

---

# **PUBLIC SERVICE INTERPRETING AND CULTURAL MEDIATION IN THE REGION OF VALENCIA: STRENGTHS, WEAKNESSES AND RECOMMENDATIONS FOR IMPROVEMENT IN THE HEALTHCARE SETTING. / INTERPRETACIÓN EN LOS SERVICIOS PÚBLICOS Y MEDIACIÓN CULTURAL EN LA REGIÓN DE VALENCIA: FORTALEZAS, DEBILIDADES Y RECOMENDACIONES PARA MEJORAR EL ÁMBITO SANITARIO.**

---

**Marta Isabel Sánchez Pérez**  
*Universitat Jaume I, Spain*  
[sanchper@uji.es](mailto:sanchper@uji.es)

**Abstract:** This article aims at approaching the state of the art of Cultural Mediation (CM) and Public Service Interpreting (PSI) in healthcare settings in the Valencian Region by analysing the strengths and weaknesses of the current issues regulating PSI and CM focusing on its legislation, accreditation criteria and implementation of services and suggesting measures that have proven effective in other territories with a larger tradition of PSI and CM services in order to advance towards a health system that ensures equal access and medical care to everyone regardless of the patient's culture of origin or language.

**Keywords:** Cultural mediation; Public service interpreting; Right to healthcare information; Implementation of cultural and linguistic services in hospitals; Accreditation criteria; Legislation.

**Resumen:** Este artículo ofrece una panorámica del estado de la cuestión de la Mediación Intercultural (MI) y la Interpretación en los Servicios Públicos (ISP) en el ámbito sanitario de la Comunitat Valenciana analizando sus fortalezas y debilidades, y centrándose en la legislación, criterios de acreditación e implementación de servicios lingüísticos y culturales. Asimismo ofrece una serie de recomendaciones de mejora para contribuir a avanzar hacia un sistema sanitario que garantice un acceso y una atención sanitaria igualitarios independientemente del origen cultural del paciente y su lengua.

**Palabras clave:** Mediación intercultural; Derecho a la información sanitaria; Implementación de servicios lingüísticos y culturales en hospitales; Acreditación; Legislación.

## **1. Introduction**

Today's increasingly globalised world faces new challenges to which European societies must respond. Globalisation has not only brought an increasing movement of goods between countries but also the settlement of citizens of different cultural and linguistic backgrounds into what were once homogeneous societies. In this new and changing context the European countries should attend to these new citizens' needs and adapt their public services so that their right to access them in a non-discriminatory manner is guaranteed.

The right to healthcare is a fundamental part of our human rights recognized by many international treaties. European Union policies maintain that EU member states must organise their healthcare systems considering a set of common values and principles: universality, access to good quality care, equity and solidarity (Suñol et al., 2009), as it is considered that healthcare systems are a central part of Europe's high levels of social protection and make a major

contribution to social cohesion and social justice (Council of the European Union, 2006/C 146/01).

This paper aims at analysing whether the Valencian Region has successfully adapted its healthcare system to meet the particular needs of patients of different linguistic and cultural backgrounds.

It is structured in different sections following the objectives of the study which are listed below:

- a) understand the European, national and regional legislation on patients' access to information in healthcare settings.
- b) understand the legislation and accreditation criteria for Cultural Mediators and Public Services Interpreters in the Valencian Region.
- c) provide information on the state of the art regarding the implementation of linguistic and cultural services in the hospitals of the Valencian Region. This section presents the results of a survey carried out among 34 public hospitals to enquire about the linguistic and cultural services and or tools that are currently provided by these institutions.
- d) suggest measures aiming at contributing to improve the implementation and management of linguistic and cultural services in the hospitals of the Valencian Region.

It must be noted that, despite acknowledging that the debate on the pertinence of distinguishing between PSI and CM has not come to an end and much uncertainty still exists about the relation between them, the present paper will consider these two disciplines and the professionals performing them indistinct as the author and her research group CRIT<sup>1</sup> believe that there are no strong grounds to distinguish between them in the particular context of the healthcare setting given that both types of professionals might act as communication facilitators in this setting and might run up against the same sociocommunicative reality of having to overcome the same administrative, cultural and linguistic gaps, and following similar strategies in order to surmount these barriers (CRIT, 2014:8-9).

