

Hamburg Declaration for Multilingual Healthcare



Preamble

Linguistic diversity has become a defining characteristic of contemporary healthcare systems worldwide. Health services increasingly provide care to patients who do not share a common language with their healthcare providers. In global healthcare settings, where diagnosis, risk assessment, therapeutic alliance, informed consent, and treatment adherence depend heavily on verbal communication, language barriers constitute a major clinical, ethical, and organisational challenge.

This declaration recognises multilingual communication as a core component of professional healthcare rather than as an exceptional accommodation. Communication is a broad concept and should be embedded within cultures of welcoming and accommodating patients; all languages (including sign languages) and registers of language need to be respected and considered. Current approaches to overcoming language barriers remain inconsistent, underfunded, and frequently dependent on improvised solutions such as family interpreting, multilingual staff without formal training, or digital translation tools lacking validated clinical safeguards.

The evidence synthesised in this declaration demonstrates that language barriers are associated with reduced access to healthcare, lower treatment adherence, communication errors, patient dissatisfaction, misdiagnosis, avoidable adverse events, and poorer clinical outcomes. These risks are particularly pronounced in mental healthcare, where communication itself constitutes a central diagnostic and therapeutic instrument.

This declaration recommends that multilingual communication in healthcare should be guided by the following principles: clinical safety (communication support mechanisms should prioritise patient safety, diagnostic integrity, and treatment quality); equity of access (patients should not receive lower-quality

care because of language discordance); professionalisation (language support should be integrated into routine healthcare structures rather than treated as an exceptional accommodation); cultural and linguistic responsiveness (communication approaches should take into account cultural meaning, explanatory models, emotional expression, and health literacy); confidentiality and ethical integrity (communication practices must maintain privacy, autonomy, informed consent, and professional boundaries); and proportionality (the selected communication strategy should correspond to the clinical complexity and risk level of the encounter).

In general, five strategies exist to overcome language barriers in healthcare services: adapted direct communication between healthcare providers and patients, the use of technological tools, the use of multilingual communication materials, practitioners who speak multiple languages, and professional as well as non-professional interpreters. The specific implications of each strategy are outlined below.

Institutional, regional and national activities towards a multilingual healthcare depend on a clear attitude as well as on resources and policies. Healthcare systems around the world vary in terms of their resources. The declaration takes this into account by calling for a solution within the healthcare system that ensures the highest quality standards appropriate to context (e.g. professional and qualified interpreters rather than lay interpreters) whilst also providing the best possible alternative solutions (e.g. trained bilingual staff acting as interpreters) where resources do not allow for expensive options.

The Hamburg Declaration is understood in the spirit of the [Amsterdam Declaration Towards Migrant-Friendly Hospitals](#), which was published two decades ago and helped shift the field from charity-based approaches towards quality assurance and organisational development. Building on that foundation,

the Hamburg Declaration continues this approach by outlining a framework focused on operationalizable individual and systemic solutions. It frames language access not as a discretionary service, but as a clinical safety infrastructure requiring enforceable institutional and systemic responsibilities.

The Hamburg Declaration is also aligned with the United Nations Sustainable Development (Goal 3 – Good Health and Well-being, particularly regarding access to quality essential healthcare) and the UN Convention on the Rights of Persons with Disabilities (Articles 9, 21, and 25).

The Hamburg Declaration is addressed to all stakeholders in the healthcare sector worldwide who are directly or indirectly involved in patient care, as well as to stakeholders who shape the broader framework of the healthcare sector, including those working in management, health policy, and research.

I. Health Care Management

Individuals working in different areas of healthcare management have numerous opportunities to improve multilingualism within their facilities:

- All aspects of healthcare services relating to prevention, acute care, and rehabilitation should take patients' multilingual needs into account.
- Incorporate patients' language preferences into basic patient documentation.
- Incorporate relevant indicators relating to multilingualism into Quality Assurance Reports or Annual Reports.
- Allocate resources to ensure that written materials within the facility (e.g. informed consent forms, patient information materials, questionnaires, and websites) are professionally translated into the most frequently required languages.
- Provide employees with regular training on topics related to multilingualism (e.g. communication in triadic consultations).
- Prohibit children from acting as interpreters within healthcare facilities.
- Assess whether staff members, including non-clinical staff, provide interpreting services to colleagues within the facility. Where this occurs, provide interpreter training, ongoing supervision, separate contractual arrangements, and additional remuneration for such interpreting services.
- Where available, allocate resources to integrate professional interpreter services into the facility.

- Designate a responsible person and establish a support office within the institution to serve as a point of contact for all questions and suggestions relating to multilingualism.
- Develop and publish multilingual institutional guidelines, including provisions regarding the use and limitations of translation tools and non-professional interpreters.
- Incorporate all relevant aspects of multilingualism into institutional guidelines.

II. Staff/Health Professionals

All staff members working within healthcare facilities, irrespective of their professional background, have numerous opportunities to improve multilingual communication within their institutions:

- Adapted direct communication when speaking with patients who do not share the same language by:
 - speaking slowly;
 - using short sentences;
 - minimising technical terms;
 - genuinely acknowledging and valuing even limited language skills early in the conversation; and
 - confirming understanding of important information by asking patients to repeat what they have understood, rather than relying solely on affirmative responses.
- Even when patients possess reasonable proficiency in a new language, they may choose to bring an interpreter due to concerns about misunderstanding important information. To minimize potential confusion caused by a non-professional external interpreter, healthcare professionals should first discuss with the patient whether the objectives of the consultation can be achieved through direct communication.
- If direct communication is not possible, attempt to identify a common third language that both parties can speak sufficiently well.
- Avoid placing excessive communication responsibilities on multilingual colleagues. Certain colleagues may provide communication in languages that no other staff members speak. Appropriate team-based or institutional strategies should therefore be developed to prevent these colleagues from becoming overburdened.
- Staff members in less privileged positions within the facility (e.g. cleaning staff, service assistants, or security personnel) may offer

multilingual competencies to facilitate communication among clinical staff. In many cases, these individuals are neither formally trained nor appropriately supported or remunerated for interpreting activities. Institutions should ensure that such colleagues receive adequate training, supervision, and additional compensation for interpreting services.

- When using translation tools, ensure that no names or personal information are disclosed.
- When working with non-professional interpreters, explain the applicable rules and role expectations prior to the consultation, manage the conversation as needed and thank them for their support afterwards.
- Whenever working with a professional interpreter who is not previously known to the healthcare professional, hold a brief discussion prior to the consultation in order to explain the objectives of the meeting and clarify expectations and procedures.
- Bring communication difficulties to the attention of supervisors or management and advocate for institutional solutions to reduce the burden on staff.
- Take advantage of professional training opportunities to improve competencies in working with interpreters. If no such training opportunities are available, report this need to facility management.

III. Health Policymakers

Stakeholders within health organizations, health administrations, and political institutions at regional, state, or federal levels have numerous opportunities to improve multilingualism in healthcare:

- Health policy should establish a framework for multilingual healthcare services through appropriate legal and organizational regulations.
- Health policy should provide sufficient funding for needs-based professional interpreting services within healthcare settings.
- Health policy should provide healthcare facilities with the necessary resources to enable them to deliver multilingual healthcare services.
- Health policy should support free educational opportunities for individuals seeking qualifications as professional interpreters.

IV. Healthcare Users and Supporters

Migrant communities, patient organizations, and professional healthcare organizations have multiple opportunities to empower patients who experience communication difficulties with healthcare providers:

- Stakeholders and organizations should encourage healthcare facilities to place greater emphasis on multilingualism.
- Provide healthcare users with information that access to healthcare is a human right and that successful communication is the responsibility of the healthcare provider.
- Provide healthcare users with information that, whenever they do not understand a healthcare provider, they should ask whether a multilingual health professional is available, or an interpreter can be provided immediately or arranged for a future appointment.
- If healthcare facilities are unable to provide an interpreter, there might be supportive initiatives in the region that provide multilingual people who could act as interpreters (e.g. peer support workers, health guides, neighbourhood mothers, cultural mediators).

V. Health Education & Training

Educational and training institutions can integrate the topic of multilingualism more comprehensively into curricula in several ways:

- Multilingualism should form part of compulsory education and continuing professional training within all health professions.
- Healthcare facilities should regularly offer professional training opportunities relating to multilingualism.
- Program coordinators, instructors, and supervisors should familiarize themselves with issues relating to multilingualism.
- Qualification programs in professional community and healthcare interpreting should be implemented and financially supported at regional or state levels.
- Healthcare facilities should regularly offer formal training to non-professional supporters (e.g. peer support workers, health guides, neighbourhood mothers, cultural mediators) who act as interpreters in the facility.

VI. Health Research

National and regional authorities, as well as third-party funding bodies, should adopt the following measures to promote multilingualism in healthcare:

- Funding opportunities to support multilingualism in healthcare should be made available irrespective of official languages.
- Priority should be given to research initiatives that build multilingual bridges to linguistically underserved populations.
- Individuals with limited access to official research languages should be actively included in research through consideration of their linguistic needs.
- A multilingual orientation of research projects towards the linguistic needs of diverse patient groups requires corresponding additional resources and should therefore receive appropriate support.

Who developed the Hamburg Declaration?

The Hamburg Declaration is based on the findings of an interdisciplinary and international research project on Multilingualism in providing quality mental health care to migrants - needs, resources and practices“ (MiM2M). The declaration was

developed by all members of research project. The project was funded by the Volkswagen Foundation and was part of the joint funding initiative “Mobility – Global Medicine and Health Research“ by Novo Nordisk Fonden (Denmark), Fundación Bancaria „la Caixa“ (Spain), Wellcome Trust (Great Britain) and the Volkswagen Foundation (Germany).

The MiM2M research group consisted of: Prof. Dr. Mike Mösko, Dr. Sanna Higgen and Annika Kreienbrinck (all University Medical Center Hamburg-Eppendorf, Germany); Prof. Dr. Ted Sanders, Prof. Dr. Christopher Jenks, Houda Al-Kalaf (all Utrecht University, Netherlands); Prof. Dr. Barbara Schouten (University of Amsterdam); Prof. Dr. Răzvan Cherecheș, Dr. Alina Forray, Dr. Ovidiu Oltean (all Babeș-Bolyai University, Romania) and Prof. Dr. Dr. Leslie Swartz, Prof. Dr. Christine Anthonissen, Dr. Asithandile Nozewu, Dr. Rowan Madzamba (all Stellenbosch University, South Africa).

The project was critically guided by the members of the Advisory Board: Prof. Dr. Yvan Lanza (Laval University, Canada); Prof. Dr. Jan ten Thije (Utrecht University, Netherlands), Dr. Lily Kpobi (University of Ghana, Ghana) and Charlene Sunkel (aves Mental Health, South Africa).

The Hamburg declaration is endorsed by the following organisations:

