







PROPOSAL FOR A CODE OF ETHICS FOR INTERCULTURAL MEDIATORS IN HEALTHCARE

Pilar Flor Pérez^a & Montserrat Antonin Martin^b

Abstract: As society advances towards a globalised world, interculturality increases as a result of the progressive rise in immigration, which means healthcare resources must be adapted to cater for this demographic diversity. These population changes represent a new challenge for healthcare professionals, who face the new realities of an increasingly culturally diverse healthcare sector on a daily basis. Within the context of this new multicultural environment, intercultural mediation has become a key resource, which in turn presents certain issues of a particularly complex nature, and these become accentuated when examining intercultural mediation in healthcare. Intercultural mediation should be viewed as a profession, and by extension, the intercultural mediator should be considered a professional, regardless of the context and environment where his or her job is performed. In Spain, numerous initiatives have

^a Head of Studies at the Gimbernat University School of Nursing. She also coordinates all postgraduate level Practicums, and tutors Practicums in the areas of Primary Healthcare, Social Health and Mental Health.

^b Dean of the Gimbernat University School of Nursing and educational coordinator of the *Official Master's Degree in Health Information and Knowledge Management*. She is also a lecturer for the postgraduate course *Culture, Society and Health*.

been undertaken in order to establish a code of ethics for intercultural mediators. However, these are ethical standards that aim to define a code of general principles for mediation, regardless of the sphere of the mediation. Therefore, it is vitally important that intercultural mediators in healthcare have a set of values of ethical standards that regulate their actions and professional activity in this field. We are hereby putting forward a code of ethics for professionals in Intercultural Mediation in healthcare, with the aim of highlighting the professional importance and responsibility of this role in relation to society in the specific context of intervention.

Keywords: *Interculturality, Intercultural Mediation, Healthcare, Code of Ethics.*

INTRODUCTION

Without a doubt, immigration has been the most important political and social issue in recent times. Catalonia, along with most countries in Southern Europe, has had to establish a clear institutional and social debate based on the increasing immigrant population. The immigrants that visit healthcare centres often lack linguistic skills and fear the professional caring for them will not understand their illness or symptoms. They also display concern at being unable to fully express what is happening to them.

Intercultural mediators, as professionals in a multidisciplinary healthcare team, have provoked far-reaching debates. If the figure of intercultural mediator is already difficult to describe and define, then the areas of action or professional profile of this figure, within healthcare, put forward additional factors that must be addressed, such as a recognition of professionalism, as referred to by Antonin (2013), in her analysis in relation to Intercultural Mediation.

The analysis of the concept of profession made by authors such as Fernández (2001), Pilone (2001) or Pardell (2003), allows a definition of this concept as the specialised work activity performed within a certain society that involves specific knowledge, a need for educational training, organisation and control over the individual work, individual management, a degree of altruism, and a spirit of being at the service of the community. Under these premises, intercultural mediation should be viewed as a profession, and by extension, the intercultural mediator should be

considered a professional, regardless of the context and environment where his or her job is performed.

Despite approaching the issue from different perspective, the above-mentioned authors agree on the need for all professions to have a set of ethical values and standards. In Spain, numerous initiatives have been undertaken in order to establish a code of ethics for intercultural mediators. However, these are ethical standards that aim to define a code of general principles for mediation, regardless of the sphere of the mediation. Therefore, it is vitally important that intercultural mediators in healthcare have a set of values of ethical standards that regulate their actions and professional activity in this field.

DESCRIPTION OF THE DEFINING CHARACTERISTICS OF INTERCULTURAL MEDIATORS

Different definitions have been set forth for the defining characteristics of intercultural mediation, but the majority of these refer to intercultural mediators as a link for eliminating barriers and resolving conflicts between the various social or institutional actors in ethnically and culturally different areas (Sancho, A. et al., 2008). The Intercultural Mediation Service of the Parc de Salut Hospital del Mar (Parc de Salut Mar, 2006), with an established track record in healthcare mediation, defines Intercultural Mediators as *professionals that act as a bridge to convey different cultural and social conceptions of health, illness and the health-illness-care process to the different actors involved, assessing healthcare professionals in cultural issues, and informing recently arrived groups about the health system of the host society in order to facilitate and, to the greatest possible extent, ensure access to health services under equal conditions*. The definition suggests that mediators should understand both environments from a cultural and social perspective. This dual approach, which encompasses both evaluation and information, means the role of the mediator also involves accompanying, reconciling the actors implicated at a given moment, promoting dialogue and improving relations within the host community, considering that the mediator has no decision-making powers, and instead the disputing parties, or those in a situation of tension or conflict, must ultimately take the final decisions (Qureshi, A. et al. 2009). Therefore, it is important to consider that the participation of the intercultural mediator in the field of healthcare is essential in

order to provide a high-quality, comprehensive healthcare service, and allowing the exchange of information between recently arrived parties and healthcare professionals (Qureshi, A., 2009).

Furthermore, authors such as Prats and Uribe (2009) describe the strengths all intercultural mediators must display, such as Responsibility, Confidentiality, Objectivity, Cooperation, Social Commitment and a Clear Definition of the Role, thus creating a triangular space for mediation where the mediator performs a role that is clearly different from the roles of the other two parties involved in the mediation. Qureshi (2009) links these characteristics to an ethical mediation practice, because the intercultural mediator, as a result of the position held in this relationship, is the only person that fully understands the situation under mediation, and it is therefore extremely important to clearly define the ethical principles that must govern his or her professional practice.

REVIEW AND ANALYSIS OF THE DIFFERENT GENERAL CODES RELATED TO MEDIATION

The analysis undertaken of the different ethical and professional codes that exist in the sphere of mediation reveals that, despite a lack of standardised legislation concerning mediation, nearly all bodies and associations that make mediation the centre of their activities have prepared numerous codes of conduct related to the actions of their mediators. One of the most significant is the Code of Professional Conduct for Mediators of the Center for Dispute Resolution in Denver (*Center for Dispute Resolution, 2005*). The introduction to this code emphasises the responsibilities and ethical duties of mediation as a profession, and also highlights the obligations these professionals have pursuant to other ethical codes.

Institutions such as the National Council on Interpreting in Health Care (2004) and the California Healthcare Interpreters Association (2002) in North America, and the Australian Institute of Interpreters and Translators (1995), in the Australian continent, put forward principles and ethical codes specifically intended for these professionals and, by extension, for cultural mediators.

The main proposals made in Europe concerning the ethical behaviour of mediators differ little from the abovementioned initiatives. The National Mediation Centre (*Centre Nacional de la Médiation – CNM*) is the first institution to prepare, with the help of moralists, lawyers and

mediation experts, a project constituting a foundation for developing a Code of Ethics for Mediation. This initial code includes 15 articles listed under 4 titles or chapters: the *function*, the *duties*, the *rights* and the *reports of the mediators, for them and in other instances*, as set forth by J. F. Six (1990). The CNM is currently presenting *The Charter and Code for Mediation (La Charte et le Code de la Médiation)*, which brings together two documents, The Charter for Mediation and the *Code of Ethics*. The latter introduces the *core principles*, the *general conditions for intervention* and the *duties of mediators* set forth in 24 articles.

J. F. Six (1990) suggests that mediators must follow a set of ethical values for all areas of action, and argues that there is an urgent need to establish some general ethical principles that can be “imposed” on all forms of mediation. Along these lines, the author lists the ethical principles that mediation should include. Mediators must undertake their professional activity following the principles of *fraternity*, *care for people in danger*, *liberty* and *communication as an ethical duty*. Belpiede (2002) adds that *neutrality* and *transparency in communication* are also key aspects of the mediators’ role.

The authors Cohen-Emerique and Guillaume-Hofnung (2006) put forward a proposal for Ethical Principles, following the terms suggested by Six, in *Women as bridges: Social and Cultural Mediators. Ethical principles, a profession (Les Femmes-Relais Médiatrices Sociales et Culturelles. Des principes déontologiques, un métier)*. Their proposal defines a framework and the limits for the intervention of female social and cultural mediators. They list legal and ethical norms and clarify the role and position of these female mediators. These principles are structured on two broad foundations: those that guarantee the social and cultural mediation process and those that ensure the quality of the mediator. According to Cohen-Emerique, this “charter for social and cultural mediation” is an essential code of ethics, which highlights key areas such as the creation of an identity for mediators by identifying and defining a certain number of their characteristics, while giving them a specific position and describing their intervention in a manner different to that of social workers.

In July 2004, the European Commission approved, by a large majority, a Code of Conduct for Mediators that was then adopted in October 2004 by the Commission and subject to the Parliament and European Council as a Mediation Framework Directive. This code proposes that organisations providing mediation services develop codes tailored to different specific scenarios or to the unique characteristics of the mediation

services. The *European Code of Conduct for Mediators* put forward four regulating principles for the profession: firstly, *the Competence, Appointment and Fees of mediators in the Promotion of their activity*; secondly, *Independence and Objectivity in the mediation agreement*; *Procedure and Conflict Resolution* in third place and, lastly, *Confidentiality*.

The Madrid Mediator Association, in accordance with the European Commission agreement, published its Code of Ethics in 2010, as a regulatory framework for all mediation professionals in the community of Madrid. The objective is to ensure that all mediators, regardless of the area they operate in, do not replace or assume the duties of any other professional. Therefore, and pursuant to the principles of know-how, the Association suggests using the guiding principles of *Voluntarism, Objectivity, Equality, Independence and Confidentiality* as the basis for mediation practice.

Before this, numerous initiatives had been undertaken in Spain to establish a code of ethics for mediation. Fernández-Ríos, Aranda and Gilbert (1996), using psychology as a starting point, prepared a draft of a Code of Ethics for Mediators as a work document using their own material and the work of other authors. These authors articulate the guiding principles while setting forth some of the responsibilities of mediators. They put forward a *personal code* designed for individual mediators, firstly defining the objectives and main principles that should govern mediation activity, and then specify all actions that shall make up the code of ethics. This code includes: the ethical behavioural standards, the use of the profession, its content and scope, and the conversations held on a strictly professional level, the documents mediators work with, the right to privacy and exemptions to this and, lastly, the marketing the mediator may carry out with regard to his or her services and the implications this may have on external advertising. The document also articulates the professional approach, the responsibilities with the corresponding professional associations, the responsibilities with clients, other mediators and third parties, and the fees and areas of action.

INTERCULTURAL MEDIATION ETHICS AND REVIEW OF DIFFERENT PROPOSALS FOR CODES OF ETHICS

Qureshi et al. (2009) set forth that, while ethics may seem “universal”, in relation to intercultural mediation, ethics must be properly understood

within the cultural norms of the parties involved in order to bring together the different guidelines for conduct in accordance with the mediation context. This establishes a new profile, which uses the relationship between doctors and patients from other cultures as the basis for professional activity. The ultimate objective of the healthcare is the health and wellbeing of the patient, and it is particularly important that the professional skills of mediators, and the ethical standards that govern their actions, are well defined. Therefore, the author suggests, as mentioned above, that *Confidentiality* becomes the basis for protecting the patient, because all information obtained during the provision of care must be treated as confidential. Additionally, *Objectivity* and *Neutrality* are important, considering that intercultural mediators intervene to facilitate communication and the care relationship between the professional and the patient. The author also emphasises the importance of *Respect* for the individual and the community, showing in this section how the mediator must treat all parties involved with equal dignity and respect, regardless of what the mediator may think about the living conditions or the life choices of the parties involved. Following this, an argument is put forward for the *Professionalism and Integrity* of intercultural mediators, emphasising the importance of clearly defining the nature and the limits of the profession, with an understanding that if the intercultural mediation professional clearly comprehends the implications of the role, he or she will know how to best carry out interventions. Finally, the author speaks of *Cultural Sensitivity*, in reference to the understanding that intercultural mediators must have regarding the impact that cultural diversity can have, both due to differences and similarities in the provision of healthcare, and therefore suggests that both mediators and healthcare professionals exercise professional competency. Cultural competency is considered a healthcare quality standard to be taken into consideration for all mediation issues that, based on know-how, facilitate the development of the knowledge and skills necessary to be able to implement a series of appropriate strategies and interventions for patients from different cultures (Comitè Consultiu de Bioètica de Catalunya [Advisory Committee for Bioethics of Catalonia], 2007).

Although numerous initiatives have been implemented throughout Spain in the field of intercultural mediation, in Catalonia, the “Master Plan for Immigration in Healthcare” (“Pla Director d’Immigració en l’Àmbit de la Salut” – Ministry of Health of the Government of Catalonia, 2006), did not provide any specific guidelines for ethical matters to

consider during interventions by intercultural mediation professionals. Instead, a general framework for action was set forth for the different fields of intervention.

In 2010, “The White Paper on Mediation in Catalonia” (“*El llibre Blanc de la Mediació a Catalunya*”) sets forth, adopting a jurisdictional and conflict-resolution based approach, the mediation procedures for different social areas, including labour, schools, families and, in particular, health environments. Intercultural Mediation is not included as a conflict resolution strategy, but instead as a body of services focused on the care provided for the immigrants themselves that require mediation. Therefore, no clear framework regarding the role of intercultural mediation in Healthcare is introduced, with the ethics of mediation professionals included under the principle of confidentiality.

Lastly, it is important to note the work of Martínez & García (2009), who advocate the importance of ethical training for mediation professionals, and put forward the proposal of a methodological model with the capacity to guide professionals in their decision-making when dealing with any conflicts that may arise. The authors also introduce a set of specific ethical principles for intercultural mediation, which incorporate the principles of general ethics for professionals, and define the ethical aspects of the profession. They also provide the specific functions for all ethical codes, with the aim of establishing a specific ethical code about intercultural mediation, with the capacity to guide professional behaviour pursuant to ethical criteria. Their proposal justifies the need for intercultural mediators in healthcare, and describes a set of norms for professionals to take into consideration, based on a series of general ethical principles, such as respect for freedom, dignity and equality, for users, fellow service professionals and the general public. This also sees the promotion of human rights and social justice, acting with professional autonomy and responsibility, and placing both professional knowledge and skills at the service of users, with actions based on the principles of neutrality, objectivity, equality, integrity, honesty and veracity. Lastly, using their knowledge, professionals must work towards the education of immigrants, teaching them the values of the host culture, and about their rights and duties as citizens in a host country. This proposal also sets forth a series of standards in relation to the duties of the entity they work in, with professionals and as part of wider society.

ETHICAL CODES FOR HEALTHCARE PROFESSIONALS

After undertaking the reviews and making proposals for different codes designed for general mediation and, specifically, intercultural mediation, it is important to analyse the general principles of the codes of professional ethics for some professions related to healthcare. This allows comparisons to be made, and a final proposal for a specific code of ethics for Intercultural Mediators in Healthcare to be drafted. The objective is to make official the importance and responsibility of the role of professionals in this field towards society in a certain intervention context. The majority of the Codes of Ethics analysed focus their intervention on the four core principles of Ethics, which are Charity, Non-maleficence, Autonomy and Justice (Abel, 2001). With regard to Charity, it is important to note that the basis for action is aimed at benefitting the parties involved. Non-maleficence refers to intentionally abstaining from performing actions that may harm the parties involved. Lastly, under the principles of Autonomy and Justice, the interventions put forward are largely focused on respect for the dignity of the people involved, taking their autonomy and freedom into consideration, and intervening in an equal manner to prevent discrimination against any of the parties involved.

After reviewing the basic structure of the majority of the codes reviewed, it is important to discriminate between common aspects and others that must be added to the proposed code of ethics for intercultural mediators in healthcare.

The reference codes reviewed were: the Code of Medical Ethics of the General Medical Council (2011), the Code of Medical Ethics of the General Medical Council of Catalonia (2005), the Code of Ethics of the Council of the College of Nursing of Catalonia (2013), the Code of Ethics for the International Council of Nurses, for the Nursing profession (2005), the Code of the General Council of Official Colleges of Psychologists (1998) and the Code of Ethics of the International Federation of Social Workers (2004), because among their general principles, these include aspects closely linked to the wellbeing and health of the persons cared for, and define important areas to consider when drafting the code of ethics put forward for intercultural mediators in healthcare.

All these codes include an introduction of varying lengths that describes the profile of the professional, and the ethical standards that must be taken into consideration during professional practice, as well as the consequences of not following these. They also put forward a set of general

principles that link the action of this professional with the users, with wider society, with the other members of his or her profession, and with the institution where he or she works.

The proposal is structured based on some general and specific ethical principles for intercultural mediation in healthcare, and some standards to be followed by the professionals putting these into practice.

CONCLUSIONS

Although there are numerous documents that propose general guidelines (especially in fields such as Psychology, Law and Sociology), there are few initiatives that put forward specific behavioural guidelines for intercultural mediators in healthcare that are listed under a specific code of ethics and cover professional practice under verified ethical criteria. As Qureshi (2009) states, given that intercultural mediation does not exist as a formal profession, it is again important to underline the significance of establishing a code of ethics as a regulatory document for the professional practice of intercultural mediators in healthcare. By simply working in the Spanish healthcare system, intercultural mediators must comply with the laws in place in the country, given that these are binding, and also have their own code of ethics, which sets forth the principles and standards to consider in relation to what they can and cannot do as part of their daily practice, and which help to identify their role professionally.

In the proposed Code detailed below, emphasis is given to areas such as death, degrading treatment and the quality of care in service provision set forth in the Codes reviewed and their connection to health. These areas define the general characteristics of mediation with the aim of providing information that helps to identify professional practice for the specific field of healthcare.

PROPOSAL FOR A CODE OF ETHICS FOR INTERCULTURAL MEDIATORS IN HEALTHCARE

INTRODUCTION:

The ethics of Intercultural Mediators in Healthcare define a series of principles and standards that professionals in this field must consider in the provision of healthcare services. The definition of these requires compliance with these principles and standards, both when dealing with members of the same profession and with patients, and within the workplace and when working with other members of teams while providing healthcare services.

I. GENERAL ETHICAL PRINCIPLES:

1. PROFESSIONALISM

The professionalism of Intercultural Mediators in Healthcare is important, because in the provision of professional intervention, there is a process of raising awareness of the framework references for each party. By searching for and creating common ground, this can promote dialogue and establish meeting points for culturally different people.

1.1. Intercultural Mediators in Healthcare must ensure their professional competence by updating and improving their knowledge and skills in terms of interaction with both healthcare professionals and users from different cultures.

1.2. Intercultural Mediators in Healthcare must recognise, learn to be aware of, and also be able to distance themselves from, their own cultural benchmarks, with the aim of putting different points of view into context. They must also be able to exercise a degree of control with regard to their own professional identity in order to undertake professional intervention with the highest possible level of objectivity.

1.3. Intercultural Mediators in Healthcare must always have an open attitude towards healthcare professionals and users from different cultures, in order to establish what provides meaning and value to their behaviour and actions.

1.4. Intercultural Mediators in Healthcare must have the ability to make independent decisions after analysing potential risks and assume the liabilities that arise from these decisions.

1.5. Intercultural Mediators in Healthcare must act as a link to ensure the participation of healthcare professionals and users from other cultures in different cultural and social concepts of health, illness and care provided and received by the people involved in the intercultural mediation relationship in healthcare.

2. RESPONSIBILITY

Intercultural Mediators in Healthcare are responsible for facilitating communication and the provision of care among healthcare professionals and patients from different cultures.

2.1. Intercultural Mediators in Healthcare are required to know how to work as part of a team to provide the best possible environment for cultural coexistence, and obtain improved results from the intervention process.

2.2. These responsibilities must be clearly defined for all scenarios where intervention takes place.

2.3. Intercultural Mediators in Healthcare have a responsibility to act in the best interests of the people they work with, respecting their autonomy and freedom, as long as these do not harm the dignity and human rights of either party.

2.4. Intercultural Mediators in Healthcare have a responsibility to work in accordance with their professional background, and not to perform actions they have not received sufficient training for, or which they do not have the skills to undertake.

2.5. Intercultural Mediators in Healthcare must adopt a neutral stance allowing them to maintain their professional identity.

3. CONFIDENTIALITY

Intercultural Mediators in Healthcare, when undertaking their professional activity at the service of an institution, and on many occasions, also at the service of a collective group of the patients' culture, whose interests must also be taken into consideration, have a dual duty of confidentiality.

Therefore, they must not disclose or use information acquired through their occupational activity for any purposes that are not strictly professional.

3.1. Intercultural Mediators in Healthcare may only use information with the express consent of the parties.

3.2. The principle of confidentiality may only be broken when the physical or psychological integrity of a person is threatened, or when evidence of potential criminal activity exists.

4. NEUTRALITY

Intercultural Mediators in Healthcare may display neutrality in their actions, based on the principles of non-discrimination and objectivity.

4.1. Intercultural Mediators in Healthcare must help to reach agreements without imposing or taking part in the solution or specific measure, and without imposing their own hierarchy of values or ideologies.

5. EQUALITY

In intercultural mediation, all parties must be considered equal, including the mediator, who must ensure genuine equality and prevent potential imbalances of power.

5.1. Intercultural Mediators in Healthcare must take great care to maintain social balance, in order to defend the real equality of the parties involved.

5.2. Intercultural Mediators in Healthcare must protect the concept of mutual benefit, and try their best to reach solutions through shared actions.

6. INTEGRITY, HONESTY AND VERACITY

Intercultural Mediators in Healthcare must base communication on the truth.

6.1. Intercultural Mediators in Healthcare must have strong reputations in terms of integrity and honesty and act accordingly during the whole mediation process.

7. EDUCATIONAL PRINCIPLES

Intercultural Mediators in Healthcare are required to be trained at educating and changing attitudes among the different social actors.

7.1 Intercultural Mediators in Healthcare must actively contribute towards the promotion of intercultural coexistence.

8. COOPERATION

Intercultural Mediators in Healthcare must work as part of teams, and adjust their roles depending on the context, the service and the specific case in question.

8.1. Intercultural Mediators in Healthcare must undertake intercultural interactions based on their capacity for communication and understanding, which allows them to take appropriate action with culturally diverse groups.

8.2. Intercultural Mediators in Healthcare shall provide proposals for action that promote collaboration between professional services and immigrant patients.

II. RULES OF CONDUCT:

1. CONCERNING SPECIFIC PROFESSIONAL REQUIREMENTS

Know their duties, rights and responsibilities:

- a. Intercultural Mediators in Healthcare must know their duties, rights and responsibilities for professional practice, because they take part in exchanges of information, which often involve more personal and private matters for patients from different cultures.

Have ethical standards:

- b. Intercultural Mediators in Healthcare must have ethical standards as guidelines for scenarios that they are likely to face when practising professionally.

Awareness of their own role:

- c. Intercultural Mediators in Healthcare must view themselves as professionals, and this professionalism must be conveyed to both the work team and the patients.

Training responsibility:

- d. Intercultural Mediators in Healthcare have a responsibility to develop themselves professionally, based on training in their field of work and all related activities.

Be facilitators for communication between professionals and patients:

- e. Intercultural Mediators in Healthcare must perform their role as facilitators for communication between professionals and patients faithfully and accurately. Therefore, they must not neglect or change any of the established therapeutic relationship contents, because the success of the treatment depends on this.

2. CONCERNING THE REQUIREMENTS TO BE CONSIDERED
WITH THE INSTITUTION OR ENTITY WHERE THE MEDIATOR WORKS

Understand the objectives of the institution:

- a. Intercultural Mediators in Healthcare must understand and comply with the principles and objectives of the institution where they work.

Work effectively to improve the corporate policy:

- b. Intercultural Mediators in Healthcare shall work effectively and efficiently towards improving institutional policies, and use these to promote the social cohesion and the integration of the patients into the host community.

Be clear about the core principles of their profession:

- c. Intercultural Mediators in Healthcare shall inform the institution managers of the limitations concerning professional secrecy and the core principles of their profession, and the resources necessary to undertake their intervention.

3. CONCERNING RELATIONSHIPS WITH PATIENTS

Establish good therapeutic communication:

- a. Intercultural Mediators in Healthcare shall facilitate communication and help to establish a good therapeutic relationship.

Maintain a respectful attitude:

- b. Intercultural Mediators in Healthcare shall maintain a respectful attitude towards the people they work with, regardless of what the mediator may think about the living conditions or the life choice of the parties involved.

Preserve confidentiality:

- c. Intercultural Mediators in Healthcare must respect the patient's autonomy and ensure objectivity and confidentiality throughout the whole process.

Do not influence decisions:

- d. Intercultural Mediators in Healthcare must not influence decisions and the treatment options that the patient must take.

Do not create false expectations:

- e. Intercultural Mediators in Healthcare shall not create false expectations during their therapeutic relationship, because it is important to communicate their role as a communication facilitator and their understanding of the care relationship to patients/users.

On torture and inhumane acts:

- f. Concerning threats of torture, or cruel, inhumane and degrading acts, Intercultural Mediators in Healthcare must report the occurrence to the competent authorities and their professional body or association.

On death:

- g. When facing situations that are extremely serious or involve the death of the patient, Intercultural Mediators in Healthcare must be familiar with the cultural norms in these situations, and notify the professionals under their responsibility of these, so the will of the patient and the family members can be honoured under such circumstances.

4. CONCERNING THE RELATIONSHIP WITH THE REST
OF THE TEAM OF HEALTHCARE PROFESSIONALS

Work within a culture of inter-relationships:

- a. Intercultural Mediators in Healthcare must work as a team, with a culture of cross-relationships, adapting their role to the specific context of the situation they are in.

Reject work that is not within their field:

- b. Intercultural Mediators in Healthcare must not accept or assume liability for a programme of work, intervention or information that is from a different professional field.

Participate with the rest of the team pursuant to a relationship of equality:

- c. Intercultural Mediators in Healthcare, with the appropriate training, shall work alongside other social agents based on a peer-to-peer relationship.

Record their interventions:

- d. Intercultural Mediators in Healthcare must record the work undertaken, so this can be transferred to the other professionals involved in the specific healthcare intervention.

Work with honesty and rigour:

- e. Intercultural Mediators in Healthcare must honestly and rigorously assess their own work and that of the rest of the team.

PROPOSAL FOR A CODE OF ETHICS FOR INTERCULTURAL MEDIATORS IN HEALTHCARE¹

GENERAL ETHICAL PRINCIPLES

PROFESSIONALISM

The professionalism of Intercultural Mediators in Healthcare is important, because in the provision of professional intervention, there is a process of raising awareness of the framework references for each party. By searching for and creating common ground, this can promote dialogue and establish meeting points for culturally different peoples.

RESPONSIBILITY

Intercultural Mediators in Healthcare are responsible for facilitating communication and the provision of care among healthcare professionals and patients from different cultures.

CONFIDENTIALITY

Intercultural Mediators in Healthcare, when undertaking their professional activity at the service of an institution, and on many occasions, also at the service of a collective group of the patients' culture, whose interests must also be taken into consideration, have a dual duty of confidentiality. Therefore, they must not disclose or use information acquired through their occupational activity for any purposes that are not strictly professional.

NEUTRALITY

Intercultural Mediators in Healthcare may display neutrality in their actions, based on the principles of non-discrimination and objectivity.

¹ Prepared by the author using the work of several different authors.

EQUALITY

In intercultural mediation, all parties must be considered equal, including the mediator, who must ensure genuine equality and prevent potential imbalances of power.

INTEGRITY, HONESTY AND VERACITY

Intercultural Mediators in Healthcare must base communication on the truth.

EDUCATIONAL PRINCIPLES

Intercultural Mediators in Healthcare are required to be trained at educating and changing attitudes among the different social actors.

COOPERATION

Intercultural Mediators in Healthcare must work as part of teams, and adjust their roles depending on the context, the service and the specific case in question.

STANDARDS OF CONDUCT BASED ON ETHICAL PRINCIPLES IN HEALTHCARE

ETHICAL PRINCIPLES IN HEALTHCARE	In relation to the profession	In relation to the institution	In relation to the patient	In relation to the team
CHARITY	Know their duties, rights and responsibilities	Know and comply with the principles and objectives of the institution	Establish good therapeutic communication	Work within a culture of inter-relationships
JUSTICE	Have ethical benchmarks, which act as guidelines for professional practice	Work towards improving institutional policy	Maintain a respectful attitude	Do not accept work that is not within their field
AUTONOMY	Be aware of their own role and convey this professionalism to the work team and the patients	Be clear about the core principles of their profession, and the resources necessary to undertake their intervention	Do not influence decisions that must be made by the patient	Participate with the rest of the team pursuant to a relationship of equality