## **2. Legislation on patients' access to information in the healthcare setting: European, national and regional framework**

The Council of the European Union states that the healthcare systems of the Member States should respond to the needs of the populations and patients that they serve by aiming to reduce the gap in health inequalities and providing patient-centred medical attention that ensures that no patient is discriminated against because of their cultural background, religion or race (Council of the European Union, 2006/C 146/01). In order to achieve this goal, the European Commission's Expert Panel on effective ways of investing in Health published a report on Access to health services in the European Union encouraging Member States "to do more to ensure that people have good information about health services in their own language and have access to translation or interpretation services when necessary" (EXPH, 2016: 83).

In Spain, as an EU Member State, legislation on health also states that public authorities must design and implement national health policies aiming to reduce health inequalities and guarantee the right of patients to access the public health services in a non-discriminatory manner, which not only includes the right to receive medical attention but also the right to receive accurate and comprehensible information regarding their health condition and treatment. In particular, the *Law on Rights and Freedoms of Foreigners in Spain* and their

---

<sup>1</sup>The research group CRIT (Communication and Intercultural and Transcultural Relations) from Universitat Jaume I focuses on the study of issues related to intercultural communication, immigration and ethnography of communication.

Social Integration (BOE. *Ley Orgánica 14/2003*) recognises the right of non-nationals to receive healthcare attention in the same conditions as nationals (article 12.1) and specifies the following:

1. All foreigners who reside in Spain and are registered in the municipal register are entitled to receive public medical assistance in the same terms as nationals.
2. All foreigners are entitled to receive emergency public health care in the case of accident or serious illness and continuous medical care until certified discharge.
3. Foreign minors are entitled to receive public medical assistance in the same terms as nationals.
4. Pregnant women, with or without a residence permit, are entitled to receive public medical assistance during their pregnancy, labour and postpartum. (my translation)

Additionally, article 10 of the *Spanish General Act on Health* (BOE. *Ley 14/1986*) states that users of the public healthcare system have the right to:

- The respect of their personality, human dignity and private life including the right to not being discriminated for reasons related to race, social status, or sex.
- Receive information on the healthcare services they can access and the requirements to access these services.
- Receive complete and continuous verbal and written information about their health situation concerning their diagnosis, medical procedure and treatment alternatives in a comprehensible manner. (my translation)

Although the 5<sup>th</sup> disposition of this article was repealed by the *Act 41/2002* (BOE. *Ley 41/2002*), the new text also states the right of the patients and their relatives to receive verbal information about their clinical situation in a comprehensible manner (chapter 2, article 4).

In Spain, as a decentralised country, the Autonomous Regions are empowered to manage some healthcare responsibilities which have been devolved to them by the central government. In the case of the Valencian Region, healthcare is managed by the Generalitat Valenciana Department of Health. In this regional context, *Act 1/2003 (DOGV Ley 1/2003)* states the rights and duties of patients regarding healthcare access and information. This law ratifies the right of patients to access the healthcare services in a non-discriminatory manner including the right to receive clinical information. Article 3 point 7 states that:

Patients have the right to receive clinical information in a way that ensures its full comprehension. The healthcare services and centres are responsible for the implementation of measures to assist the linguistic needs of foreign patients. The implementation of these measures will depend on the circumstances and healthcare managing of each institution. (my translation)

Although the aforementioned laws do not mention the obligation for public authorities to provide interpreting services in the healthcare setting, current legislation includes some regulations that cannot be complied with without the mediation of an interpreter (Abril, 2006: 130), as it seems logical to assume that when patients and healthcare providers do not speak the same language and cannot communicate by themselves, the rights of patients to receive complete and accurate information about their healthcare condition, diagnosis and treatment is not guaranteed. This raises the question of how the linguistic and cultural needs of patients of foreign origin are being addressed in the Valencian territory and whether there are cultural mediators or public service interpreters working to this end.

### 3. Cultural mediators and public services interpreters in the Valencian Region: an overview on legislation and accreditation criteria

Cultural Mediation has been on the Valencian political agenda for over a decade. Several legal texts regulate the development of Cultural Mediation in the Valencian Region (Oliver, 2012). Its aim is stated in articles 13 and 14 of *Act 15/2008 (DOGV Ley 15/2008)* on Integration of Immigrants in the Valencian Region, which also establishes that the regional administration must promote tools to enhance cultural mediation and provide specialised training for cultural mediators. This act furthermore dictated the creation of a set of local administration agencies called AMICS<sup>2</sup> aimed at facilitating the integration of foreigners in the region by providing information, orientation and counselling on public services including the access to the healthcare system.

