

Ethical Scenario

Interpreter's profile

You are a German-speaking interpreter who serves the Greek community in Munich. You have been living in Germany for over 30 years. You hold a BA and a MA in German, English and Greek literature. You are divorced and a mother of one boy, age 15. You have been working as an official interpreter and translator for German Social Services for more than 15 years. You are fluent in all three languages (German, English and Greek) and visit Greece regularly to finetune your language skills. You are an accredited interpreter, a member in good standing of the corresponding interpreters' association and you undergo regular professional development to improve your interpreting skills and expand your knowledge. You volunteer in your local community as well as in the Greek school. You are a highly respected professional who has a good life in Germany. You are not a religious person; you have very progressive views in terms of sexuality, abortion, and the right of women to have control over their bodies. You are very compassionate, which makes you more susceptible to mistakes in terms of roles boundaries.

The case

A young woman, whose family recently moved to Germany in search of work (economic migrants), is visiting the hospital complaining of irregular spotting (vaginal bleeding).

She does not speak German; she claims to be Greek. An interpreter is immediately requested by the hospital, pursuant to German legislation which ensures that each patient has access to services in his/her language via a certified/qualified interpreter. You have been assigned the case.

The family of the patient is of Albanian descent but spent more than two decades in Greece. The patient was born and raised in Greece. At home, parents speak Albanian and can get by in Greek. The patient is able to understand Albanian enough to communicate with her parents, but her primary language is Greek. She refuses to use Albanian in her social life, i.e., outside the house.

The patient arrives at the hospital unaccompanied and explains to the doctor that she has been experiencing irregular menstrual bleeding. When asked by the healthcare professionals to provide a phone number for a contact person (family member or friend(s)), she becomes evasive, stating all kinds of excuses to deter the hospital personnel from contacting her parents or other family members.

The attending physician immediately takes the patient's medical history and places a request for one of the OB-GYNs on duty to come and examine the patient in the ER. During the medical interview, the ER physician on call realizes that there are some inconsistencies in the patient's story. He believes that the patient is lying or is withholding vital information. The attendant keeps this information to himself and does not involve the interpreter. He intends to discuss the matter with the specialist, i.e., the gynecologist.

While waiting for the OB-GYN to come to the ER, the patient confides in the interpreter (YOU) the following information:

- She is actually underaged. She had no ID upon entering the hospital; as a result, the registered nurse at the Triage desk had no way of verifying the patient's actual age.
- She is pregnant and has taken some home remedy (potion) to terminate the pregnancy because her ultra-conservative parents would never entertain the idea of their daughter having a boyfriend, let alone having sexual relationships and becoming pregnant.
- She wants to have an abortion, without her parents knowing anything about it. They would never consent. Her so-called boyfriend left her as soon as he found out she was pregnant, refusing to help her get proper care, including counseling.
- She is scared because of the potion she ingested (she is not sure what was in the potion; the concoction was given to her by a friend of hers whose mother is a so-called expert. She refuses, however, to let the doctors know that she ingested unauthorized medication.
- She feels ashamed, confused, betrayed and most importantly lonely. She believes nobody can understand what she is going through.

Answer the following questions:

1. What are the issues at stake in this scenario?
2. What should the interpreter do?
3. Is there something the interpreter should not have allowed? If yes, what's that?
4. What is the responsibility of the interpreter?
5. What is the responsibility of the healthcare providers in this matter?

Useful background information:

Abortion is legal in Germany. More specifically, "in 1975, Germany's Constitutional Court held that unborn children had a right to life, and that with few exceptions, abortion could be banned. The Court specifically rejected the idea that an unborn fetus had no constitutional interests during the first trimester. At the same time, the Court argued that the ultimate goal was to prevent, not punish, abortions, and so gave room to the legislature to craft a compromise. In 1976, Germany decriminalized abortion in the first 12 weeks of pregnancy, if accompanied by counseling and a waiting period. Later-term abortions were to be allowed in cases of serious risk to the physical or mental health of the mother. This remains the basic framework today, and it was adopted by national legislation rather than being imposed by a court. The German compromise recognizes that the pro-life and pro-choice camps are not completely at odds and that there is a middle ground to be found. Unsafe abortion is a major cause of maternal deaths: both sides should be able to agree that no woman should die from avoidable complications in her pregnancy. Abortion can be an emotionally and physically taxing procedure: both sides should be able to agree that minimizing the number of abortions is a desirable goal. The German system takes into account the legitimate arguments of both sides, and, as a result, abortion has not become a central issue in electoral politics."

(Taken from America's Abortion Debate Is Broken Polarization and extremism have made compromise impossible. Is it too late to follow the examples set by other countries?)