The death of healthcare interpreting in the Netherlands

When patients must provide their own interpreters, the healthcare system itself becomes ill. The ensuing social and personal toll is once again being ignored in the name of transient budgetary savings

Michelle Renée HOF.
Published: October 10, 2013 Last updated: December 2, 2015

Most people with even a marginal interest in the interpreting profession will have heard about the events involving the UK Ministry of Justice’s changes to court interpreting procurement and the scandals arising from service provider Capita’s mismanagement of interpreter resources (if you haven’t, you can read a summary of events here and follow the interpreter response here). It will come as a sad surprise to hear that something even more worrying is going on in the Netherlands. There, healthcare interpreters have seen their profession effectively erased out of existence as a result of a government decision to no longer pay for interpreting services in healthcare settings.

Underlying this decision is the idea that individuals themselves must ensure that they can communicate with their healthcare providers, and that governments bear no responsibility for bridging the language gap where it exists. The fact that all this is happening in a country where English is not the main language means that the story has not been receiving much international coverage. As a result, our Dutch colleagues have not been enjoying the support they deserve from the global interpreting community. This article is an attempt to remedy that.

To find out more about the Dutch government’s decision, I got in touch with Mariette Hoogsteder, a senior adviser at Mikado[1], the national centre of expertise on intercultural health care in the Netherlands. Mariette, who has been managing the response to the cuts, kindly filled me in on how events had transpired.

“At the end of May 2011, the Dutch Health Minister announced, to everyone’s surprise and completely out of the blue, that after 35 years of providing budgetary support for interpreting services in healthcare settings, the government would no longer be paying for interpreters. The official reason they gave for this was that ‘people are responsible for ensuring their proficiency in Dutch. If they have difficulties making themselves understood to their doctor, they can take someone along to the doctor’s office or pay for an interpreter themselves’. The new system, which came into effect on January 1st 2012, was intended to bring about savings of around 19 million euro (no calculation has been made of the costs incurred through health complications or incorrect treatments due to misunderstandings or misinterpretations).

After the announcement, nearly all professional associations in the Netherlands protested against the measure with letters, petitions and the like. It didn’t help one bit. There was a final attempt to stop the cuts from coming into force through a motion in the Dutch parliament in December 2011,
but it was defeated by the narrowest of margins: 74 voted against the cuts, 76 in favour. Since then, there have been general elections and the Social Democrats (PvdA) are now in government. The PvdA had originally claimed to be against the proposal to cut funding for healthcare interpreters, but they are maintaining the cuts as originally planned so far. The main medical association (KNMG) is against the measure and has tried to influence national policy again and again. However, they argue that they cannot force doctors to use professional interpreters because there is no budget. A few GPs in big cities who have many migrants as patients have found silent (mainly local) funding here and there, to pay for interpreters, but most doctors keep on using informal interpreters (i.e. family members), as they massively did before. Some big hospitals and mental health care organisations have decided to start paying for professional interpreters themselves, but most haven’t. Hardly anybody talks about rights; everybody talks about budgets and cuts.

Mikado, as a national centre of expertise on intercultural health care, which had published a book and DVD about interpreting in health care some months earlier in 2011, started a campaign in response to the government decision. Ours is not a political campaign as such, but rather is aimed at raising awareness of the situation among professionals in all health care sectors (GPs, hospitals, mental health care etc.). The campaign is called Wij zijn sprakeloos (We are speechless), and its launch was supported by a website and two short films, one of which was subtitled in English. I also wrote a blog post for the TVcN, a national centre for interpreters and translators, in the summer of 2012, entitled ‘They should just learn Dutch’, to try and raise awareness of some of the misconceptions surrounding the use of interpreters in healthcare settings. The article has been submitted to a number of magazines, but has not yet been published due to ‘lack of interest in the topic’. The saga continues...”

So what can we conclude from all this? It would appear that in the Netherlands, as in so many other places, it is very difficult to explain how essential interpreting services are to the community. Myths and misconceptions abound: “let them learn Dutch”, “family members can do the job”, “it’s not our problem”, “I speak a bit of French, I can do it”. The Dutch Health Minister’s recent report to the Parliament, which concluded, among other things, that “individuals bear the responsibility for ensuring their ability to communicate in Dutch”, showed that these misconceptions reach the very highest levels of government. This same report also stated that the use of professional interpreters has dropped by 75% or more since the decision was taken, with the gap largely filled by other “foreign language speakers”. And we all know what that means...

User rights trampled on

Quite apart from the fact that the government’s move is leading to the deprofessionalisation of interpreting, I feel that the events in the Netherlands are cause for much greater concern than what we are seeing with Capita in the UK (which is already bad enough). Why? Because in the case of the Capita scandal, court users’ rights to interpretation (recently enshrined in EU Directive 2010/64/EU) are still recognized; they are just not being met due to a badly broken delivery system. In the Netherlands, on the other hand, healthcare users’ rights are being trampled on. While other countries are granting constitutional rights to access to health care in the language of the patient, the Netherlands have taken the easy way out by placing the onus for communication on the patients, and to a certain degree, on the healthcare providers as well, who are being told to pay for professional interpreters out of their own pockets when communication with their patients is not otherwise possible.

Where does this leave us? Petitions and campaigns have not moved the Dutch government to change this shameful policy.[2] Misconceptions abound, complicating efforts to get the message out to medical practitioners, patients and others directly affected by the cuts. Speakers of minority languages in the Netherlands may have to wait until their rights to language access in health care are
recognized in the same way as defendants’ rights to interpretation in criminal proceedings.

In the meantime, I would encourage my fellow interpreters to spread the news about the cuts. If you speak Dutch, you can find out more at www.wijzijnsprakeloos.nl and by checking out the links I mention above. If you don’t speak Dutch, watch (and share) this subtitled video that illustrates the problem. And very importantly, reach out to Wij zijn sprakeloos (you can find them on Twitter and Facebook) and let Dutch interpreters know you’re on their side.

Dutch healthcare interpreters are speechless. Let’s help them regain their voice.

---

[1] Mikado was closed down on October 1, 2013; however, the Wij zijn Sprakeloos campaign will continue and Mikado’s expertise continues to be made available via its website.

[2] The Ministry of Health has recently agreed to review the options for funding healthcare interpreting and will report the results to Parliament at the end of the month.

---

Recommended citation format: