

Health course helps Inuit interpreters tackle tough jobs

One of interpreter Maggie Tooktoo's hardest tasks when working with doctors, nurses and Inuit patients in remote James Bay communities in Nunavik, Quebec, is to deliver bad news to community members about their health.

"Sometimes it's difficult when you have a patient who is your relative and you have to try to tell them that they have cancer, and maybe it's not treatable," says Tooktoo.

After taking a health education course with other interpreters last spring, however, Tooktoo is confident that the strategies and information she now possesses will help her tackle even the most difficult aspects of her job.

"It helped me to be more open as to when a patient has cancer, and how to approach that," says Tooktoo, reached by telephone at a nursing station in Kuujuarapik, a remote fly-in community. "They taught us how to have someone else with us — maybe a family member" when breaking the news.

The week-long course in Inukjuak, Quebec, was a pilot project that included lessons about ethics, patients' rights, physiopathology and chronic diseases. It was taught by Dr. Véronique Morin and several colleagues. The project arose from informal training Morin used to give interpreters while working in communities along the east coast of James Bay. "I realized there was a lot of interest on their part to learn about the way diseases arise," says Morin, a family doctor who lives in Inukjuak and Montréal, Quebec.

Morin also realized that although the 30 interpreters who work on the east coast of Hudson Bay are hired to interpret between health care professionals and patients, they are asked, informally, to do much more. As trusted community members, the interpreters are viewed as repositories of medical knowledge. Their peers, including friends and relatives, seek them out when sick or when they have basic health questions.

"Some interpreters are trusted more than some of the white staff, who are not culturally competent," Morin adds.

Unlike doctors, who often fly in and out, interpreters live in the same communities. People stop them on the street



François Prévost

Dr. Véronique Morin gives a medical lesson to interpreters Maggie Tooktoo, Lizzie Charlie and Laly Saviadjuk in Inukjuak, Quebec.

to ask about ailments, or call the clinic to ask interpreters why they have an appointment with a specialist. Often, patients express fear or say they don't want to go for a colonoscopy, or that they can't go because they don't have a babysitter. "It's the interpreter who will convince them that it's worth going, or not," says Morin.

So Morin decided to take advantage of the positions of trust the interpreters occupy. Communication issues are the main reason for patient dissatisfaction with health care in Nunavik, she points out, based on the report *Quality Criteria for Health Care and Social Services for the Inuit People of Hudson Bay*. The report concluded that "Interpreters are at the heart of the [health care] exchange; they must receive better training to understand adequately the content of what they have to explain, and become more actively involved in the exchange."

Morin hopes Quebec's Ministry of Health or the regional Inuulitsivik Health Centre will provide funding to continue the project and to expand it to train the remaining interpreters in the seven Inuit communities on the coast.

"As doctors, we know it's hard to explain concepts to a patient and the retention rate is generally pretty low, even in an encounter that's not transcultural," says Morin. "So in a transcultural encounter, when the information goes through an interpreter, we need the inter-

preter to understand the information in order to translate it right, to hope for some understanding from the patient."

Morin believes the training will not only improve the interpreters' confidence and job satisfaction, but will also result in culturally appropriate health care that empowers community members to become more aware and responsible for their own health.

So far, Tooktoo is feeling more confident and better able to help her patients, especially elders and the younger generation. It's not uncommon for her to get a call at home, in the middle of the night.

"They might say 'Why do I feel tired? Why do I feel bloated? Why do I feel like I want to faint? Why do I have pain?'" says Tooktoo.

If it's serious, she directs patients to the nursing station. But now, thanks to the mannequin that the doctors used to help explain basic anatomy, she is also better able to assess the location of a patient's pain and explain it to the doctor or nurses. "The more I learn, the better I can deal with patients and the more I can translate even better." — Laura Eggertson, *CMAJ*

CMAJ 2014. DOI:10.1503/cmaj.109-4677

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