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Health Workforce Study Productivity Commission PO Box 80 Belconnen ACT 2616 Email: healthworkforce@pc.gov.au

Dear Commissioners Woods and Owens,

Australian Association of the Deaf (AAD) is pleased to have the opportunity to make comments to the Health Workforce Study.

AAD represents the interests of Deaf people who use Auslan (Australian Sign Language) as their primary or preferred language. Our major concern for the purposes of this study is the provision of sign language interpreters in hospitals and other health care centres. Many Deaf people need the services of a sign language interpreter in order to have access to information about their health care and to communicate effectively with healthcare staff. It is not appropriate to expect them to just lipread the doctor or make do with a few written notes. They need full access to accurate information about their health. This enables them to be fully informed and to take responsibility for their own healthcare decisions, in the same way that people who are not Deaf have the right to do.

Public hospitals generally do provide sign language interpreters for Deaf patients if the patient requests it, and the hospital pays for the interpreter. However, there are a number of issues that need to be addressed.

- Hospitals do not always readily provide the interpreter. Deaf people often have to be very assertive in order to get the interpreting service they need. Many deaf people are not assertive, and hence many people are not receiving the support services they need. This is not acceptable. It compromises the health care of patients who are Deaf and need an interpreter.
 - All relevant healthcare staff should be aware of their responsibility for providing this service and should arrange interpreters on request.
- 2. Nurses and administration staff, who are the first line for the patient to make requests for an interpreter, often have no idea what to do about these requests and how to book interpreters. Patients often have to organise the interpreter themselves. This is not acceptable, particularly when patients are very ill or in pain as most people in hospital are.
 - Nurses and administration staff need to have appropriate and adequate training to enable them to arrange for interpreters.
- 3. Staff often do not understand that they need to work with interpreters and co-ordinate the service. For example doctors doing rounds of hospital wards often have an attitude that the
- Representing
- Promoting
- Preserving

interpreter can wait until they are ready to speak to the patient. This is not always practical because interpreters are in very short supply and often work to very tight time frames; the interpreter may have to leave to go to another appointment before the doctor gets to the Deaf patient. Conversely, doctors often arrive to speak with a Deaf patient before the interpreter has arrived, or even been arranged, and then expect the Deaf patient to make do without the interpreter.

Staff need to know how to co-ordinate the interpreter with the doctor's time schedule.

4. Interpreter qualifications. All interpreters should have NAATI (National Accreditation Authority for Translators and Interpreters) para-professional (level 2) or Interpreter (level 3) accreditation. Any person who does not have this accreditation (even if they can use Auslan) is not qualified to interpret for a Deaf patient. Using unaccredited interpreters can compromise a Deaf patient's health care.

There are numerous cases of hospitals using the Deaf patient's family or friends to interpret for them. If the family member or friend is an accredited interpreter and the Deaf patient has requested that they interpret, this is acceptable. However, in many cases the family member or friend is not an accredited interpreter. This practice needs to cease.

It is also not acceptable for staff who "know some signs" to interpret for Deaf patients. They are not qualified to do so.

There are, however, cases where the Deaf patient is fully aware of their right to have an interpreter but does not wish to have an interpreter. In this case it is the patient's choice, and this choice should be respected

I trust you will consider these issues and include them in your study. I would be pleased to provide further information if required.

Yours sincerely,

Karen Lloyd Manager