Later on, *Order 8/2011 (DOGV Orden 8/2011)* further developed the aforementioned Act by regulating the professional role of the Cultural Mediator and dictating the accreditation criteria for these professionals.

AMICS agencies opened their doors in 2009 with 154 offices but were renamed as PANGEA in 2016 by the new regional government<sup>3</sup> and now include 113 offices located in several municipalities of the three provinces of the Valencian Region<sup>4</sup>. Aiming at improving the services provided by the AMICS agencies, PANGEA agencies have been conferred new functions which intend to guarantee real social cohesion and ensure the rights of citizens of foreign origin also in the healthcare setting. Healthcare centres can apply to PANGEA for the intervention of a cultural mediator if a patient has difficulties accessing the healthcare services due to linguistic and cultural gaps. However, applications for these services rarely take place as the bureaucratic procedure required to manage it does not seem to be quite effective in terms of time (Sánchez, 2015: 43). In fact, the annual reports of PANGEA agencies show that their intervention in the healthcare setting is rather limited with only 2,211 interventions in 2016, which merely represents the 2.09% of all the interventions carried out the same year<sup>5</sup> and 1,747 interventions in 2017, accounting for 1.57% of the total number of interventions carried out in 2017. Besides, it is not specified which proportion of these interventions took place in medical consultations to facilitate the communication between patients and healthcare providers. Considering these data, despite the efforts of the regional administration and PANGEA to provide linguistic and cultural services in order to make the healthcare system more accessible, the reality seems to indicate that PANGEA is little involved in this context and hardly has an impact on reducing the linguistic and cultural barriers foreign users face when accessing healthcare services.

Regarding the accreditation criteria to become a cultural mediator, the *Order 8/2011* mentioned above establishes two different paths that can lead to accreditation. Article 3 states that accreditation can be obtained by showing proof of having completed either (i) a 250-hour specific training on Intercultural Mediation delivered by a training institution of recognised prestige in immigration matters, or (ii) a minimum training of 150 hours in the field of Intercultural Mediation delivered by a training institution of recognised prestige in immigration

---

<sup>2</sup>The translation for this acronym is Agencies for Mediation Integration and Social Coexistence.

<sup>3</sup>The reason for this change being an attempt by the new local government to amend the previous government's misuse of these agencies which were told to have been managed in an arbitrary and opaque way.

<sup>4</sup>The specific number and location of PANGEA agencies can be found in <http://www.inclusio.gva.es/es/web/integracion-inclusion-social-cooperacion/listado-de-oficinas-pangea>

<sup>5</sup> Full document available in

<http://www.inclusio.gva.es/documents/610754/17348956/MEMORIA+PANGEA+2016-2017/ba46a73d-6b0e-443f-8a28-90b11db05537>

matters, combined with proof of one year's professional experience in the field (with a minimum of 900 hours worked).

In this case, despite the existence of legal dispositions that regulate the accreditation criteria to become a cultural mediator in the Valencian Region, the text cited in *Order 8/2011* seems rather vague in the specification of the grounds that should be included in the training process, the specification of the training institution and does not seem to take into consideration the specificity of the different contexts where cultural mediation might take place. These facts arise some doubts as to the validity of this accreditation system to ensure the certification of well-trained cultural mediators that can provide their services in the healthcare setting.

As a conclusion and in the light of the information provided in the previous paragraphs, it appears that even though cultural mediation has received political attention for a considerable amount of time in the Valencian Region and even though there have been certain attempts to regulate it, the measures taken in this field seem insufficient.

#### 4. Methodology

As stated in the previous section and following legal dispositions, the healthcare system in the Valencian Region is bound to guarantee that all patients have equal rights concerning their access to healthcare services and clinical information regardless of their origin, cultural and linguistic background. To verify to what extent this aim is accomplished, and such access is guaranteed, a quantitative descriptive methodology was followed to obtain current data on the state of the art on the implementation of linguistic and cultural services in the hospitals of the Valencian Region.

A questionnaire was designed and sent via email to the SAIP<sup>6</sup> offices' managers of all 34 public hospitals in the Valencian Region (see Appendix 1). Its purpose was to evaluate the linguistic and cultural services and or tools that are currently implemented in their hospitals. The questionnaire included the following questions:

- Does your hospital have any interpreters or cultural mediators among its healthcare centre staff?
- How do healthcare and administration staff address the linguistic and cultural needs of foreign patients or patients with limited language skills?
- Does your hospital call upon any external organisation to provide linguistic and cultural support in communication between foreign patients and the medical staff? Which one(s)?

