

**Medical Interpreting Services Newsletter**

March is Women’s History Month

Source: <https://womenshistorymonth.gov/about/>

**Did You Know? Women’s History Month started as Women’s History Week**

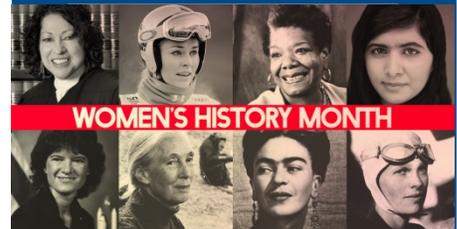
Women’s History Month began as a local celebration in Santa Rosa, California. The Education Task Force of the Sonoma County (California) Commission on the Status of Women planned and executed a “Women’s History Week” celebration in 1978. The organizers selected the week of March 8 to correspond with International Women’s Day. The movement spread across the country as other communities initiated their own Women’s History Week celebrations the following year.

In 1980, a consortium of women’s groups and historians—led by the National Women’s History Project (now the National Women’s History Alliance)—successfully lobbied for national recognition. In February 1980, President Jimmy Carter issued the first Presidential Proclamation declaring the Week of March 8th 1980 as National Women’s History Week.

Subsequent Presidents continued to proclaim a National Women’s History Week in March until 1987 when Congress passed Public Law 100-9, designating March as “Women’s History Month.” Between 1988 and 1994, Congress passed additional resolutions requesting and authorizing the President to proclaim March of each year as Women’s History Month. Since 1995, each president has issued an annual proclamations designating the month of March as “Women’s History Month.”

The National Women’s History Alliance selects and publishes the yearly theme. The 2019 Women’s History Month theme is “Visionary Women: Champions of Peace & Nonviolence.” The theme honors "women who have led efforts to end war, violence, and injustice and pioneered the use of nonviolence to change society."

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*“You may encounter many defeats, but you must not be defeated. In fact, it may be necessary to encounter the defeats, so you can know who you are, what you can rise from, how you can still come out of it.”*

- Maya Angelou

**March 2019 Calendar**

*National Women’s History Month  
Social Work Month*

- 1 – Endometriosis Day (US)
- 5 – Mardi Gras (US)
- 6 – Ash Wednesday (Western Christianity)
- 8 – International Women’s Day
- 10 – Daylight Savings Time Begins
- 15 – National Day of Action Against Bullying and Violence
- 17 – St. Patrick’s Day (Western Christianity)
- 20-21 – Purim (Judaism)
- 21 – World Down Syndrome Day
- 22 – Hindi New Year (International)
- 31 - Caesar Chavez Day (US)



## Medical Interpreting Services Newsletter

### Confidentiality across Cultures

By Cynthia Roat, "Healthcare Interpreting in Small Bites"

If you've heard it once, you've heard it a million times: interpreters maintain confidentiality at all times. It is one of the hallmarks of a professional interpreter and one of the most important keys to establishing our credibility with both providers and patients. We sign confidentiality agreements with hospitals. We assure patients in the pre-session that we will keep all information secret. We destroy interpreting notes to safeguard confidentiality. But have you ever wondered if you, the hospital and the patient all understand the same thing when you promise to "treat as confidential...all information learned in the performance of (your) professional duties"? A quick survey of professional medical interpreters suggests that we all may not share the same definition of this key concept. This should not surprise us. As you know, culture impacts how we interpret and interact with the world. It is not strange, then, that people from different cultures should interpret a sensitive word like "confidential" in different ways. Let's look at some of those distinctions.

In the dominant culture in this country, "confidential" is generally understood to mean "secret". When a friend tells you something "in confidence," she is expecting that you won't tell anyone. Period. We often think of confidential as being like the status of confession to a priest, which he may not divulge to anyone under any circumstances at all. Medical culture, on the other hand, has a slightly different understanding of "confidential." Personal information is kept confidential in that only the people who need to know that information are party to it. However that can include everyone from the receptionist to the medical assistant to the nurse to the doctor to the phlebotomist to the interpreter to the billing clerk. Sometimes it can seem that your secret is not much of a secret in a healthcare institution.

For interpreters, the meaning of "confidential" has changed over the past decade. It used to mean "secret" – sort of. Professional spoken-language interpreters did not repeat what they had heard in interpreted sessions, except in cases of mandated reporting or for educational purposes (without revealing identifiers). The Code of Ethics of the Registry of Interpreters for the Deaf used to be so strict on this issue that it didn't allow interpreters to tell anyone that they were even going to an interpreting assignment. Now, however, the revised RID Code is more realistic, focusing on prohibiting gossip instead of constituting a gag order. And the National Code of Ethics for Interpreters in Health Care, published by the National Council on Interpreting in Health Care, has adopted the meaning of "confidentiality" prevalent in health care in general and described above.

How do LEP patients understand "confidentiality?" That depends, of course, on both the patient's cultural roots and the patient's personal culture. But here are some suggestions shared by working interpreters on the listserv of the National Council on Interpreting in Health Care, of the different ways in which they have seen this word applied. One Russian-English interpreter writes that she has noticed, and confirmed with recently immigrated Russian physicians, that her patients understand "confidentiality" to mean that sensitive information is never divulged to the patient nor to anyone untrustworthy enough to tell the patient. The patient must be protected from bad news. Clearly this differs significantly from what US health systems have in mind. Another Russian-English interpreter reports that her Russian colleagues and family understand "confidentiality" as does the dominant culture here. She mentions that other Russians, though, commonly understand that all "confidential" information will be passed as a matter of course to the patient's close family. In this country, that would be considered a clear breach of confidentiality.

Maria Carr, a Spanish-English interpreter, writes that after years of medical interpreting, she has come to the conclusion that the concept of confidentiality as it is used in the US healthcare system does not exist for many Spanish-speaking patients. Assurances that information will be kept confidential are met with blank stares and confused looks. The word "confidential" must be explained. She goes on to explain why she thinks this may be so: "My personal experience growing up in a Mexican culture at home taught me that families, neighbors, friends and even acquaintances have a genuine interest in and concern for each other. Therefore, any time someone is hurt, sick, having a baby, lost a loved one, etc., they are surrounded by a group of concerned and loving people from all those groups. The idea of showing support for each other also seems to be closely related to the idea of respect.

*(To be continued in the next issue)*

This issue was produced by UC Davis Health Medical Interpreting Services Department editorial team. Questions? Comments? Please call Medical Interpreting Services at 916/734-2296 or e-mail [hs-medinterpreting@ucdavis.edu](mailto:hs-medinterpreting@ucdavis.edu)