STANDARDS OF CONDUCT BASED ON ETHICAL PRINCIPLES IN HEALTHCARE (<i>cont.</i>)				
ETHICAL PRINCIPLES IN HEALTHCARE	In relation to the profession	In relation to the institution	In relation to the patient	In relation to the team
NON-MALEFICIENCE	They must undertake their professional activity in accordance with the training received in their field of work and all related activities	They must work honestly and rigorously, and be communication facilitators between professionals and patients	Do not create false expectations	They must record their interventions in writing

BIBLIOGRAPHY

- Abel, F. (2001) *Bioètica: Orígenes presente y futuro*. Madrid: Institut Borja de Bioètica and Fundació Mapfre Medicina. (*Bioethics: Present and Future Origins*. Madrid: Borja Institute of Bioethics and the Mapfre-Medicine Foundation.)
- Antonin, M. (2013) *La Mediación Intercultural en el ámbito de la salud*. Bellaterra: Servei de Publicacions Universitat Autònoma de Barcelona. (*Intercultural Mediation in Healthcare*. Bellaterra: Publishing Services, the Autonomous University of Barcelona.)
- Armada, I. Mola, B. Aneas, A. Esparrica, J. Monge, E. and Igual, B. (2010) *La Mediació en l'àmbit de la salut*. In *El llibre Blanc de la Mediació a Catalunya*. Barcelona: Departament de Justícia Generalitat de Catalunya, pp. 541-583. (*Mediation in Healthcare, in The White Paper for Mediation, Department of Justice of the Government of Catalonia, Barcelona, p. 541-583*.)

- Asociación Madrileña de Mediadores. (2010) *Código Deontológico*. Madrid. (Madrid Mediator Association, 2010. *Code of Ethics*. Madrid.)
- Australian Institute of Interpreters and Translators (2010) Retrieved July 7, 2011. Available from <http://criticallink.org/wp-content/uploads/2011/09/CL5Ellam.pdf> and http://www.ausit.org/files/code_of_ethics/coesummary.pdf
- Belpiede, A. (2002) *Mediazione Culturale. Esperienze e Percorsi Formativi*. Torino: UTET Libreria.
- California Healthcare Interpreters Association (2002) *California Standards for Healthcare Interpreters: Ethical principals, protocols, and guidelines on roles and intervention*. Los Angeles. Retrieved July 25, 2011. Available from: http://www.chiaonline.org/resource/resmgr/docs/standards_chia.pdf
- Center for Dispute Resolution (2005) *Code of Professional Conduct for Mediators*. Denver. Retrieved July 25, 2011. Available from <http://centerforsolutions.com/>
- Cohen-Emerique, M. Guillaume-Hofnung, M. (2006) *Les Femmes-Relais Médiatrices Sociales et Culturelles. Des principes déontologiques, un métier. (Women as bridges: Social and Cultural Mediators. Ethical principles, a profession)* Seine-Sant Denis: Profession on Banlieue.
- Comisión Europea (2004) *Código de Conducta Europeo para los Mediadores*. (European Commission (2004), *European Code of Conduct for Mediators*.) Retrieved July 28, 2011. Available from: <http://www.cmcregistered.org/pages/3/european-code-of-conduct-for-mediators>
- Comitè Consultiu de Bioètica de Catalunya (2007). *Orientacions sobre la diversitat cultural i la salut*. Barcelona: Departament de Salut de la Generalitat de Catalunya. (Advisory Committee for Bioethics of Catalonia. *Guidelines for cultural diversity and healthcare*. Barcelona, Ministry of Health of the Government of Catalonia.)
- Consejo General de Colegios Oficiales de Médicos (2011) *Código de Deontología Médica. Guía de Ética Médica*. (General Committee of Official Medical Associations (2011). *Code of Ethics. Medical Ethics Guide*). Retrieved October 29, 2011. Available from: http://www.cgcom.es/sites/default/files/codigo_deontologia_medica.pdf
- Consejo General de Colegios Oficiales de Psicólogos (1993) *Código deontológico del Psicólogo*. (General Council of Official Associations for Psychologists. *Code of ethics for Psychologists*). Retrieved October 29, 2011. Available from: <http://proyectoetica.org/descargas/>