The total time-span of the survey was from August 2018 to December 2018. The data collection process was hindered by the fact that the personnel in charge of some SAIP offices responded that despite of their duty being to provide information and counselling on the healthcare system, they were not entitled to facilitate any information about the (in)existence of public service interpreters or cultural mediators in their institution. Further data collection was required to have a more representative sample in order to gain insights into the real implementation of cultural and linguistic services in all public hospitals in the Valencian Region. Thus, the data collection process was repeated. In the second phase, the management offices of the hospitals not having responded to the questionnaire were contacted via email and

---

<sup>6</sup> SAIP offices are Patient Information Offices of local hospitals whose aim is to provide information and counselling regarding the public healthcare system. These offices have the function to guarantee the observance of the law concerning the rights and duties of patients. The number and location of these offices can be accessed in: [http://www.san.gva.es/documents/151744/6596973/201607\\_SAIP\\_especializada.pdf](http://www.san.gva.es/documents/151744/6596973/201607_SAIP_especializada.pdf)

telephone, some of which still posed some difficulties in providing the information required whilst others refused to provide any kind of information.

## **5. Results: linguistic and cultural services in the hospitals of the Valencian Region**

By the end of the survey period, data had been collected from 19 out of the 34 hospitals contacted<sup>7</sup>. All of these indicated that they do not have any interpreters or cultural mediators as part of their healthcare staff. Despite the number of informants being just over half of the institutions contacted (55.8% response rate), this information can be considered as representative of the state of the art, as the hospitals having responded to the questionnaire comprehend the biggest and most important hospitals in terms of services provided and influx of patients of the three provinces of the Valencian Region.

Few data were obtained regarding the strategies, resources and tools used to facilitate the communication with the foreign patients or patients with limited language skills and overcome linguistic and cultural problems. A minority of participants (17.6%) provided information on this point:

- 3 hospitals indicated that they turned to the bilingual staff of the hospital for those purposes.
- 1 hospital reported that it used multilingual guides to overcome communication gaps, yet when asked about who had translated those guides and what thematic areas were covered, no reply was received.
- 1 hospital stated that they collaborate with an association of volunteers that was providing linguistic assistance to the patients who needed it.
- 1 hospital commented that it had students of the Translation and Interpreting degree providing linguistic assistance as part of a trainee program.

Surprisingly, none of them responded that they contact the PANGEA offices to request the intervention of interpreters or cultural mediators when faced with communication problems between the healthcare staff and foreign patients or patients with limited language skills, even though this is one of the services offered by these integration offices.

Consequently, considering the information provided by the healthcare institutions and centres, hospitals in the Valencian Region do not appear to comply with the dispositions included in the law regarding the rights of all patients to access the healthcare services and be informed about healthcare issues in a non-discriminatory manner as none of the hospitals that responded has a specific service that addresses the linguistic and cultural needs of patients of foreign origin nor do they turn to any external organisation to provide linguistic and cultural support in the communication between foreign patients and the medical staff (with the exception of one of them, which collaborates with an association of volunteers). Unfortunately, the situation on the provision of linguistic and cultural services in the hospitals of the Valencian Region does not seem to have improved much in the last decade. In fact, most of the solutions or resources being used nowadays are the same as those Sales (2008), Valero (2003) and Martin (2000) mentioned in their works more than a decade ago. Most of the few people acting as interpreters or cultural mediators in the public services (hospitals in the matter at hand) are bilingual staff of the hospitals, volunteers collaborating with NGOs, neighbours or relatives of the users needing linguistic assistance, or trainees. A possible explanation for these results may be the lack of adequate funding due to the economic crisis in Spain and the implementation of

---

<sup>7</sup> For confidentiality reasons, the names of the hospitals that responded to the survey will not be disclosed.

cutbacks in the public sector that have been a core policy for the last governments. Another possible explanation might be the fact that neither the Spanish nor the Valencian legislation includes the obligation for public authorities to provide interpreting services in the healthcare setting<sup>8</sup> although they are suggested to and, thus, hospital managers allocate the scarce funding hospitals receive to other ends.

In the next section, some recommendations will be offered in order to shed light on what could be done to solve the problem of the non-existence of linguistic and cultural services in the hospitals of the Valencian Region and how they could be organised in a manner that secures the right of patients to access information in a non-discriminatory way and at the same time is as cost-efficient as possible for the healthcare institution.

## **6. Suggestions for the (improved) implementation of linguistic and cultural services in the hospitals of the Valencian Region**

Public Service Interpreting and Cultural Mediation emerged as a response to reduce the cultural and linguistic barriers immigrants face when accessing the public services of the territories they have settled in. Other countries, such as the United Kingdom, Sweden, Canada, the United States or Australia, with a larger tradition as receivers of immigration have implemented and adopted in their territories measures that have proven effective and have had a great impact on reducing the linguistic and cultural gaps existing between patients of foreign origin and autochthonous providers of medical attention and information. If, as Ozolins (2000: 33) states, it is true that “the direct adoption of other models is often not practicable, it is crucial for different systems to learn from each other”. What measures could thus be taken into consideration to improve the implementation of linguistic and cultural services in the hospitals of the Valencian Region?

In the first place, any attempt to improve the situation requires the allocation of a decent budget to guarantee the possibility of implementing quality linguistic and cultural services and hiring well-trained and professional public service interpreters or cultural mediators as, in the light of the results of this work, it seems that Valencian hospitals do not allocate any amount of money to this end. However, there are some measures that could be adopted especially taking into consideration that the benefits of doing so can compensate the investment made. In fact, an important number of works –such as Hyman, 2009; Flores et al., 2003; Bowen, 2004; Goldman, 2006; Jacobs et al., 2006; Divi et al., 2007– have shown that there are substantial costs to not providing interpretation services in terms of healthcare inefficiencies whereas counting with these professionals among the hospital staff has proven beneficial for all the actors involved in the healthcare setting (patients, providers and healthcare institutions) outweighing the costs of implementing such services (Hyman, 2009: 11).

The following paragraphs include some of the measures that have helped improve the management and implementation of services providing linguistic and cultural assistance in hospitals of the aforementioned countries where there has been a longer history of immigration and where issues around interpreting provision have been on the agenda for a longer period of time. Taking the experiences of these countries into consideration and exploring their viability in the Valencian context might contribute to enhance the implementation of linguistic and cultural services in the hospitals of the region. These measures include:

---

<sup>8</sup> As opposed to other countries such as the United States, the United Kingdom, Canada, Australia and Sweden, where healthcare institutions are legally obliged to provide these services.

- Creating public enterprises providing linguistic and cultural services similar to the Australian VITS or TIS, which may enable the regional government to recover part of its investment by offering its services to public and private institutions. As stated in the previous section of the present paper, the lack of funding is the main reason for the non-existence of linguistic and cultural services in the region of Valencia. Thus, creating public enterprises that can finance themselves by diversifying the clients they provide services for could be a clever solution to ensure an external source of income.
- Creating on-site linguistic and cultural services able to provide services in hospitals and healthcare centres with a large influx of foreign patients or patients with limited language skills, especially in the main hospitals of the three provinces in the Valencian Region. In this case, it would be relevant to consider adopting a system similar to the Canadian *three-tiered healthcare interpreter system* in British Columbia or the Australian and Swedish systems, which distinguish between different types of interpreters requiring different accreditations depending on the services they are expected to provide. Interpreters with a higher and more specialised accreditation could, for example, provide their services in medical consultation settings whereas interpreters with a lower and less specialised accreditation could provide services related to the organisation and use of the healthcare services and some aspects related to the bureaucracy associated with the healthcare setting. Adopting this measure would be beneficial as it would provide different professional outlets to distinct professional collectives and provide them with a particular salary depending on their professional training and experience.
- Creating remote linguistic and cultural services able to provide services in hospitals and healthcare centres with a small influx of foreign patients or patients with limited language skills. Implementing remote linguistic and cultural services rather than on-site ones in small healthcare centres would be beneficial because it would make the healthcare institutions more cost-efficient as they would only be charged for the services provided. In such a context small healthcare centres would not need to hire cultural mediators or interpreters but would keep respecting the European, national and regional legislation on the right to access information in the healthcare setting in a non-discriminatory way.
- Creating and implementing software tools to better manage the demand of linguistic and cultural services. A software application that could be taken as an example to this end is the Canadian Jérôme<sup>9</sup> used by the *Agence de la santé et des services sociaux de Montréal* to manage the demand of interpreters and translators in the healthcare setting. Using software tools to simplify the demand of linguistic and cultural services is of the utmost importance, taking into account that oversaturation and lack of time are some of the features characterising the healthcare setting in Spain. Indeed, as stated in Section 3, even though one of the services PANGEA offices are meant to provide is to facilitate cultural mediators in the healthcare setting, the cumbersome bureaucratic procedure required to manage them seems to be one of the reasons for the low number of applications for these services.
- Creating and implementing software tools to overcome the linguistic and cultural gaps in patient-healthcare provider encounters for those cases in which there is no professional interpreter or cultural mediator available neither on-site nor remote services. A software application that could be taken as an example to this end is the Spanish application Universal Doctor Speaker<sup>10</sup>. However, as stated before, I suggest

---

<sup>9</sup> For more information about this tool and how to use it go to <https://www.youtube.com/watch?v=UmADOANnnKE>

<sup>10</sup> For more information on this application visit its website <http://www.universaldocor.com/>

making use of this solution only in those cases in which there is not availability of a professional interpreter or cultural mediator that could provide on-site or remote services. Even though the application provides some useful multilingual information concerning the medical interview, the most frequent symptoms, diseases and treatments; the reality is so complex that no pre-fixed format or software can cover the amount of information that is exchanged in these encounters.

## 7. Conclusions

Patients' access to information in the healthcare setting is a fundamental right. However, despite of its recognition by European, national and regional legislation, the right of foreign patients or patients with limited language skills to access information on their healthcare condition and treatment does not seem to be guaranteed in the Valencian Region.

The professions of Cultural Mediator and Public Service Interpreter may well be recognised by the Valencian administration. However, the reality shows that the legal dispositions and accreditation criteria dictated by the Valencian regional government on this matter seem to be insufficient and barely have an impact on improving the integration of foreign patients or patients with limited communication skills and facilitating their access to and understanding of the healthcare system.

The results of this study indicate that little is being done in Valencian hospitals to overcome the linguistic and cultural barriers these patients face when accessing the healthcare system. Indeed, there is no evidence of the existence and implementation of cultural and linguistic services in any of the Valencian hospitals. In addition to the lack of public service interpreters and cultural mediators providing their services in the Valencian hospitals, the strategies being used, and the measures taken to facilitate the communication with patients with different language and cultural needs seem rather improvised and unprofessional.

Aiming at changing this discouraging and unfair situation and advance towards a healthcare system that ensures equal access and medical care to everyone regardless of the patient's culture of origin or language, this article offers a set of suggestions for a real implementation of cultural and linguistic services in the hospitals of the Valencian Region.

## References

- Abril Martí, M. I. 2006. *La interpretación en los Servicios Públicos: Caracterización como género, contextualización y modelos de formación. Hacia unas bases para el diseño curricular*. Tesis doctoral. Granada: Universidad de Granada. [Available at: <http://hera.ugr.es/tesisugr/16235320.pdf>].
- BOE *Ley 41/2002, de 14 de noviembre, básica reguladora de la autonomía del paciente y de derechos y obligaciones en materia de información y documentación clínica*. [Available at: <https://www.boe.es/boe/dias/2002/11/15/pdfs/A40126-40132.pdf>].
- BOE. *Ley 14/1986, de 25 de abril, General de Sanidad*. BOE, 29 de abril de 1986, núm. 102, 15207-15224. [Available at: <http://www.boe.es/boe/dias/1986/04/29/pdfs/A15207-15224.pdf>].
- BOE. *Ley Orgánica 14/2003, de 20 de noviembre, de reforma de la Ley Orgánica 4/2000, de 11 de enero, sobre derechos y libertades de los extranjeros en España y su integración social, modificada por la Ley Orgánica 8/2000, de 22 de diciembre*. BOE, 21 de noviembre de 2003, núm. 279, 41193-41204. [Available at: <http://www.boe.es/boe/dias/2003/11/21/pdfs/A41193-41204.pdf>].

