Use of Children as Interpreters

To the Editor: In their Research Letter documenting resident physicians’ frequent use of children under the age of 12 years as interpreters in hospitals, Dr Weissman and colleagues1 have touched on only the most visible aspect of children as family caregivers. In their study, 22% of the 2047 resident physicians surveyed used children as interpreters.

As the authors note, the inappropriate use of nonprofessional interpreters may compromise quality of care. Children do not have the medical vocabulary or health literacy to understand fully and communicate accurately to their ill relative or to other family members. They may be embarrassed or overwhelmed by having to ask sensitive questions or relay bad news. If they are pressed into service in hospitals, it seems likely that they have additional caregiving roles at home.

A national survey conducted by the National Alliance for Caregiving in collaboration with the United Hospital Fund estimated that 1.3 to 1.4 million young people aged 8 to 18 years serve as family caregivers to ill or disabled parents, grandparents, or others.2 This is undoubtedly an underestimate, since the phone survey did not reach non-English-speaking households. Some child caregivers do everything adult family caregivers do, including administering injections and medications. Children can benefit from being involved in a relative’s care, but guidelines for their appropriate role as interpreters and caregivers are urgently needed.

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Financial Disclosures: Ms Levine reports that she is director of the Families and Health Care Project at the United Hospital Fund.


This letter was shown to Dr Weissman, who declined to reply on behalf of the authors.—Ed.

Contraception and Prevention of HIV Infection

To the Editor: The JAMA Patient Page on preventing human immunodeficiency virus (HIV) infection in infants and children by Dr Brender and colleagues1 contained information on how women can prevent mother-to-child transmission of HIV. However, it did not address the essential component of using contraception to prevent unintended pregnancies for women with HIV infection. With appropriate supportive counsel-

ing and access to effective contraceptive and/or fertility services, women with HIV infection can make informed reproductive choices either to prevent unintended pregnancies or to enhance their chances of an intended conception.2

In a world in which women of childbearing age account for nearly half of those infected with HIV,3 preventing unintended pregnancies among HIV-infected women who do not currently wish to become pregnant is an important and cost-effective way of preventing new HIV infections of infants.4 Current levels of contraceptive use by women with HIV infection in sub-Saharan Africa may prevent nearly 3 times as many infant infections every year as the cumulative number of infections prevented by antiretrovirals since 1999.5

Unfortunately, barriers exist to providing family planning services for HIV-infected women. Many HIV care and treatment programs funded in recent years do not include routine services for other sexual and reproductive health needs of the woman.6 In addition, resources for international family planning are losing ground relative to other important global health investments.7 Evidence suggests that the contraceptive needs of women with HIV are not being met. For example, in South Africa, 84% of pregnancies among antenatal care clients were unplanned.8 More must be done to ensure access to safe and effective contraception for HIV-infected women who do not want to get pregnant, both for their own well-being and to prevent new infections in their infants.

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Financial Disclosures: Dr Cates is president, research at the Institute for Family Health at Family Health International, a nonprofit research and services organization that receives funds from the US government, foundations, and private corporations. He reports being co-editor of a textbook on contraception technology and a partner in the Contraceptive Technology Corporation, which oversees production of this publication and an annual conference on the topic.


In Reply: I thank Dr Cates for calling this important point to the attention of JAMA readers.

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