- normativas_deontologicas/C%C3%B3digo%20COP%20Espa%C3%B1a.pdf
- Consejo Internacional de Enfermería (2005) *Código Deontológico del CIE, para la profesión de Enfermería. (International Council of Nurses (2005). Code of Ethics for the International Council of Nurses, for the Nursing profession). Retrieved October 29, 2011. Available from: http://www.medi.usal.edu.ar/archivos/medi/otros/14codigo_deontologico.pdf*
- Consell de Col·legis d'Infermeres i Infermers de Catalunya (2013) *Codi d'Ètica de les infermeres i infermers de Catalunya. Barcelona. (Council of the College of Nursing of Catalonia (2013). Code of Ethics for Nurses in Catalonia. Barcelona)*
- Consell de Col·legis de Metges de Catalunya (2005) *Codi de Deontologia. (Code of Medical Ethics of the General Medical Council of Catalonia, 2005) Retrieved October 29, 2011. Available from http://www.comb.cat/cat/colegi/docs/codi_deontologic.pdf*
- Departament de Salut, Generalitat de Catalunya (2006) *Pla Director d'Immigració en l'àmbit de la Salut. (Ministry of Health, Government of Catalonia (2006). Master Plan for Immigration in Healthcare). [online] Retrieved October 1, 2011. Available from: www.gencat.cat/salut*
- Federación Internacional de Trabajo Social (2004) *Código de ética de la FITS. (International Federation of Social Workers (2004), Code of Ethics of the International Federation of Social Workers). Retrieved October 26, 2011. Available from: <http://www.cgtrabajosocial.com/app/webroot/files/jaen/files/PRINCIPIOS%20ÉTICOS%20DEL%20TRABAJO%20SOCIAL.pdf>*
- Fernández, J. (2001) *Elementos que consolidan el concepto de profesión. Notas para su reflexión. Revista Electrónica de Investigación Educativa, (Aspects that consolidate professional concepts. Notes for reflection. Electronic Journal for Educational Research) [online] 3(2), 23-39 Retrieved July 25, 2011. Available from: <http://redie.ens.uabc.mx/vol3no2/contenido-fernandez.html>*
- Fernández-Rios, M. Aranda, M. Gilbert, G. (1996) *Borrador del Código Deontológico del Mediador . Revista de Psicología del Trabajo y de las Organizaciones. (Draft of a Code of Ethics for Mediators. Psychology of Work and Organisations Journal), 12 (2-3), pp. 231-244.*
- Martínez, M J. García, R. (2009) *Análisis y Práctica de la Mediación Intercultural desde Criterios Éticos. (Analysis and Practice of Intercultural Mediation based on Ethical Criteria). Valencia: Tirant lo Blanc.*

- National Council on Interpreting in Health Care (2004) *A code of ethics for health care interpreters*. Retrieved July 25 2011. Available from: <http://data.memberclicks.com/site/ncihc/NCIHC%20National%20Code%20of%20Ethics.pdf>
- Pardell, H. (2003) *¿Tiene sentido hablar de profesionalismo hoy? Educación Médica. (Does it make sense to speak of professionalism in the modern day and age? Medical Education)*, 6, pp. 63-80.
- Pilone, J. (2001). *La profesión como emergente en proceso de cambio entre capitalismo liberal y capitalismo monopolístico. (The profession emerging during the process of change between liberal capitalism and monopolistic capitalism)*. Paper presented at the Unidad Académica: "Curriculum Universitario: Demandas y Propuestas". (Academic Unit: "University Curriculum: Demands and Proposals") [online]
- Retrieved July 25, 2011. Available from: http://www.unne.edu.ar/institucional/documentos/j_pilone_profesiones.pdf.
- Prats, G. Uribe, E. (2009) *La Mediación Intercultural. In: Mediación Intercultural en el ámbito de la Salud*. Fundación "La Caixa", Barcelona. (*Intercultural Mediation. In: Intercultural Mediation in Healthcare*. "La Caixa" Foundation, Barcelona).
- Qureshi, A. (2009) *Áreas de actuación y aspectos sanitarios de la mediación intercultural. In: Mediación Intercultural en el ámbito de la Salud*. Barcelona: Fundación "La Caixa" (*Action areas and healthcare aspects in intercultural mediation. In: Intercultural Mediation in Healthcare*. "La Caixa" Foundation, Barcelona).
- Qureshi, A. (2009) *Derechos y deberes de los pacientes. Aspectos bioéticos de la mediación intercultural sociosanitaria. In: Mediación Intercultural en el ámbito de la Salud*. Barcelona: Fundación "La Caixa" (*Rights and duties of patients. Bioethical aspects of intercultural mediation in healthcare. In: Intercultural Mediation in Healthcare*. "La Caixa" Foundation, Barcelona).
- Qureshi, A. Revollo, H-W. Collazos, F. Visiers, C. and Harrak, E. (2009) *La mediación intercultural sociosanitaria. Implicaciones y retos*. Norte de Salud Mental. (*Intercultural mediation in healthcare. Implications and challenges*. North of Mental Health), 35, pp. 56-66.
- Sancho, A. Antonin, M. Iniesta, C. Tomás-Sábado, J. (2007) *Mediación Intercultural. Experiencia en el Hospital del Mar de Barcelona. Todo Hospital. (Intercultural Mediation. Experience in the Hospital del Mar, Barcelona. All Hospitals)*, 238, pp. 466-470.

Servei de Mediació Cultural. (Cultural Mediation Service). Parc de Salut Mar Hospital del Mar (2006) Retrieved September 03 2011. Available from: <http://www.parcdesalutmar.cat/hospitals/hospital-delmar/seveimediaciocultural.html>

Six, J F. (1990) *Le Temps des Médiateurs*. (*The Time of Mediators*) Paris: Éditions du Seuil.