- Bowen, S. 2004. *Language Barriers within the Winnipeg Health Authority. Evidence and implications*. Toronto: Winnipeg Regional Health Authority. [Available at: [http://torontohealthequity.ca/wp-content/uploads/2013/02/Language\\_Barriers\\_within\\_the\\_Winnipeg\\_Regional\\_Health\\_Authority\\_Evidence\\_and\\_Implications.pdf](http://torontohealthequity.ca/wp-content/uploads/2013/02/Language_Barriers_within_the_Winnipeg_Regional_Health_Authority_Evidence_and_Implications.pdf)].
- Council of the European Union 2006. Council Conclusions on Common values and principles in European Union Health Systems (2006/C 146/01). [Available at: <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2006:146:0001:0003:EN:PDF>]
- Dirección General Inclusión Social Servicio de Atención a Personas Migrantes y Convivencia Social 2017. Memoria de actuaciones de las oficinas. PANGEA 2016-2017. [Available at: <http://www.inclusio.gva.es/documents/610754/17348956/MEMORIA+PANGEA+2016-2017/ba46a73d-6b0e-443f-8a28-90b11db05537>].
- Divi, C. *et al.* 2007. “Language Proficiency and Adverse Events in U.S. Hospitals: A Pilot Study”. *International Journal for Quality in Health Care*, 19 (2): 60-67. [Available at: <http://intqhc.oxfordjournals.org/content/intqhc/19/2/60.full.pdf>].
- DOGV Ley 1/2003, de 28 de enero, de la Generalitat, de Derechos e Información al Paciente de la Comunidad Valenciana. [2003/1150] (DOGV núm. 4430 de 31.01.2003) [Available at: [http://www.dogv.gva.es/portal/ficha\\_disposicion.jsp?id=24&sig=0421/2003&L=1&url\\_lista=](http://www.dogv.gva.es/portal/ficha_disposicion.jsp?id=24&sig=0421/2003&L=1&url_lista=)].
- DOGV Ley 15/2008, de 5 de diciembre, de la Generalitat, de Integración de las Personas Inmigrantes en la Comunitat Valenciana. [2008/14318] [Available at: [http://www.dogv.gva.es/datos/2008/12/11/pdf/2008\\_14318.pdf](http://www.dogv.gva.es/datos/2008/12/11/pdf/2008_14318.pdf)].
- DOGV Orden 8/2011, de 19 de mayo, de la Conselleria de Solidaridad y Ciudadanía, por la que se regula la acreditación de la figura del mediador/a intercultural y el Registro de Mediadores Interculturales de la Comunitat Valenciana. [2011/6009] [Available at: [http://www.dogv.gva.es/datos/2011/05/26/pdf/2011\\_6009.pdf](http://www.dogv.gva.es/datos/2011/05/26/pdf/2011_6009.pdf)].
- Expert Panel on effective ways of investing in Health (EXPH). 2016. Report on Access to Health Services in the European Union, 3 May. [Available at: [https://ec.europa.eu/health/expert\\_panel/sites/expertpanel/files/015\\_access\\_healthservices\\_en.pdf](https://ec.europa.eu/health/expert_panel/sites/expertpanel/files/015_access_healthservices_en.pdf)].
- Flores, G.; Laws, M. B.; Mayo, S. J., Zuckerman, B.; Abreu, Milagros Medina, L. *et al.* 2003. “Errors in medical interpretation and their potential clinical consequences in pediatric encounters”. *Pediatrics*, 111: 6-14. [Available at: [http://www.unige.ch/presse/archives/unes/2007/pdf/Pediatrics\\_Interpreter\\_Errors\\_%20Article.pdf](http://www.unige.ch/presse/archives/unes/2007/pdf/Pediatrics_Interpreter_Errors_%20Article.pdf)].
- Goldman, R. D.; Amin, P. and Macpherson, A. 2006. “Language and length of stay in the pediatric emergency department”. *Pediatric Emergency Care*, 22 (9): 640-643.
- GRUPO CRIT 2014. *La práctica de la mediación interlingüística e intercultural en el ámbito sanitario*. Granada: Comares.
- Hyman, I. 2009. *Literature Review: Costs of Not Providing Interpretation in Health Care*. Canadá: Access Alliance. [Available at: [http://accessalliance.ca/wp-content/uploads/2015/03/Lit\\_Review\\_Cost\\_of\\_Not\\_Providing\\_Interpretation.pdf](http://accessalliance.ca/wp-content/uploads/2015/03/Lit_Review_Cost_of_Not_Providing_Interpretation.pdf)].
- Jacobs, E.; Chen, A. H. M.; Karliner, L. S.; Agger-Gipta, N. and Mutha, S. 2006. “The need for more research on language barriers in health care: a proposed research agenda”. *The Milbank Quarterly*, 84 (1): 111-133. [Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690153/>].
- Martin, A. 2000. “La interpretación social en España”. Kelly, Dorothy (ed.) *La traducción y la interpretación en España hoy: Perspectivas profesionales*. Granada: Comares: 207-223.

