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# Video Remote Interpreting (VRI) and Country-specific Practices with a Special Focus on Patient Privacy and Confidentiality Concepts

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**Abstract**[1]

Digitalization and recent technological advancements have brought about the need for the embedment of technology-mediated solutions into the provision of healthcare services. Remote interpreting is an evolving mode which has gradually gained prominence throughout the world, allowing people to make use of such services available from remote locations, which is deemed to fulfil the principle of equity in access to healthcare. In this mode of interpreting services, "patient privacy" and "confidentiality" are considered to be crucial concepts worldwide, the absence of which may be problematic for the human good in healthcare settings. In that vein, patient privacy and confidentiality concepts are expected to be sensitively addressed during the provision of the healthcare services after the technological advancements have been incorporated into the healthcare systems. To this end, this study seeks to provide an overview regarding the video remote interpreting (VRI) mode and its current practices in the exemplary countries with a specific focus on where this system has successfully been integrated, as this system is yet to be available in Türkiye. In addition, the study also aims to review available regulations and legislative frameworks to reveal the good practices where VRI services are successfully implemented. A further review is conducted on the available regulations concerning patient privacy and confidentiality concepts to be better considered while integrating VRI practices into their national healthcare system. This study is expected to contribute to the possible integration of video remote interpreting services with the Turkish healthcare system, giving special consideration to patient privacy and confidentiality.

**Keywords:** video remote interpreting, remote access, healthcare services, patient privacy, patient confidentiality

Video Yoluyla Uzaktan Çeviri Üzerine Hasta Mahremiyeti ve Gizliliği Kavramlarına Odaklı Ülke Örnekleri

**Öz**

Dijitalleşme ve son teknolojik gelişmeler, teknoloji aracılı çözümlerin sağlık hizmetleri sunumuna dahil edilmesi ihtiyacını ortaya çıkarmıştır. Uzaktan çeviri, insanların bu tür hizmetleri

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uzaktan alabilmesine olanak tanıyan dünya çapında giderek önem kazanan ve gelişim gösteren bir çeviri türüdür, bu şekilde sağlık hizmetlerine erişimde eşitlik ilkesinin yerine getirilmesini sağlamaktadır. Bu çeviri türünde "hasta mahremiyeti" ve "gizlilik" dünya çapında zaruri kavramlar olarak kabul edilmektedir ve sağlık hizmeti sunumu sırasında göz önüne alınmamaları insan yararı açısından sorun teşkil edebilmektedir. Bu sebeple, sağlık sistemlerine yeni teknolojiler dahil edilirken hasta mahremiyeti ve gizlilik kavramlarının hassasiyetle ele alınması beklenmektedir. Bu amaç doğrultusunda, söz konusu çalışma, video yoluyla uzaktan çeviri ve Türk sağlık sisteminde henüz uygulaması bulunmayan bu çeviri türünün başarılı bir şekilde entegre edildiği örnek ülkelerdeki mevcut uygulamalar hakkında genel bir bakış sunmayı amaçlamaktadır. Bu çalışma, ayrıca video yoluyla uzaktan çeviri hizmetlerinin başarılı bir şekilde uygulandığı belirtilen örnek ülkelerdeki mevcut mevzuat düzenlemelerini incelemeyi amaçlamaktadır. Ek olarak, bu ülkelerin video yoluyla uzaktan çeviri uygulamasını ulusal sağlık sistemlerine entegre ederken dikkate alınması gereken hasta mahremiyeti ve gizlilik kavramlarına ilişkin mevcut yasal düzenlemeleri üzerinde de bir inceleme yapılmıştır. Bu çalışmanın, hasta mahremiyeti ve gizliliği göz önünde bulundurularak video yoluyla uzaktan çeviri hizmetlerinin Türk sağlık sistemine gelecekte olası entegrasyonuna katkıda bulunması beklenmektedir.

**Anahtar sözcükler:** video yoluyla uzaktan çeviri, uzaktan erişim, sağlık hizmetleri, hasta mahremiyeti, hasta gizliliği

## INTRODUCTION

Recent technological advancements have fueled the shift to new communication tools for service provision in different public settings such as health, law, business, and education. Moreover, the unprecedented scale of crises (Bachelier and Orlando, 2024, p. 4) and patterns of rising global migration have recently started to unveil the need for the embedment of technology-mediated solutions into healthcare service provision, the disparities of which can have crucial importance.

The use of technologies to gain remote access to an interpreter in such cases where an on-site (face-to-face) interpreter is not available has grown significantly in response to various demands to guarantee equitable access to healthcare service by all people, including those with linguistic and cultural varieties. As an evolving mode of remote interpreting, video-remote interpreting has gained prominence in recent years as it aims to provide efficient communication through both visual and audio inputs.

In line with the growth in the use of VRI in healthcare services globally, especially after COVID-19 hit the world, research has been conducted on various aspect of VRI use in healthcare settings such as satisfaction (Kushalnagar et. al, 2019), user perspectives (Yabe, 2019; Conway and Ryan, 2018; Locatis et. al, 2010) viability (Braun, 2016), feasibility (Fiedler et.al, 2022; Haralambous et. al., 2019), usability (Bachelier and Orlando, 2024), benefits and limitations (Sultanić, 2022), review studies (Braun and Taylor, 2011; Li, 2022), process (Przepiórkowska, 2021; Pöchhacker, 2014; Pöchhacker and Koller, 2018), quality (De Boe, 2019), professional and interpreter performance development (Couture, 2014; Havelka, 2020); however, the practices carried out through VRI

technology and the related experiences still need to be understood considering the currently available data in the field.

## 1. RATIONALE AND METHOD

This study seeks to present an overview regarding the video remote interpreting (VRI) mode and its current practices in the exemplary countries which are well-equipped for the practice in terms of institutionalization and legislative arrangements. To this end, the top four countries - Australia, the USA, the UK and, Canada - are identified and included in the scope of this study with the aim to give brief information about the available regulation and legislative frameworks addressing the language/VRI services provided for the foreign population seeking healthcare service. Additionally, the study will present brief information on the patient privacy and confidentiality concepts, which are of crucial importance in healthcare service provision. It also sheds light on the challenges which prevent the consideration of those crucial concepts in healthcare service provision mediated with video-remote technology tools, along with its related legal considerations.

All in all, this review study is expected to contribute to the possible integration of video remote interpreting services into the future scope of the Turkish healthcare system, giving special attention to patient privacy and confidentiality as the practice is yet available in Türkiye.

In the scope of the study design, the related literature was first reviewed to identify the leading countries where VRI practices are successfully implemented in their national healthcare systems. Afterwards, the document analysis method was utilized to seek valuable information on how the practice is regulated and reflected in the respective legal documentation and how institutionalization was set up for the smooth implementation, also considering the patient privacy and confidentiality concepts, which are considerably addressed in their VRI practice.

### 1.1. Literature review

Literature reviews provide insight into the respective research field, as also mentioned below by Synder (2019, p. 339):

> "Literature reviews play an important role as a foundation for all types of research. They can serve as a basis for knowledge development, create guidelines for policy and practice, provide evidence of an effect, and, if well conducted, have the capacity to engender new ideas and directions for a particular field. As such, they serve as the grounds for future research and theory".

In the light of Snyder's remarks, conducting this literature review on VRI will help not only the reader to grasp the basic information about what VRI is but also the researcher to identify the remarkable country-specific examples where the VRI practice is successfully carried out in their national healthcare systems. Additionally, a further literature review was conducted to reveal how privacy and confidentiality concepts are addressed in those countries.

### 1. 2. Document analysis (regulation)

Upon conducting a literature review on VRI practices in healthcare services along with a further review with the particular emphasis on privacy and confidentiality concepts in the service provision, national legislative frameworks and regulations of the selected countries recognized as best practice examples were analyzed. This approach aimed to elucidate the regulatory mechanisms

governing VRI implementation in their national healthcare systems and to examine how these mechanisms address privacy and confidentiality concerns in service delivery. Through this investigation, an insight into the alignment between VRI practices and related legislative mandates was aimed to be provided, highlighting how legal structures support and/or shape the application of VRI in healthcare settings.

## 2. VIDEO REMOTE INTERPRETING (VRI) SERVICES IN HEALTHCARE SETTINGS

The upsurge in new technologies has gradually been paving the way for the adoption of technology-mediated tools to provide readily accessible interpreting services remotely, thus, helping people to overcome the language barriers in an accelerated manner while seeking public services. Remote Interpreting is used to ``gain access to an interpreter in another site in virtual settings at which the primary participants themselves are distributed across different sites`` (Braun, 2015, p.352). Initially, this type of interpreting practice was considered controversial, with concerns raised about interpreting quality and interpreter well-being (AIIC, 2018, p.1). However, this interpreting type enabled by the Information and Communication Technology (ICT) tool has gradually become an attractive option for service delivery and growth area in the market due to its increasing practice, particularly after the global pandemic emerged in 2020.

Remote Interpreting (RI) can be classified under distance interpreting which is to be considered as over-arching term and it has two types of modalities which are "telephone/audio mediated interpreting" and "video-mediated interpreting".

The terminology used in the field of interpreting provided remotely varies significantly, with a lack of consensus due to the numerous categories and modalities. In addition to Krasnopeyeva (2021) who highlighted this variability and instability (p.143) in her study, Braun (2015) also acknowledges the ambiguity in the field's terminology and has made substantial contributions to its classification, definitions, and distinguishing features as a remarkable scholar in this field. Building up her previous taxonomies published in 2012 and 2015, she presented most up-to-date classification in her recent article (2019, p.272).

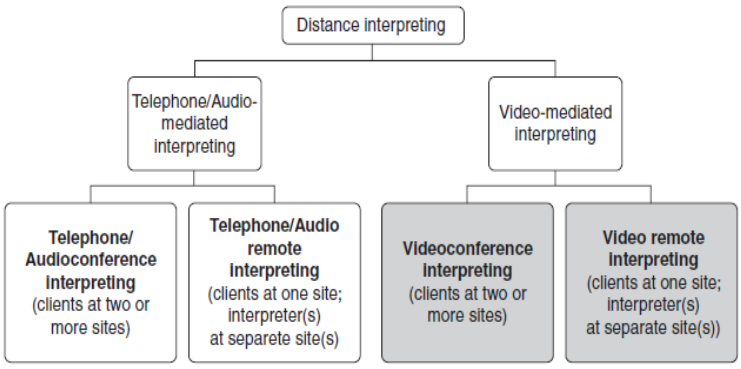


Figure 1: The up-to-date classification for distance interpreting presented by Braun

Lastly, Napier et al (2018, p.4) allocate a separate section on terminology use state that the term "interpreting via video link" is used as a generic over-arching term to emphasize that the interpreters mediate the communication by linking up through video but the participants could

locate in any number of locations and any of them can connect remotely. In parallel with this statement, Video Remote Interpreting (VRI) can be described as being where all of the participants are together in one location and the interpreter is in a separate, remote location (connecting through online platforms) or where the participants are in separate locations and the interpreter is also at a different location. It also refers to a video camera on an electronic device, either a computer or tablet, that is used to connect patients and health providers with an interpreter via video call (Rivas Velarde et al., 2022, p.1; Trumm et al., 2023, p.264).

The "*Guideline on web-based remote sign-language interpretation or video remote interpretation (VRI) system* (2020)" published by the International Telecommunication Union (ITU) as the United Nations specialized agency for information and communication technologies outline key requirements and functional components of VRI systems, including two types of practices based on interlocutor locations. The first type, referred to as the "general case of a web-based VRI system," facilitates communication where the service seeker and service provider are co-located, with the interpreter or VRI agent connecting remotely via video link. The second type indicates all parties interacting remotely via an online platform.

Video remote interpreting (VRI) practices offer several advantages, including access to visual input which allows interpreters to observe facial expressions and other non-verbal cues, enhancing accuracy in conveying meaning. Interpreters can view the speaker, audience, and any visual materials presented to the audience through one or more screens. Moreover, VRI facilitates access to professional and/or qualified interpreters from diverse locations as needed, reducing the reliance on ad-hoc solutions -support provided by relatives or people nearby- and thus improving the overall quality of the service. Additionally, it can lower operational costs, including those associated with travel and logistics, even the duration spent on the way to the physician's room in the building, while enhancing the immediacy of interpreter availability. It also provides big advantage in the countries where long distance between rural and urban area is a matter or harsh weather conditions put people in trouble while travelling to seek public services. This accessibility is further supported by the compatibility of VRI systems with a variety of devices, such as tablets, computers, and smartphones.

Along with the times when physical distancing is required such as COVID-19, the advantages of VRI, such as enhanced accessibility to qualified interpreters, cost efficiency, and improved service quality, have contributed to its successful implementation in various countries. Exemplary national healthcare models showcase effective strategies, infrastructure, and policies for VRI integration, offering valuable insights into best practices and their implementation in healthcare services.

**2.1. The practice of Video Remote Interpreting (VRI) in healthcare systems of the exemplary countries**

The integration of video remote interpreting (VRI) into national healthcare systems has gradually proven to be a transformative solution for overcoming language barriers in interpreter-mediated communication during service provision. Exemplary countries have embraced VRI as a critical tool for ensuring equitable access to healthcare services, particularly for linguistically diverse population. Through integration of advanced technology into their service provision, these nations put efforts to enhance the accuracy, efficiency, and accessibility of healthcare interpreting services

for such population. This section explores the implementation of VRI practices in the exemplary countries' national healthcare system through examining their government support and legislative frameworks, which are key success factors in VRI implementation.

**2.1.1 The United Stated of America (USA)**

Given the substantial migrant population in the USA, it relies on a strong legislative framework to ensure equitable access to healthcare through interpreting services. Legal mandates and policies promote the adoption of VRI, supported by key institutions that facilitate its integration into the national healthcare system.

First of all, the most extensive implementations of VRI in healthcare are driven by the legal mandate of the *Affordable Care Act (ACA)* which requires language access for all patients. Even though this legal document does not have a direct reference to VRI services, it mentions about "appropriate use of health information technology under the plan or coverage" to ensure the quality of care. This paves the way for health institutions to provide more language- sensitive healthcare services for "populations underserved because of special needs such as language barriers" just as defined in the mentioned Act (2010, p.135, p.801).

*Title VI of the Civil Rights Act of 1964* includes referrals about Limited English Proficient (LEP) who may experience lower quality health care services due to their linguistic differences. While federal and state laws mandate the use of qualified language interpretation services, they do not prescribe specific modalities, such as VRI, allowing flexibility in how providers meet this requirement.

Under the light of this Act, several non-binding documents with no force or effect of law and only aiming to clarify the requirement of existing law and policies have been published. Firstly, *Tips and Tools for Reaching Limited English Proficient Communities in Emergency Preparedness, Response, and Recovery* has been published in 2016 by the Federal Coordination and Compliance Section, Civil Rights Division, U.S. Department of Justice emphasizes the importance of ensuring nondiscrimination in emergency-related activities by addressing the needs of individuals with Limited English Proficiency (LEP) and promoting meaningful language access to federally assisted programs and services. After one, *Guidance to State and Local Governments and Other Federally Assisted Recipients Engaged in Emergency Preparedness, Response, Mitigation, and Recovery Activities on Compliance with Title VI of the Civil Rights Act of 1964* has been published in 2016 by the U.S. Department of Justice and it aims to help federally assisted entities ensure nondiscrimination in emergency-related activities, including addressing the needs of individuals with Limited English Proficiency (LEP) and other protected groups. Although these publications do not explicitly address remote interpreting services, they lay the groundwork for institutions to establish systems that effectively meet the needs of linguistically diverse populations by highlighting the importance of meaningful language access.

*The Civil Rights Act* encompasses a range of language access materials that, while not explicitly focused on healthcare, provide valuable guidance for overcoming language barriers in various sectors. For example, the Law Enforcement Language Access Initiative (LELAI), launched by the Department of Justice, is a nationwide program aimed at helping law enforcement agencies address language challenges in their daily operations. Additionally, the Federal Interagency website serves

as a comprehensive resource, offering extensive information on language access services, laws, and policies. The Act is further supported by *Executive Order 13166*, which emphasizes improving access to services for individuals with Limited English Proficiency (LEP). Key documents also include Policy Guidance Document entitled *Enforcement of Title VI of the Civil Rights Act of 1964 - National Origin Discrimination Against Persons with Limited English Proficiency (LEP Guidance)* which was issued under the authority granted by *Executive Order 12250* and Department of Justice Regulations. These efforts collectively reinforce the importance of language access as a cornerstone of nondiscrimination principles.

Furthermore, the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice* (2013), referred as CLAS Standards is a comprehensive framework developed by the U.S. Department of Health and Human Services Office of Minority Health and serves as a key framework for implementing culturally and linguistically appropriate healthcare services. These guidelines prioritize effective communication for individuals with Limited English Proficiency (LEP) and those who are deaf or hard of hearing, though they do not directly address technological tools for interpreting services. In contrast to the previously discussed legislative frameworks, the *Americans with Disabilities Act (ADA)* explicitly identifies VRI as a communication tool, emphasizing its role in ensuring accessible electronic and information technology for individuals with disabilities. ADA mandates effective communication for people who are deaf or hard of hearing, promoting the integration of advanced technological solutions, such as VRI, into healthcare settings. It requires healthcare providers to offer auxiliary aids and services to facilitate effective communication, listing examples such as American Sign Language interpreters, VRI, captioning, accessible electronic and information technology, and other similar measures. Additionally, the ADA's official resources include practical examples of communication challenges and solutions, further illustrating its application in real-world scenarios. This focus underscores the Act's commitment to guaranteeing equal opportunities for individuals with disabilities in healthcare and beyond.

Although most documents in this study do not explicitly reference VRI, their focus on health equity, effective communication, and culturally and linguistically appropriate services supports the adoption of technological tools in healthcare. By promoting innovative, patient-centered approaches, they provide a foundation for integrating VRI to bridge language and cultural gaps and ensure equitable access to care. In this regard, there are also no legislative limitations or restrictions for using interpreters or any web portal to seek support during healthcare consultations. The market offers a substantial supply of remote language support services, with numerous private companies (Boostlingo, LanguageLine Solutions, Languagers, Spoken Here, Cyracom, Stratus Video) providing platforms specifically designed to meet the needs of patients requiring linguistic assistance. These platforms often include comprehensive resources and guidance on the effective utilization of their tools. The services primarily encompass scheduled VRI sessions, enabling participants to join video calls directly through secure online portals.. Such platforms also offer instant connection capabilities to facilitate real-time language support, mobile application accessibility for enhanced convenience, and the ability to send direct session invitations via email, SMS, or secure links. Additionally, they allow for the collection and documentation of pertinent information from customers prior to the

session, ensuring interpreters are well-prepared. Features such as in-meeting chat and post-session feedback mechanisms, including call rating systems, further enhance the quality of service by capturing customer satisfaction.

Looking at the success stories in real-life experiences, Stratus Video Company published a case study with Carolinas Healthcare System demonstrating such statistics that more than $1.5 million in savings and the benefits. The study also presents a testimonial from past experiences as below (2017, p.2):

> "A deaf woman presented at the Emergency Department at a CHS Behavioral Health facility. The providers called for an onsite interpreter, but the patient was left without communication while she waited. A nearby tech noticed something amiss with the patient and grabbed a video remote interpretation device in order to communicate more quickly. Through VRI hospital staff came to learn that their patient was suicidal. Treatment was initiated immediately, something that would not have been possible without access to on-demand video interpreters".

VRI is also offered at all Cleveland Clinic hospitals through significant consideration of the improvement of patient satisfaction scores. To this end, an *interpreter evaluation form* is accessible via the official website to collect patient feedback on the quality of services. It assesses key aspects such as the interpreter's timeliness, understanding of the consultation subject and the patient's health concerns, presence throughout the entire consultation, and any additional patient insights or recommendations. This feedback mechanism serves as a vital tool for ensuring continuous quality improvement in language support services.

In summary, the United States has developed a robust framework for equitable healthcare access through culturally and linguistically appropriate services, supported by legislative mandates and innovative practices. By leveraging advanced technologies and patient feedback, it bridges communication gaps and enhances patient experiences, offering a scalable model for global healthcare equity.

**2.1.2 Australia**

Recognizing the linguistic diversity of its population, Australia has developed comprehensive policies and practices to ensure effective communication. These efforts are underpinned by a strong legislative framework and supported by advanced technologies, including VRI. This section examines the legislative foundations and practical applications that make Australia a noteworthy example, driven by its commitment to multiculturalism and equitable healthcare delivery.

The Australian immigration service introduced the first audio-mediated interpreting service in 1973 to improve access to public services, and reduce the cost of language support (Braun, 2019, p.275). Building upon this foundation, Australia's healthcare system currently utilizes VRI extensively to cater to its multicultural population, particularly refugees and immigrants.

The foundation for language access services, including VRI, in Australia lies within a combination of federal legislation, policies, and service frameworks. First of all, *Disability Discrimination Act 1992 (DDA)* mandates the removal of barriers to communication for individuals with disabilities, including those who are deaf or hard of hearing. *The Health Practitioners Regulation National Law (2009)* provides the legal underpinnings for healthcare practitioners to ensure that language and communication barriers do not impede patient care and treatment.

Finally, the National Accreditation Authority for Translating and Interpreting (NAATI) is a public, non-profit organization jointly owned by the Commonwealth, state, and territory governments. NAATI establishes and upholds national standards for the translating and interpreting profession and is the sole authority authorized to issue credentials or certifications to individuals pursuing careers in this field. Its primary mission is to ensure the availability of a sufficient number of qualified and certified translating and interpreting professionals to meet the evolving demands of Australia's multicultural and linguistically diverse population.

Together, these frameworks provide a cohesive, legally supported environment that promotes the adoption and standardization of VRI across Australia's healthcare system.

Looking at the daily practices, the Medical Board of Australia (2017), on its official governmental website, directs foreign patients to comprehensive information on the Translating and Interpreting Services (TIS National) provided by the Department of Home Affairs. These services are designed for individuals with limited English proficiency and for agencies or businesses that need to communicate with non-English speaking clients. TIS National offers a range of services, including video remote interpreting, telephone interpreting, and on-site interpreting.

The *Pre-Booked Telephone, Video Remote and On-Site Interpreting Guide for Agencies* provides a step-by-step explanation of how to book interpretation sessions, incorporating screenshots from TIS Online**,** the online automated booking tool. This platform enables agency clients to request, manage, and monitor bookings online, allowing interpreters to select and manage their assignments.

In addition to user guidance, the official TIS National website outlines the role of video remote interpreters and references the Australian Institute of Interpreters and Translators (AUSIT) Code of Ethics. The website also offers practical tips for effective collaboration with interpreters. These include pre-briefing the interpreter, properly positioning interlocutors, using clear and concise language, and incorporating appropriate pauses during communication to ensure clarity and understanding. AUSIT is intended to regulate the professional conduct of Australian interpreters and includes professional conduct, confidentiality, competence, impartiality, accuracy, clarity of role boundaries, maintaining professional relationships, professional development, and professional solidarity.

Another noteworthy example of successful implementation in Australia is the *Healthdirect-Video Call Portal* which provides quite a considerable amount of information on video call-based healthcare services. This initiative is driven by Healthdirect Australia (a government-funded helpline service) which worked with South Brisbane Primary Healthcare Network, the Refugee Health Network, and the Translation and Interpreting Service (TIS) National. The Healthdirect Portal, as a comprehensive resource center, focuses on the integration of video calls into healthcare services. It features a dedicated section on interpreter services and workflows, offering detailed explanations of their processes. A user-friendly, step-by-step guide is provided for physicians to navigate the interpreter assignment process, which includes instructions for accessing the waiting area dashboard, identifying an interpreter via the application, selecting the appropriate language, and specifying additional preferences such as the gender of the interpreter. Additionally, the portal offers a range of case studies and informative articles designed to educate users about available

workflows, thereby improving awareness and supporting efficient communication within healthcare settings.

Australia has also implemented several initiatives to support refugees and migrants.One key program is the *Free interpreting services* launched by the Department of Home Affairs of the Australian Government, which aims to ensure fair and equal access to critical services such as healthcare, social services, and government support. Additionally, the *National Interpreter Symbol*, endorsed by the Australian, state, and territory governments, serves as a widely recognized public information symbol. This symbol offers a straightforward and accessible way for individuals with limited or no English proficiency to identify where to request an interpreter when accessing services, including hospitals and healthcare facilities.

Another notable example of practical implementation can be presented from Victoria, Australia's most culturally diverse state. The Victorian State Government, through its Department of Health, has a lot of resources for Victorians from culturally and linguistically diverse backgrounds (CALD) on their official website. These resources include key messages, information about language services innovation grants, the cultural diversity plan, the language services policy, and a variety of materials designed to support CALD communities. Considering that over 27 percent of people in Victoria speaks a language other than English at home, the department is committed to ensure health services are accessible for and inclusive of multicultural communities through comprehensive plans and resources. the Department of Health in collaboration with the Department of Families, Fairness and Housing has developed two comprehensive language services policies and accompanying guidelines.

These documents, titled *Interim Guidelines: How to Work with Interpreters and Translators: A Guide to Effectively Using Language Services* and *Interim Language Services Policy* explicitly refer to VRI practices. They offer detailed guidance for patients on how to access these services when required starting from booking an interpreter till the end of a VRI session, reflecting the government's commitment to leveraging innovative solutions to promote equitable healthcare access. A notable feature of the "Interim Guidelines" is its dedicated section on the role of family and friends, which highlights the vital importance of using a qualified interpreter, considering that family and friends may not have the required language competence and impartiality and are not bound by the same standards of conduct as credentialed interpreters. This distinction reinforces the state's dedication to maintaining stringent quality standards for VRI practices, demonstrating a structured approach to fostering accessible and culturally competent healthcare services (2023a, p.9).

VRI is also funded by the Department of Health and Human Services to support people with disabilities and the service provided by the Victorian Interpreting and Translating Service (VITS) in partnership with Auslan (Australian Sign Language) Connections as a joint venture of Victorian Deaf Society (Vicdeaf) and Deaf Services Queensland. Organizations funded by the Department, along with its staff, can access video remote interpreting via VITS. This is organized through the Department's Language Services Credit Line. The department presents the benefits of VRI on its official website underlying that it provides access to professional interpreters who are accredited by the National Accreditation Authority for Translators and Interpreters (NAATI) and enables

communication between people who are Deaf and use Auslan as their primary language, and hearing people.

Similar to the above example, VRI services are offered by Service NSW as a Northwest Shelf (NSW) Government executive agency, affiliated with the Department of Customer Service. Its official website provides brief information on how to access a VR interpreter indicating that Auslan video remote interpreting is available at all service centers free of charge.

Unsurprisingly, there is a significant market supply for (VRI) services tailored to meet the needs of non-English-speaking individuals seeking healthcare in their native languages. Prominent providers, including Expression Australia**,** Translationz, and DeafConnect (specializing in Auslan services), offer comprehensive VRI solutions, thereby facilitating equitable access to healthcare for linguistically diverse populations.

In conclusion, Australia's comprehensive approach to (VRI) services reflects its commitment to fostering equitable healthcare access for its multicultural and linguistically diverse population.

**2.1.3 The United Kingdom (the UK)**

The United Kingdom can also be considered an exemplary country for VRI in certain contexts, particularly in healthcare where it has demonstrated a strong commitment to providing inclusive services for linguistically diverse and Deaf communities. The UK's approach is supported by its legislative framework and a range of successful practices.

*Equality Act 2010* mandates reasonable adjustments to ensure equal access for individuals with disabilities, including the provision of communication support. Although there is no comprehensive, wide-reaching legislation specifically governing the use of VRI in the UK, the practice is nevertheless well-established and widely implemented across healthcare and public service sectors. This reflects a strong commitment to ensuring equitable access to services for linguistically diverse populations and Deaf communities.

The National Health Service (NHS), as the largest healthcare provider in the UK, is used as an umbrella term for the publicly funded healthcare systems of the United Kingdom, comprising the NHS in England, NHS Scotland and NHS Wales, and Health and Social Care in Northern Ireland. The NHS is dedicated to enhancing health and care outcomes, improving individuals' experiences with healthcare services, alleviating the strain on frontline healthcare systems, and optimizing service efficiency.

The document *Guidance for Commissioners: Interpreting and Translation Services in Primary Care* published by NHS England in 2018, serves as a comprehensive and reliable resource for commissioners of services, offering practical guidance on the principles underlying high-quality interpreting and translation services, key considerations in commissioning and contracting, and the legal rights of service users. The guidance emphasizes that "...patients requiring language support should be made aware of the different types of interpreting available to them (e.g., face-to-face, telephone, video remote interpreting/video relay services)" (p.6). According to the guidance, VRI services are accessible not only to individuals with limited English proficiency but also to those with disabilities (ibid, p.7). This underscores the NHS's proactive efforts to promote the use of VRI, particularly for British Sign Language (BSL) interpretation, thereby ensuring that Deaf patients have equitable opportunities to communicate with healthcare providers.

NHS Greater Glasgow and Clyde (NHSGGC), as the largest NHS-affiliated organization in Scotland, is also committed to ensuring that everyone can access healthcare services. Communication support is available for patients to enable the healthcare staff to provide safe and effective patient care. This is for all patients for whom English is not their first language and may need communication support in a health setting. This also includes people who are deaf, hard of hearing, blind or deafblind. The document titled *Working with a Video Remote Interpreter,* prepared in collaboration with the D. A. Languages Limited Translation & Interpreting Services is available at NHSGGC's official website. It offers a wide range of information regarding all steps about booking a video interpreting session including arranging an interpreter, preparing for the appointment, getting the appointment started, during the appointment and finalizing the appointment. The official NHSGGC website also refers to the availability of remote BSL interpreting through the support received from SignVideo as a private company platform.

Several private organizations, including InterpretersLive, SignLanguageInteractions, SignSolutions, SignVideo, DA Languages, and LanguageLine Solutions, provide VRI services that are specifically tailored to meet the needs of healthcare and public service sectors. These platforms facilitate on-demand access to professional interpreters, thereby promoting inclusivity and enhancing operational efficiency in diverse communication settings, and also collaborate with NHS to provide video-remote interpreting services. It is important to note that VRI services are not only accessible to individuals with limited English proficiency but are particularly significant for individuals who are Deaf or hard of hearing, ensuring equitable access to essential services. This dual focus underscores the broad utility of VRI in addressing both linguistic and sensory accessibility challenges within service delivery frameworks.

While the UK's progress in VRI implementation is notable, challenges remain, such as ensuring universal access across all regions and improving public awareness of these services. Nonetheless, the UK's policies, practices, and integration of VRI make it a valuable example for other countries seeking to enhance linguistic and cultural accessibility in healthcare and beyond.

**2.1.4 Canada**

Last but not the least, Canada also exemplifies the integration of VRI services into healthcare, addressing language barriers and ensuring equitable access for its multicultural population, including deaf individuals. Supported by robust legislation and innovative practices, it leverages technology and comprehensive interpretation services to promote inclusivity and reduce communication barriers in healthcare.

*Official Languages Act*, **e**nacted in Canada in 1969 and later amended, recognizes English and French as the official languages of Canada, mandating that all federal institutions must ensure equitable access to services in both languages. It establishes clear legal obligations for healthcare providers to use interpretation services to meet the needs of linguistically diverse populations. This ensures patients can access healthcare in their language of choice, reducing misunderstandings and improving health equity.

The Provincial Language Services (PLS) delivers comprehensive interpreting services to support official minority language speakers, Deaf, Deaf-Blind, Hard of Hearing, and immigrant and refugee populations, ensuring equitable access to healthcare. These services are provided through

various modalities, including video technologies on devices such as iPads, enabling virtual language interpretation. VRI is available 24/7, offering on-demand access to 40 spoken languages via video, American Sign Language (ASL) via video, and 200 spoken languages via audio.

VRI devices are strategically deployed in emergency departments across health authorities, including Interior Health, Fraser Health, Northern Health, Vancouver Coastal Health, Providence Health Care, British Columbia Children's Hospital, and BC Women's Hospital, with additional programs and services integrating VRI as needed. Moreover, BC Emergency Health Services equips paramedics with VRI-enabled devices to facilitate effective communication with Deaf and hard of hearing individuals, reinforcing the commitment to inclusive and accessible healthcare services across British Columbia.

The Provincial Health Services Authority (PHSA) in Canada also plays a significant role in implementing VRI services to improve access to healthcare for diverse populations, particularly individuals with Language Other Than English (LOTE) and those who are deaf or hard of hearing. PHSA oversees and supports the provision of VRI services as part of British Columbia's (one of ten provinces of Canada) effort to ensure equitable, culturally, and linguistically appropriate healthcare. PHSA coordinates language interpretation services by implementing VRI technology across healthcare settings, thereby allowing remote access to professional interpreters. These services facilitate real-time communication between healthcare providers and patients, ensuring clear understanding and effective healthcare delivery. PHSA has prioritized VRI infrastructure, training, and integration into telehealth services to address barriers to language access, especially in emergency settings, specialized clinics, and marginalized populations.

Island Health, in collaboration with Language Line company, provides on-demand VRI access to medically trained interpreters through video or audio via iPads in acute care settings and iPhones for community care providers, ensuring seamless communication across all Island Health programs at no cost. A visually informative poster that was published on the official website explains the process for accessing VRI, highlighting its deployment in emergency departments and plans for expansion to all units and service areas.

Similar to other exemplary countries, private companies and initiatives such as As-sign, Language Line, and BC Digital Health Atlas also offer VRI services in Canada, complementing the efforts of public healthcare institutions. These organizations enhance access to professional interpreting by providing flexible and innovative solutions tailored to diverse linguistic and accessibility needs while never leaving the deaf and hard of hearing population behind. Their contributions, alongside governmental programs, ensure that VRI remains a robust tool in bridging communication gaps within Canada's healthcare system, reinforcing the nation's dedication to inclusive and patient-centered care.

Having explored exemplary countries that have successfully integrated VRI services into their healthcare systems, it is evident that these practices significantly enhance access to equitable and inclusive care. These examples provide valuable insights into how technology and professional interpreting services can address diverse populations' linguistic and cultural needs. Turning to Türkiye, the following section will summarize the current status of technological advancements and

their integration into Türkiye's healthcare system, highlighting the potential for adopting VRI practices in the future.

**2. 2. The current status of VRI in Turkish healthcare system**

Video Remote Interpreting (VRI) services have yet to be integrated into healthcare service provision in Türkiye despite the fact that in-person healthcare interpreting recently gained prominence as it attracts many tourists who are in need of medical services such as transplantation, infertility treatment, or vacation (Toker, 2019, p.23). VRI services are available for neither in-person consultations nor telemedicine. The latter became legally available upon enactment of Legislation on Digital Health Service Provision in February 2022. Prior to this development, a pilot study conducted between June 2021 and June 2022—a collaborative effort between the Ministry of Health and the World Health Organization—explored innovative service models to support the COVID-19 health system response. This study demonstrated the feasibility of remote health services and their capacity to enhance healthcare accessibility, laying the groundwork for broader discussions on digital health innovations. While telemedicine currently serves as a targeted solution for specific healthcare needs, its adoption could be expanded to incorporate VRI, addressing language barriers in both remote and face-to-face consultations. By leveraging this emerging infrastructure, Türkiye has the potential to build a more inclusive and technologically advanced healthcare system. The absence of a formalized VRI system highlights a gap in addressing the linguistic and cultural needs of diverse populations, particularly in a country that hosts a significant number of migrants, refugees and the people belonging to minorities. Addressing this gap could significantly enhance the accessibility of healthcare services.

While the integration of Video Remote Interpreting (VRI) into healthcare services presents significant opportunities for enhancing accessibility and inclusivity, it is not without challenges. Alongside technical and logistical barriers such as connectivity issues and user training, one of the most critical concerns revolves around maintaining confidentiality and safeguarding privacy during virtual consultations. These issues are particularly significant in healthcare, where sensitive patient information is routinely discussed. As VRI involves transmitting audio and video data across digital platforms, the potential for breaches in data security and unauthorized access becomes a pressing issue. Addressing these concerns is essential to building trust among healthcare providers, interpreters, and patients. In the following section, these challenges associated with VRI will be explored, specifically focusing on privacy and confidentiality, which are foundational to ethical and effective healthcare service provision.

## 3. PATIENT PRIVACY AND CONFIDENTIALITY CONCEPTS AND THEIR IMPORTANCE IN HEALTHCARE SERVICES

Patient privacy and confidentiality are fundamental principles of healthcare, ensuring trust between patients and providers while safeguarding personal health information. The definition and scope of privacy have long been a topic of debate among scholars and philosophers, and this challenge persists even today (Kayaalp, 2018, p.9); however, it is defined as "The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures,..." in the U.S. Constitution with the Fourth Amendment in 1791. On the other side,

confidentiality indicates that physicians are obligated not to disclose confidential information a patient gives to another party without the patient's consent (Varkey, 2021, p.20).

These principles are not only ethical obligations but also legal requirements under various national and international frameworks, such as *the Health Insurance Portability and Accountability Act (HIPAA)* in the United States and the *General Data Protection Regulation (GDPR)* in Europe. Both frameworks establish stringent standards for the handling, storing, and transmitting sensitive health information to protect individual rights and prevent misuse.

In healthcare settings, privacy and confidentiality are pivotal in fostering open communication. Patients are more likely to share accurate and comprehensive health details when they trust that their information will remain secure. This transparency enables healthcare professionals to make informed decisions, improving diagnostic accuracy and treatment outcomes.

The advent of digital healthcare technologies, such as telemedicine and VRI, has introduced new complexities to maintaining patient privacy and confidentiality. While these technologies enhance accessibility and convenience, they also may pose risks related to data security and unauthorized access. For instance, video and audio transmissions in VRI involve data sharing across multiple platforms and intermediaries, increasing the potential for breaches. Implementing robust security protocols, including end-to-end encryption, secure authentication processes, and comprehensive data governance policies, is imperative to mitigate these risks.

When using interpreting services, ensuring that interpreters adhere to strict ethical standards, such as those outlined by professional organizations like the National Council on Interpreting in Health Care (NCIHC) or AUSIT in Australia, is vital. These standards emphasize the importance of impartiality, confidentiality, and cultural sensitivity in interactions between patients and providers.

In summary, patient privacy and confidentiality are integral to ethical, legal, and effective healthcare practices. As the use of technologies like VRI expands, healthcare systems must address the accompanying risks to ensure that these principles are upheld. A failure to prioritize these concerns can erode trust, compromise care quality, and potentially expose healthcare institutions to legal liabilities. In this regard, the Health Care Interpreter Network (HCIN) has set requirements for interpreter workstations used by the interpreters who provide remote language services to ensure patient confidentiality. According to those requirements, remote interpreting should not be used in areas of routine public contact, video monitors must not allow visibility of patients to those walking by, and interpreters must use headset or handset (Couture, 2014, p.8).

### 3.1. Legal and ethical considerations in healthcare services

Protecting patient privacy and confidentiality is fundamental to healthcare, supported by legislation ensuring secure handling of sensitive information and fostering trust for ethical care delivery. A list of legislation referring to the matters of patient privacy and confidentiality in the exemplary countries where VRI is successfully implemented is presented below. Each legislative framework reflects the country's cultural, legal, and technological context. Some focus explicitly on healthcare, while others encompass broader privacy protections adapted to healthcare environments.

A. The United States of America (USA)

- Health Insurance Portability and Accountability Act of 1996 (HIPAA): *a federal law that requires the establishment of national standards to protect sensitive patient health information from being disclosed if the patient does not have related consent or knowledge.*
- HITECH Act (Health Information Technology for Economic and Clinical Health Act*: addresses the privacy and security concerns associated with the electronic transmission of health information.*

B. Australia

- Privacy Act - 1988: *promotes and protects the privacy of individuals, also regulates the privacy component of the consumer health and medical research.*
- My Health Records Act - 2012*: contains online summaries of individual's health information which can be viewed by their registered treating healthcare providers, including doctors, nurses and pharmacists across Australia in the national digital health record system, ensuring patient privacy and control over who can access their health data.*

C. The United Kingdom (UK)

- The Data Protection Act - 2018*: the UK's implementation of the General Data Protection Regulation (GDPR), controls how personal information is used by organisations, businesses or the government.*
- Health and Social Care Act - 2012: contains *provisions regarding the protection of personal health information in the context of health and social care.*
- The Caldicott Principles: *contains eight principles to ensure people's information is kept confidential and used appropriately.*

D. Canada

- Personal Information Protection and Electronic Documents Act (PIPEDA): g*overns the collection, use, and disclosure of personal information in commercial activities, including healthcare for private sector organizations.*
- Privacy Act: *aims to protect the privacy of individuals with respect to their personal information, including health information and sets out rules for the Government's treatment of personal information.*
- Provincial Health Privacy Laws
  *Ontario -Personal Health Information Protection Act*
  *Alberta – Health Information Act*

While legislative frameworks safeguard patient privacy, implementing VRI services in healthcare introduces challenges like data security, interpreter access to information, and confidentiality during live sessions. These complexities underscore the intersection of technology and ethical responsibility, raising user concerns despite robust legal protections.

**3.2 Available legislation referring to the matters of patient privacy and confidentiality in Türkiye**

Patient privacy and confidentiality are foundational elements of healthcare ethics and legal frameworks worldwide, and Türkiye is no exception. The country has established various legislative measures and guidelines to safeguard these principles within its healthcare system and to protect patients' personal and medical information. The table below provides an overview of the existing legal framework in Türkiye concerning patient privacy and confidentiality.

- Patient Rights Regulation – 1998 – *Article 21*
- Turkish Medical Association Occupational Ethical Rules – *Article 9 and 31*
- The Constitution of the Republic of Turkey (1982)
  *Article 20: Guarantees the right to privacy for all individuals, including in healthcare setting*

*Article 56: Ensures the right to health, which includes access to healthcare services and patient rights*

- Law No. 6698 on the Protection of Personal Data (2016) – *applies to the processing of personel data, including health data by healthcare providers.*
- Regulation on Personal Health Data (2019) – *provides specific rules for the protection, processing, and transfer of personal health data, ensuring that patient confidentiality is maintained.*
- Turkish Penal Code – 2004
  *Article 136: defines the unlawful sharing of personal data, including health information.*
  *Article 137: increases penalties for those who unlawfully process or disclose sensitive data, including health information.*
- Regulation on the Processing of Personal Data and Protection of Confidentiality in the Healthcare System

This legislative framework aligns with international standards, reflecting Türkiye's commitment to fostering trust and security within its healthcare system. The availability of such a framework itself serves as a foundation for potential future advancements, including the integration of technologies such as Video Remote Interpreting (VRI).

### 3.3. Challenges against ensuring privacy and confidentiality in VRI Services in healthcare settings

There exist challenges associated with privacy and confidentiality during the technology-mediated healthcare service provision; therefore easy-to-follow procedures which maintain confidentiality and privacy should be in place according to the *Guidance for commissioners* published by NHS England (2018, p.10). The examples from the literature given below put forth the implications for patient trust and service quality. This analysis aims to identify gaps and concerns regarding compliance with the standards in the context of innovative healthcare delivery models, which remains a significant gap in research literature.

According to a study focused on the healthcare professionals' view on the use of a low-tech video interpreting system in healthcare settings, the healthcare professionals identified data protection compliance as crucial aspects associated with the use of video remote interpreting (Kletečka-Pulker et al., 2021, p.616). The study also highlights that patient safety requires trustable and clear communication to refrain from the errors that may occur in the phases of diagnosis, treatment, and neglect of informed consent; therefore, it allowed a diversified and specific analysis of data and influencing factors of the utilization of this technology-mediated tool.

Within the scope of a feasibility study carried out on interpreting via Skype in 2009 at a hospital in Austria, 17 physician-patient consultations were carried out, and guided interviews were conducted with the participants at the end of these sessions to receive their feedback on their experience regarding these VRI services. One physician highlighted the patient satisfaction and noted that the remote nature of interpreters could be perceived as advantageous by certain patients who prioritize safeguarding their privacy. However, the use of Skype was considered unsuitable for handling more complex scenarios (Korak, 2012, p.92).

Kelly (2008, p.97,8) presents maintaining confidentiality as one of the challenges due to the fact that the end goal of remote interpreting is to render the information of a highly personal nature

and requires to be compliant with the related regulation on keeping confidentiality, especially at the health care industry where it takes great importance.

In addition to the above studies, the use of the video feature may pose a certain level of dissatisfaction, especially during sensitive consultations such as gynecological sessions. The visual presence of an interpreter as a third-party may be considered intrusive, leading patients to withhold critical information, thus potentially preventing care quality.

Furthermore, emergency healthcare settings may lead to unique privacy concerns. In these environments, the intervention area can be inappropriate in size or with multiple individuals present, such as healthcare providers, emergency staff, and other patients. The use of VRI in such settings can exacerbate confidentiality risks, as discussions may be audible to unintended listeners. Adjustable voice settings in VRI systems could mitigate this issue by ensuring that communication remains discreet and confined to the immediate parties involved.

To address these challenges, healthcare providers must consider the specific cases and preferences of patients with different needs. Integrating features enhancing privacy and confidentiality and offering alternative solutions as per the changing conditions could foster patient trust and satisfaction. Proactive measures, combined with training for providers on privacy and confidentiality, are crucial for balancing technological efficiency with patient-centered care.

## CONCLUSION AND FUTURE DIRECTIONS TO TURKISH HEALTHCARE SYSTEM

This article has provided a comprehensive exploration of Video Remote Interpreting (VRI) services, highlighting the innovative practices of exemplary countries and analyzing the critical role of legislative frameworks in ensuring patient privacy and confidentiality. The examples from the United States, Australia, the United Kingdom, and Canada demonstrate that integrating VRI into healthcare systems is not merely a technological advancement but a commitment to equitable and inclusive healthcare access. These countries have successfully established legal and ethical foundations that balance technological innovation with the protection of patient rights, illustrating a pathway for effective VRI implementation.

For Türkiye, the absence of a formalized VRI system within healthcare settings marks a significant opportunity for growth. While the nation has taken steps to advance telemedicine services, integrating VRI into this infrastructure remains an unexplored avenue. The legislative provisions for privacy and confidentiality in Türkiye align with global standards, yet their application to VRI-specific contexts has not been realized. This gap underscores the need for targeted strategies to adapt existing frameworks and address the unique challenges of VRI implementation.

This review is expected to contribute to the possible integration of video-mediated remote interpreting services within the scope of the Turkish healthcare system, giving special consideration to patient privacy and confidentiality. Establishing a tailored VRI framework could involve phased implementation, starting within the existing telemedicine system and gradually extending itself to in-person consultations. This would involve not only technological investments but also the establishment of clear protocols to uphold privacy and confidentiality during VRI sessions. Collaboration with professional interpreters, healthcare providers, and technology experts will be

essential in designing a system that aligns with national healthcare priorities while meeting the diverse needs of its population. By addressing these challenges, Türkiye will have the potential to position itself as a leader in innovative, inclusive healthcare delivery.

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