”

TO INTERPRET OR NOT TO INTERPRET?

What if I don't know
scripture?

The language of the holy books of world religions is fixed.

If the pastor asks the patient if they wish to pray, or the patient expressed the desire to pray, it is important to know the prayer, the specific words and their meaning.

What if you are not familiar with scripture, or the version you know is different?

Do you interpret anyway?

“If you don’t use the right word, you are giving them a fairytale from another country.”

– Natalya Mytareva

What if I find myself in the deep end of
a lived experience? Then what?

STRATEGIES AND TIPS FOR INTERPRETERS

BRIEF

BRIEF WITH THE
PASTOR / CHAPLAIN /
COUNSELOR ABOUT

- Mental and physical state of the patient
- Nature of visit (if known)

ASSESS

DO A SELF
ASSESSMENT OF
YOUR

- Linguistic
- Interpreting
- Emotional readiness

DECIDE

ONLY AFTER YOU'VE
ASSESSED YOUR
ABILITIES, DECIDE IF
YOU WILL

- Continue with the encounter
- Recuse yourself

THE CHALLENGE?

THESE ENCOUNTERS ARE SELDOM
SO CUT AND DRY

- No opportunity to brief
- Pastor/counselor is seeing someone for the first time
- They “drop in” during a regular check-up and you were not expecting them
- Encounter begins by simply talking about how the patient is doing emotionally and physically
- Pastor offers to pray/the patient expresses a desire to pray and you freeze
- Patient is terminally ill and you learn over the course of the encounter

ASSESS

DO A SELF
ASSESSMENT OF
YOUR

- Linguistic
- Interpreting
- Emotional readiness

DECIDE

AFTER THE SELF
ASSESSMENT IF YOU
WILL

- Continue with the encounter
- Recuse yourself

YOU DECIDED TO CONTINUE WITH THE ENCOUNTER

ONLY AFTER CAREFUL
CONSIDERATION AND SELF
ASSESSMENT

- Interpret to the best of your ability adhering to your role, code of ethics, and standards of practice
- You know that there is no room for your feelings (though you show empathy)
- You are familiar with the prayers
- You have a way to reference terminology for the religion in question in the target language
- You don't know the prayers and communicate that clearly to the parties giving the the patient an opportunity to pray quietly

YOU DECIDED TO WITHDRAW

AFTER BRIEFING, AND SELF
ASSESSMENT
OR IN THE MIDDLE OF THE
ASSIGNMENT

- Be transparent to the extent you are comfortable and recuse yourself
- You know that there is no room for your feelings and the situation hits too close to home
- You do not know scripture
- You have no way to reference terminology for the religion in question in the target language
- You don't share the same beliefs and your bias may affect your renditions
- You propose a solution



QUESTIONS?

THANK YOU!

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