- Oliver Castelló, M. 2012. *Aportaciones sobre mediación intercultural en nuestra Comunitat*. Generalitat Valenciana. Conselleria de Justícia i Benestar Social. [Available at: <http://www.bsocial.gva.es/documents/610754/712421/Power.pdf/47a26512-8c38-43b1-b4f7-a5f8aecf8784>].
- Ozolins, U. 2000. "Communication needs and interpreting in multilingual settings: The international spectrum of response". Roberts, R.; Carr, S. E.; Abraham, D. y Dufour A. (eds.) *The Critical Link 2: Interpreters in the Community*. Amsterdam/Filadelfia: John Benjamins: 49-65.
- Pöschhacker, F. 2004. *Introducing Interpreting Studies*. Londres/Nueva York: Routledge.
- RED de Agencias de Mediación para la integración y la convivencia social (AMICS) 2015. Memoria [Available at: <http://www.inclusio.gva.es/documents/610754/17348956/MEMORIA+AMICS+2015/75e7a181-5403-450e-af69-585833623795>].
- Sales Salvador, D. 2008. "Mediación intercultural e interpretación de los servicios públicos: ¿Europa intercultural?". *Pliegos de Yuste: Revista de cultura y pensamiento europeos*, 7-8: 77-82. [Available at: <http://www.pliegosdeyuste.eu/n78pliegos/n78pag77.htm>].
- Sánchez Pérez, M. I. 2015. Mediación interlingüística e intercultural en el ámbito de la salud sexual y reproductiva: estudio de casos con usuarias de origen chino. Tesis doctoral. Castelló de la Plana: Universitat Jaume I. [Available at: <http://www.tdx.cat/handle/10803/396361>].
- Sasso, A. 2006. *Health Care Interpreter Services: Strengthening Access to Primary Health Care Vancouver Regional Report: An Overview of the History, Development and Current State of Interpreter Services in British Columbia*. [Available at: [https://www.criticallink.org/s/SAPHC\\_Vancouver\\_Regional\\_Report\\_-\\_Final.pdf](https://www.criticallink.org/s/SAPHC_Vancouver_Regional_Report_-_Final.pdf)].
- Suñol, R.; Garel, P. and Jacquerye, A. 2009. "Cross-border care and healthcare quality improvement in Europe: the MARQuIS research project." *Quality & Safety in Health Care*, 18(Suppl\_1), i3-i7. [Available at: <http://doi.org/10.1136/qshc.2008.029678>].
- Tonkin, E. 2017. "The Importance of Medical Interpreters." *American Journal of Psychiatry Residents' Journal*, 12 (08), 13-13.
- Valero Garcés, C. 2003. "Una visión general de la evolución de la traducción e interpretación en los servicios públicos". Valero Garcés, C. (ed.) *Traducción e interpretación en los Servicios Públicos. Contextualización, actualidad y futuro*. Granada: Comares. Colección Interlingua, 3-33.
- Vanderwielen, L. M.; Enurah, A. S.; Rho, H. Y.; Nagarkatti-Gude, D. R.; Michelsen-King, P.; Crossman, S. H. and Vanderbilt, A. A. 2014. "Medical interpreters: improvements to address access, equity, and quality of care for limited-English-proficient patients." *Academic Medicine*, 89(10), 1324-1327.

## Appendices

### Appendix 1. List of the hospitals contacted

CASTELLÓN	VALENCIA
H. G. Castellón	H. Clínico
H. Provincial CS	H. Malvarrosa
H. La Plana	H. Arnau Vilanova
	H. La Fe
	H. Gral. Valencia
VINAROZ	H. Dr. Peset
H. Vinaroz	

SAGUNTO

H. Sagunto

H. Dr. Moliner

H. Pare Jofré

H. Militar (HACLE)

H. La Pedrera

H.S.Vte. Raspeig

REQUENA

H. Requena

MANISES

H. L'Horta Manises

LA RIBERA

H. Alzira

GANDÍA

H. y C.E. Gandía

DÉNIA

H. Denia

XÀTIVA-ONTINYENT

H. Xàtiva

H. Ontinyent

ALCOI

H. Alcoi

LA MARINA BAIXA

H. Villajoiosa (Baixa)

SANT JOAN D'ALACANT

H. Sant Joan

ELDA

H. Elda

ALICANTE-HOSP.GENERAL

H. General Alicante

ELCHE

H. Elche

VINALOPÓ

H. Vinalopo

ORIHUELA

H. Orihuela

TORREVIEJA

H. Torrevieja

LARGA ESTANCIA (HACLE)

H. La Magdalena