Intercultural Mediation Revisited: Deepening the Concept and Practice

Health
Food Chain Safety
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Belgian intercultural mediation in healtcare program

- °1991
- 135 intercultural mediators
- 145.000 interventions/year (on-site – video-remote)
- Extensively evaluated (see references)

Structure of the presentation

- Diversity in intercultural mediation and medical interpreting
- What's the problem – ethnic healthcare inequities
- What's the answer to the problem? Intercultural mediation?
- A few notes on intercultural mediation vs medical interpreting
- References - literature

Diversity in intercultural mediation and medical interpreting

- Intercultural mediation projects differ in role description, degree of professionalisation

- Medical interpreting is not monolithic

    - Many European service providers are conduit –model oriented

    - Ongoing academic discussions on the role of interpreters

    - Influential US-organisations of medical interpreters allow interpreters to go beyond the conduit model

    - Gap between theory and practice (Angelelli, 2004; Hsieh 2016; Alvaro Aranda, 2021, 2026)

- A lack of empirical research on the best way to mitigate language and cultural barriers (Schouten et al., 2020)

- Modesty is required

What’s the problem – ethnic healthcare inequities

- Existence of (ethnic) healthcare inequities

Lack of access to health services, lower level of care [lack of awareness of services available, absence of appropriate services, negative attitude of staff, health literacy, communication difficulties, ...] (Unequal Treatment, Smedley et al., 2003)

“The advancement of migrant-sensitive health care in Europe has been a topic of many initiatives and academics debates for over 20 years in Europe, *yet with rather limited progress in terms of comprehensive and sustainable implementation.*” (Savas, Knipper et al., The Lancet, 2024)

- Causes of ehnic healthcare inequities

    - Financial barriers
    - Administrative barriers
    - Legal barriers
    - Language barriers
    - Social barriers
    - Cultural barriers
    - Context of unwelcoming host societies (discrimination, racism)

- Language barrier
    - “[…] merely sharing a common language will be insufficient to derive adequate meaning from eacht other’s words.” (Schouten et al., 2020)
- Socio-cultural barriers
    - “If a lion could speak, we would not understand him” (Wittgenstein, cit. In Schouten et al., 2020)
    - Educational level (→ health literacy)

- Social codes:
    - “[…] patients rarely acknowledge a lack of understanding of medical terms or ask for clarification. This absence of explicit signals of non-understanding points to forms of communicative vulnerability, where difficulties remain largely unexpressed and may limit patients’ ability to access information or participate in decision making.”
    - Socio-cultural norms may discourage questioning authority (Alvaro Aranda, 2026), ethnic minority patients are more passive (Schinkel et al., 2020)
- Explanatory models (Kleinman)
- Gender ….

- Context of unwelcoming host societies (discrimination, racism)

What's the answer to the problem? Intercultural mediation?

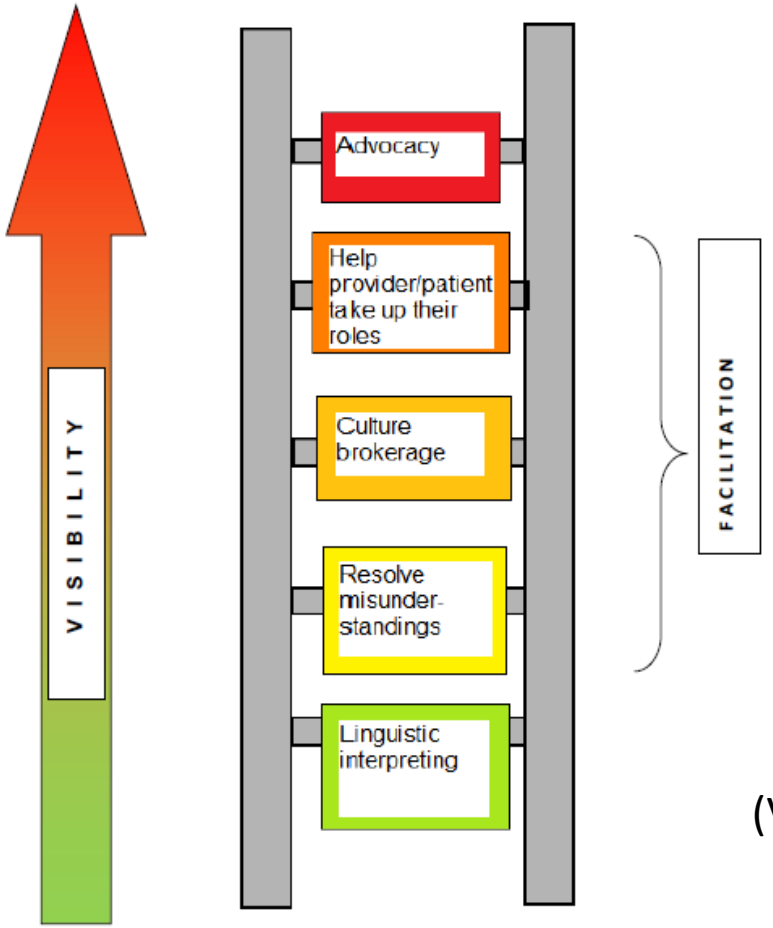
- Intercultural mediation in health care is a communication and facilitation process that reduces the interference of linguistic, sociocultural differences and interethnic tensions on the health care process in order to reduce ethnic healthcare disparities.

  (Verrept & Coune, 2016; Verrept, 2019)

- Facilitation: also in one-to-one meetings with patients – care providers

Roles of intercultural mediators

‘Taking over’



Autonomy

(Verrept & Coune, 2016)

- Advocacy
- Help provider / patient take up their roles
- Culture brokerage
- Resolve misunderstanding

- Aren’t these tasks that should be taken up by het care provider / patient?

- What will happen if care provider and patient do not / are unable to resolve these barriers?

A few notes on intercultural mediation vs medical interpreting

"[…] interpreters have an obligation to alert the parties to the possibility of cultural barriers to communication and to assist the parties in uncovering the hidden assumptions or unstated propositions in the message in order to arrive at a mutual understanding of the meaning."

"When the patient's health, well-being, or dignity is at risk, the interpreter may be justified in acting as an advocate."

(NCIHC, 2004)

"Healthcare interpreting is a distinct specialty within the interpreting profession. The most frequent roles are those of message converter, message clarifier, cultural clarifier, and patient advocate. These roles are presented in order of increasing complexity and controversy, requiring increasing skill, experience and caution on the part of the interpreter."

(CHIA, 2002)

- Difference between dedicated medical interpreters / free-lance medical interpreters (Isabel de Souza, personal communication)

- Lack of:
  - Empirical research on intercultural mediation
  - Professional organizations – international networks
  - Standards of practice – ethical protocols

- Uneven quality of intercultural mediation programs

References – suggested reading

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Thank you!

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